

HF Trust Limited

Walberton (South Coast)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Walberton (South Coast) is a residential care home. The service consisted of four houses. Russett, Melrose, Pippin and Fortune. Russett and Melrose were bigger than most domestic style properties. It is registered to provide support for up to 33 people living with complex needs, learning disabilities and autistic people. Some people had additional health conditions including dementia, diabetes and epilepsy. There were 23 people, living at the service, at the time of the inspection.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Some people had limited opportunities to build skills and participate in individual activities. Staff tried to focus on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Work had begun with some people but we were told there were not enough staff to provide this support consistently for everyone. Each person had their own room, which were generally personalised to meet their needs and preferences. Some people had access to an on-site day service and others had employment in the apple enterprise owned by the provider. People valued these opportunities and they did go some way to mitigate people living in large groups in houses that were not domestic in scale or staffed to maximise people's independence.

The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. Staff learned from those incidents and how they might be avoided or reduced.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making.

Right care

People experienced mixed quality of care. People and their families told us staff were kind and supportive but there were not always enough of them. We observed staff respecting people's dignity and ensured people had the right to have their say on their care and support. Staff understood how to protect people

from poor care and abuse. The service worked with other agencies to do so. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing. Staff and people worked together to assess risks people might face. Staff encouraged people to take positive risks.

Right culture

People did not always lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the provider, management and staff. There was mixed understanding or opportunities to apply active support approaches. The provider had not fully considered people's needs and wishes in the planning and deployment of staff, for example some people told us they wanted to cook their own evening meals, but this happened infrequently so others could have a turn. Managers and staff clearly tried to deliver person centred support but told us this was difficult when so many people lived together with differing needs and wishes. People had communication passports and staff knew people well. However, improvement could be made by providing staff with further training regarding autism and sensory needs of people. Managers and staff were trying to further develop these areas locally within the limitations of the layout and staffing structure of the service.

People received good quality health care, support and treatment because trained staff and specialists could meet their needs. Most staff knew and understood people well but there was a reliance on agency staff who did not always know people well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 May 2019) and there were breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17, good governance. Systems are not all fully embedded so this does remain an area that requires improvement.

At this inspection we found a breach of regulation 18 staffing.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 19 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the

findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walberton (south coast) on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walberton (South Coast)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who assisted the inspection remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Walberton (South Coast) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walberton (South Coast) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke/ communicated with 8 people who used the service and 7 relatives about their experience of the care provided. Some people who used the service who were unable to talk with us using speech so we used different ways of communicating including using Makaton and their body language.

We spoke with 8 members of staff including the registered manager, area manager, deputy manager, senior support workers and support workers.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager, other managers and staff all told us there were not enough staff to meet the changing needs of people. We observed there were not always sufficient staff deployed for people to always take part in activities in accordance with their wishes.
- We observed a situation where staff had not been able to respond quickly to a person making a lot of noise. This caused distress to another person who found lots of noise difficult to cope with.
- We found 7 incidents recorded between October 2022 and November 2022, 4 in Russets and 3 in Melrose, where there was conflict between peers. The incidents were predominately in communal areas. At the time of the incidents there were 3 staff on duty in Russets for 11 people and 2 in Melrose for 10 people. These were the normal staffing levels for the times of day.
- Relatives told us there were not enough staff, one relative said, "They support him to live as independently as possible, when they've got the staff, and when they can." Another said, "I think they have staffing problems; staff come and go."
- People had limited opportunity to try new experiences, develop new skills and gain or maintain independence. People told us they would like to be involved in cooking more but there were not enough staff. For example, Managers and staff told us there were not enough staff to support people on a one-to-one basis to learn new skills or go out to try new experiences individually. One person told us, "I wish they had more staff, although the staff we have now are more helpful." The deployment of staff to support people to take part in individualised activities is an area in need of improvement.

The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. The provider undertook recruitment checks including disclosure and barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Some people had risks associated with complex needs and there was some guidance in place for staff to support them with these risks. For example, risks had been identified for one person who's heightened anxieties potentially put themselves and others at risk. Guidance supported staff on prevention strategies

and identifying warning signs and support to be offered. These positive behaviour support plans (PBS) were not always reviewed and updated. For example, one plan said unplanned physical intervention could be used as a last resort but did not say what that might look like, and under what circumstances could it be used. Staff were not trained in physical intervention, the registered manager told us physical intervention was never used and so staff did not receive training. The PBS plan was not consistent with current practice and could lead to misunderstanding. This is an area which requires improvement.

