West Sussex County Council

Hammonds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

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.

About the service
Hammonds is a West Sussex County Council in-house residential care home supporting people who have learning disabilities, physical disabilities and autistic people. Hammonds can support up to 20 people and 16 people were living there at the time of the inspection. Hammonds accommodates people across three separate buildings, each of which has separate adapted facilities. One of the buildings had four rooms for people who stay at the home for short breaks. There is also an administration building which houses offices, a catering kitchen and shared area for group activities.

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

Right Support
Staff did not always support some people to have the maximum possible choice, control and be independent and they had limited control over some areas of their own lives. Some people had limited opportunities to build skills and participate in individual activities. Staff were trying to be more focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life, some 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 rooms, which were generally personalised to meet their needs and preferences. People had shared bathrooms in two of the houses and only one person held keys for their own room, one other person requested staff to lock and unlock their door. People did not have alternative and accessible door locking systems. The home had outside shared space for group activities but this was not always accessible to everyone and was in places, unkept. For example, the courtyard area was cluttered and some parts of the garden were not accessible to people. The registered manager told us of plans to make the rear garden accessible. At the time of inspection the indoor shared space in the administration building was being used as a staff changing area and storage while a new floor was being laid.

The layout of the service did not promote person centred support, for example main meals were cooked in an area that people did not have access to. People went in and out of other's homes uninvited, limiting people's ability to enjoy their home without interruption.

The service worked with people to plan for when they experienced periods of distress so that 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, some staff spoke over people and talked to each other about people in the presence of others. Not all staff respected people's dignity, this was something raised in the last inspection and was still happening at this inspection. In contrast most staff were delivering kind and compassionate care. 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 cooperated to assess risks people might face. Staff had begun to encourage 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. Some improvements had been made towards person centred support, with more choices being offered and developed understanding of people's communication needs. 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.

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 20 August 2019) and there were two breaches of regulation. Regulation 9 (Person centred care.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had been made and the provider is no longer in breach of that regulation. At the last inspection the provider was in breach of regulation 10 (Dignity and Respect). At this inspection the provider remained in breach of this regulation. At this inspection the provider was in breach of Regulation 17 (Good governance) the provider had failed to assess and monitor the service to include the quality of the experience of people receiving the service. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive 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**

Hammonds

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 Care Act 2014.

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
Three Inspectors, and an Expert by Experience carried out the inspection. 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
Hammonds is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection
We spoke/ communicated with eight people who used the service and five 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, pictures, photos, symbols, objects and their body language. We spoke with two visiting health professionals.

We spoke with eight members of staff including the registered manager, senior support workers, support workers and the cook.

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 four people's care records and multiple medication records. We looked at two 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four additional professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were enough staff to support people with basic needs such as personal care. The registered manager had recently recruited a full team of senior support workers and was recruiting to six support worker posts at the time of the inspection. The registered manager told us this would reduce the reliance on agency staff and raise consistency of support to people.

● Staff recruitment and induction training processes promoted safety, including those for agency staff.

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.

● Staff had training on how to recognise and report abuse and they knew how to apply it. One staff told us "I make sure I report anything that I am worried about."

● The manager was clear about their responsibilities under safeguarding and knowledgeable about local authority and CQC thresholds for reporting incidents.

Assessing risk, safety monitoring and management

● People lived safely because the service assessed, monitored and managed safety well. The provider employed a facilities manager who visited Hammonds two and a half days a week to carry out safety checks and maintenance.

● 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 recent fire safety visit.

● The provider ensured fire, gas, water and electrical safety checks were carried out. There were risk assessments for health and safety. Hammonds had undergone a programme of works to update the buildings since the last inspection, this was still ongoing.

● Some people had risk associated with complex needs and there was guidance in place for staff to support them with these risks. For example, risks had been identified for one person whose heightened anxieties potentially put themselves and others at risk. Guidance supported staff on prevention strategies and identifying warning signs and support to be offered.