- PBS plans did not contain strategies for supporting people to develop new skills to help them manage their distress or identify goals to improve people's quality of life. The registered manager took action to alert the provider's PBS team of this shortfall.
- People had a range of risk assessments covering areas such as epilepsy, nutrition, choking and other health needs. These were reviewed and actions taken to involve health professionals where needed. For example, where a person was experiencing difficulty eating and drinking referrals were made to the speech and language team (SaLT).
- Managers and staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, actions had been taken following a fire safety audit.
- The provider ensured fire, gas, water and electrical safety checks were carried out. There were risk assessments for health and safety. Walberton had undergone a programme of works to update the buildings since the last inspection, this was still ongoing.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe. Relatives confirmed they felt their loved ones were safe.
- People had easy read guidance to help them identify abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff told us, "I make sure the person was safe first and report if I saw anything."
- The manager was clear about their responsibilities under safeguarding and knowledgeable about local authority and CQC thresholds for reporting incidents.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- We observed staff making sure people received information about medicines in a way they could understand. For example, staff explained the medicine to the person at the time they were to take it and confirmed the person was happy to take the medicine.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Only staff who had received training and competency checks administered medicines. One staff told us, "I had 3 observation checks after my training before I could administer medicine on my own."
- Auditing of as required (PRN) medicine stock could be improved. We discussed this with the registered manager, who immediately instigated the practice of monthly reviews of medicines which were rarely used, so aiding scrutiny of current medicine stock and the need to bring forward reviews of unused medicine.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.

- The service followed shielding and social distancing rules using current guidelines.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff using current guidelines.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. People and relatives told us they were able to visit.

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Incidents were reviewed and trends identified, for example one person had incidents of emotional distress when their surroundings were too noisy for them to manage, analysis identified this was happening and the person was supported to use noise cancelling headphones when in noisy surroundings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People had limited involvement in choosing their food, shopping, and planning their meals. Staff and managers told us this was because there were not enough staff to provide one-to-one support to all those people who wanted to be more fully involved. We observed staff cooking evening meals for between 10 and 12 people. At the same time another staff member administered medicine leaving the 3rd staff member to support all the people living in the building. Some people told us they liked to cook their own meals and have staff support to do this.
- People told us they liked the food and could chose food using a book of photographs, but they needed to fit in with other people's choices on different days. Staff told us they offered alternatives if people didn't like the meal on the menu. One person told us, "I love the food, curry and chips, I get it a lot, I love it."
- We observed arrangements were made for people who had special dietary requirements. For example, a cupboard for one person was specifically stocked with a wide range of gluten free products for them to choose from.

Adapting service, design, decoration to meet people's needs

- The service partially meets people's needs. People only have access to shared bathrooms and the kitchens had limited facilities in relation to the amount of people living in the houses. This meant people have limited opportunities to fully participate in ordinary life, such as being involved in the preparation and cooking their main meal. Staff did try to support one person in each building every day to participate in cooking the evening meal.
- Some autistic people live at Walberton, however no one had sensory assessments to help identify if the environment can be adapted to better meet their individual sensory needs. This was discussed at inspection and the registered manager gave assurances they would make referrals to the relevant people for assessments to be started.
- We observed little use of augmented communication tools, such as pictorial symbols. While most people were able to communicate well with staff and everyone had a communication passport, staff had mixed understanding of use of tools which were available.
- The shared garden and surrounds were accessible to people. The registered manager told us one person had recently had a garden shed erected and has a small plot of garden which they tend.
- People told us they could choose how their rooms were decorated and one person told us, "I chose my own things." While proudly showing us their possessions.
- One person had a room set aside for their use and they had, with family and staff support created a model train layout.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who received training and information covering topics including, safeguarding, fire safety and medicine administration. There were some gaps in staff knowledge and training in the areas of positive behaviour support, communication methods and autism awareness. Managers booked staff for new training in autism awareness immediately following the inspection.
- People spoken with, all told us they liked the staff and the staff helped them. One person said "(names of 3 staff) are very nice I like them." Another said, "I love it here, staff are brilliant." Relatives told us they felt the staff were kind and mostly knew their relative well.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they were able to ask questions and offer suggestions and these were taken on by senior support workers and managers.
- Staff could describe how their training and personal development related to the people they supported. One staff said, "It's all about getting to know each person so I can help them navigate through their day."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were generally personalised, holistic, and reflected their needs, included physical and mental health needs. The plans were not always fully up to date and the registered manager showed us the progress staff were making to update and told us they are adding goals and aspirations which were meaningful to the person.
- People who needed them had partial positive behaviour support plans and some work had been started to put in place functional assessments for people who needed them. This meant positive behaviour plans would be more comprehensive and improve staff knowledge.
- In addition to support plans to guide staff, each person had an accessible shorter version of their support plan. The registered manager told us they were in the process of putting these in people's rooms to help people use them with new staff to guide staff induction.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We received mixed feedback from relatives and health professionals about the support provided to maintain people's health. One health professional told us appointments were not always attended and documents were not always forthcoming when requested. The registered manager told us, one of the reasons for recent management restructuring was to aid communication with external professionals and families.
- Staff were able to demonstrate they were kept up to date with changes in people's health needs.
- People had health action plans as well as health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to understand their health needs. We observed staff talking to a person about diabetes and healthy eating choices. People living with diabetes were supported to attend clinics with healthcare professionals, such as, eye screening appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had details of their health needs recorded in their support plans as guidance for staff. The information included references to epilepsy plans and contact details of involved external health professionals. The plans further included which dentist and opticians each person used.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection 19 February 2019, we found an area of concern relating to the registered managers and staff understanding and working within the principles of the Mental Capacity Act (2005) (MCA). At this