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, people had social stories about their medicines in the medicine folder. Staff confirmed they used these to support people to understand.

● 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.

● Auditing of liquid medicines could be improved. We discussed this with the registered manager, who immediately instigated the practice of dating when liquids were opened, so aiding scrutiny of amounts administered.

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. One person had a relative visiting them several times a week. We observed the person enjoying the company of their relative.

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 self-injury and analysis identified this happened when the person was not being supported directly by staff and incidents didn't happen when the person was being directly engaged by staff or out of the building for example, at the café or on holiday. The registered manager told us they were trying to seek funding for one to one support for the person to allow for time to support the person to go out more.

Requires Improvement

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 deteriorated 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. Some people were involved in preparing breakfast and lunch in the kitchen in their houses, the choice of foods was limited as food was mostly ordered by the catering staff and then transferred to the house kitchens. And main meals were still mostly cooked in the catering kitchen and transported to each house.
- The registered manager told us they were at the start of a process where people could start online shopping for their own houses and we observed some people enjoying being supported to make snacks and drinks in their own kitchens.
- We observed a meal time, people's experiences were mixed, for example one person was supported by an agency staff member, who did not communicate with the person and overloaded the spoon, while another person was supported by a permanent member of staff who spoke gently and encouraged the person at their own pace throughout the meal. We raised this inconsistency with the registered manager, who addressed this immediately.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. There was guidance for staff to support people who had modified diets and received nutrition via by a Percutaneous Endoscopic Gastrostomy (PEG.). A PEG is a feeding tube into a person's stomach and is used to provide the person with the nutrients and fluids they need.

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

- The service partially meets people's needs. The service has overhead hoists and wheelchairs can move around. Two of the three houses only have access to shared bathrooms and the kitchens are small in relation to the amount of people living in the houses. This means that people have limited opportunities to fully participate in ordinary life, such as being involved in the preparation and cooking their main meal.
- The shared garden and courtyard areas were unkempt and not all areas were accessible to people. The registered manager told us work had started to tidy the area and plans were being discussed to open the inaccessible areas.
- Laundry facilities are not wheelchair accessible and this hampered promoting active support approaches to allow people to be included in everyday life skills which people might value.
- The registered manager told us of the refurbishment plan which addressed the environmental shortfalls. One person had recently received detailed support to fully redecorate their room to their own tastes. They also told us funds had been made available for people to choose and buy soft furnishings and wall decorations for the shared spaces in the houses.
- A spa bath has been installed and we saw evidence that this was a popular activity for some people.

● We observed signs on the fridge in the house kitchens, these included symbols for jam, fruit, juice, ham, milk and milkshake. There were signs on cupboards for hot chocolate, honey and tea.

Staff support: induction, training, skills and experience

● People were mostly supported by staff who received training and information covering the needs of the people they support including, Positive behaviour support, communication methods, Autism awareness, dementia support and nutrition. The registered manager told us that training had been difficult during the COVID-19 pandemic but was now getting back on track. With plans for more detailed training about dysphasia for example.

● 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. Staff told us they valued their training and induction. One member of staff said, "it's helped me to think about my role differently."

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 include 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. Staff were taking the time to better understand people's behaviours when they became upset or anxious in more detail. This meant that positive behaviour plans would be more comprehensive and improve staff knowledge.

● Plans guided staff about how to support people experiencing distress or anxiety. The plans gave staff guidance on the triggers of distress, the actions to take and included a debrief following incidents.

Supporting people to live healthier lives, access healthcare services and support

● We received mixed feedback from relatives and health professionals about the support provided to maintain people's health One health professional told us, "Appointments and information are not always communicated well between manager and staff." Staff were able to demonstrate they were kept up to date with changes in people's health needs.

● People had health actions plans as well as health and oral health passports which were used by health and social care professionals to support them in the way they needed. One relative told us, "When my relative is in hospital the staff stay with them 24 hours."

● People were supported to understand their health needs. We observed social stories being used to prepare people for 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 clearly recorded in their support plans as guidance for staff. The information included references to epilepsy plans and detailed moving a positioning guidance right through to the type of tooth brush the person liked to use and moisturiser to support with dry skin.

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

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, is it alright?"
● Capacity assessments had been completed, while 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, "Everyone is different so you offer choice how they understand."

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10

● People were not always treated with dignity and respect. We observed staff talking over people to other staff in shared areas, one member of staff stating loudly they were about to support a named person to go to the toilet. This alerted everyone in the room to the person's need to use the toilet.
● We observed a person was supported by a staff member to eat, after they had finished, the staff member walked away, leaving the person with food on their nose, which they tried to remove, clearly demonstrating they were uncomfortable. On a separate occasion we observed a person being supported by staff to go out for a walk in the local area. The person had visible food and drink stains on their clothing. No attempt was made to support them to change before they went out. This showed a lack of consideration of the person's dignity.
● People did not have keys to their rooms and staff could not be assured that everyone who wanted the privacy of locking their own room had the opportunity to do so.
● Most people who needed it, did not have a skill teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. The positive behaviour support lead and the registered manager told us they had not got to the stage where they were able to do this for most people, due to the lack of regular staff time. However, a start had been made for some people, which the registered manager agreed was in its early stages. We observed people who had this support enjoying developing their skills and independence.
● We observed people going into other people's houses uninvited, this appeared to be to seek staff, staff confirmed this was their view. We saw some people going into the administration building, the registered manager and staff told us this was because they were looking for somewhere quiet to go. People did not seek the company of their peers during the inspection and staff confirmed that while people had lived together for a long time, there were no obvious relationships between people. The registered manager told us there are some strong relationships between people. Some examples given were. "There are people who

like to go to each other's rooms to watch the television together." And "One person will ask where her, 'boy' is, (another person living at the home)."

This was a continuing breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed staff members showing warmth and respect when directly interacting with people. People told us they like the staff. One person said, "They (staff) are nice." One relative told us, "The staff are good, but a lot of the old staff have left." Another said, "They (staff) are kind and caring for example, the key worker, who my relative is close to, takes them out for coffee, to buy clothes and to the hairdressers." A keyworker is a member of staff with delegated specific responsibilities for an individual.
● The registered manager told us they were aware some staff were still task rather than person focused and they showed us they were starting to address this through supervision and team meetings. They told us the way prompts were written in records staff were expected complete influenced the way staff perceived their role. The registered manager was in the process of reviewing these documents.

Supporting people to express their views and be involved in making decisions about their care
● We observed people making day-to-day decisions about their care, such as what they wanted to eat, drink and wear. Support plans showed how people wanted to be supported and described things that were important to them.
● People had named keyworkers, who met with them regularly to talk about what they would like to do and how they wanted to be supported. These meetings were recorded and formed part of staff supervision. This was a developing process, with keyworkers matched to people based on how they got on with each other. We observed positive outcomes for some people. For example, we observed one person following an exercise plan with their keyworker actively encouraging them, the relationship was friendly and supportive. The person was smiling and happy.
● There had been a people's forum group meeting held in January, these had stopped due to COVID-19 restrictions but were now back in place. Relatives told us they and their relatives were involved in reviews of care and support.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the provider had failed to ensure care and treatment is reflective of people's needs and preferences was a breach of Regulation 9 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 9.