inspection we found actions had been completed and people were being supported within the principles of the MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had identified and completed actions where people's right to consent to care and treatment had been highlighted. Staff told us how they offered choices about things like what clothes to wear and asked for consent before supporting people with personal care. One person told us, "They (staff) say to me, you chose."
- Capacity assessments had been completed, best interest decisions had been taken with, where possible the person, family members and relevant professionals, when a person had lacked capacity to make a decision about their care. We saw evidence of a person actively involved in a best interest decision about a health intervention. The person was being supported in the least restrictive way.
- Staff received MCA training and were able to explain their role in supporting people to make decisions. One member of staff said, "I don't overstep, only support where the person needs me to, to maximise independence."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of people in receiving those service. Specifically, in relation to the understanding and implementation of their responsibilities under the Mental Capacity Act (2005). This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Progress had been made following the last inspection to embed the principles of the Mental Capacity Act (2005). We found people were now supported by staff who understood MCA principles and where needed people has best interest decisions and DoLS in place.
- The provider had quality assurance systems to protect people's safety. There had been improvement since the last inspection, this included reviewing and updating audits in relation to how medicines were being managed. Audits were carried out by the management team in relation to support plans, medicines, and infection control. Actions were recorded of any issues found. Actions were clearly documented and followed-up. However, there were some out of date records found on inspection which had not been picked up by the internal audit. The registered manager addressed them immediately and gave assurance to further improve the audit practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had failed to consider staff deployment in relation to people's needs. For example, a person living in a supported living flat, sometimes asked for support from staff in the care home, the impact of this on the people in the care home had not been considered. This was raised with the registered and area managers and actions were taken to remove the impact immediately following the inspection.
- The provider could not be assured people were supported in line with the principles of right support, right care, right culture and the quality of life guidance with a focus on promoting independence and developing skills. People, staff and relatives all told us there were not always enough staff to support everyone who needed or wanted it.
- People living in the shared houses had widely differing needs and wishes and this compromised individual

choice which the staff did their best to manage.

- The provider had started to carry out assessments to help ensure people, who had lived at Walberton for a long time, shared their homes with others they could get on with. The registered manager told us the service model was changing but plans were not yet fully developed. Both the registered manager and area manager agreed at the time of the inspection the service remains institutional in layout. We observed progress had been made however it was not embedded in practice for all people.
- The provider had reduced the numbers of people living at Walberton to 23 from the 33 people the service is registered to support. The registered manager told us this was an active decision to improve people's experiences of living with others. We observed staff trying to meet people's needs and they showed kindness and respect when talking with people.
- People told us they were happy to live at Walberton and relatives consistently told us they wanted their loved one's to remain at the service. Comments included, "My relative is in the right place and is happy." And, "I would love my relative to stay here."
- We observed staff trying to meet people's needs and they showed kindness and respect when talking with people. One staff member showed a thorough understanding of a person's preferred way of communicating and directed the inspection team on how they liked to be spoken with.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and relatives confirmed they were kept informed when issues arose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,

- The registered manager and staff sought feedback from people and those important to them and used the feedback to develop the service. Relatives told us they were involved in planning and review of their loved one's care and support. Formal reviews had re-started recently.
- People were observed to be asked their views by staff throughout the inspection. We saw on a number of occasions where people were clearly confident to raise issues with staff and people told us staff would help them.
- The registered manager had made the complaints procedure more accessible to people following feedback from a survey.

Working in partnership with others

- Professional's feedback gave mixed views about how well the service worked in partnership with other health and social care organisations. For example, health professionals told us, "I have found that previous recommendations by other disciplines have not been completed, and communication can be quite poor."
- Other professionals said, "I think the service is "ok". They provide a "good enough" service for people whose needs are not overly complicated, but I would have concerns about more complex people."
- Relatives gave mixed feedback about how well the service communicated with them. Some felt they had good lines of communication; others felt it could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.