● Staff now used person-centred planning tools and approaches to discuss and plan with people how they wanted support and help people make choices. For example, People's daily records asked questions about the choices they made each day, the activities they were offered and what went well, what needed to be better. These were reviewed by senior staff who attached comments and suggestions on how to improve.
● People had improved opportunities to take risks and develop independent living skills. More assessment and planning were needed to see what people could do for themselves and to plan meaningful activities. The registered manager told us this work was ongoing. Staff were recording when people did have opportunities to do things for themselves, and people valued the experience. For example, some people were now participating in cleaning their rooms with staff support. Records showed one person had enjoyed sorting through and tiding their make-up and hair bands and their anxiety had reduced when carrying out the activity.
● People were supported to keep in touch and maintain relationships with people important to them. For example, we observed a person asking to use the phone to call their relative, staff supported the person to do so.
● A person who often chose to stay in their room was being actively supported to make choices and encouraged to try new things.
● We observed opportunities for some people to have one to one activities were still sometimes limited, but had improved following the last inspection, and many activities offered were in groups, The registered manager and staff told us this was because there were not enough staff to fully support one to one activities. Staff were trying to make group activities person centred but told us that people's needs and wishes were so diverse as to make this difficult to achieve. One relative told us, "My relative sleeps and sleeps and is dozy but is ok when they go out. My relative just sits in front of the TV." Staff deployment to support one to one activities is an area in need of improvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Improvements had been made following the last inspection and people did have their information needs assessed and information was available in formats people could understand.
● There were visual structures, including objects/photographs/use of gestures/symbols/other visual cues which helped people know what was likely to happen during the day and who would be supporting them. We observed staff using Makaton (a type of sign language) and staff had picture cards to support communication with people. The registered manager told us whilst a good deal of work had been done to support communication following the last inspection, there was more to do as not all staff were using the tools effectively and the reliance on the use of agency staff had affected consistency.
● We observed a tool to support people to decide where to go shopping and what to buy had been introduced, some people were using this with positive effect. For example, a person had identified they wanted to travel to the shops on public transport, this was not a decision they had made before. We saw evidence that the person had very much enjoyed the experience and was now keen to go shopping. This tool was being cascaded for others to use.
● Staff were working with people to understand their sensory needs and these were being recorded. The registered manager told us this was ongoing and required more work to be fully completed. People were being supported to take part in visits to a sensory room at a nearby centre and we were told the sensory experience offered by the spa bath had proved popular with people.

Improving care quality in response to complaints or concerns
● People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. Relatives told us they knew how to make a complaint and most told us they had no concerns to raise.

End of life care and support
● There were policies in place to support end of life care. There were plans in place for some people whose needs may indicate they would need end of life care in the near future. These were developed with health professionals, relatives and took account of the persons wishes.
● Staff had explored people's preferences, which included cultural and spiritual beliefs. People's relatives had been involved to help make decisions, that they had been assessed as unable to make for themselves.
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Requires Improvement

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 the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to keep the culture of the service under review to ensure people were supported in line with the principles of right support, right care, right culture and the quality of life guidance. They could not be assured people were supported in a fully person-centred culture with a focus on promoting independence and developing skills. We observed that progress had been made however it was not embedded in practice for all people.
- The current practice of people going into each other's homes uninvited and the lack of individual support opportunities demonstrated the provider had failed to consider people's needs in relation to individual support when reviewing staffing levels and deployment.
- Whilst the registered manager told us they were reviewing the service with the provider in respect of the layout of the building and the size and occupancy levels of the shared houses, there was not a working plan in place, which would demonstrate the provider had a clear vision demonstrating ambition and a desire for people to achieve the best outcomes possible.
- People living in the shared houses have widely differing needs and wishes and this compromised individual choice which the staff did their best to manage. The provider had not carried out recent assessments to help ensure people, who had lived at Hammonds for a long time, shared their homes with others they could get on with and possible develop meaningful relationships with. The registered manager told us the service model was changing but plans for this were not clear. At the time of the inspection the service remains institutional in layout. For example, having main meals prepared in a catering kitchen which people were unable to access and having them transported to the people's homes.

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 services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had quality assurance systems to protect people's safety. 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 that had arisen out of any issues found. Actions were clearly documented and followed-up.
- People told us they were happy to live at Hammonds 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."

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 had meetings with their keyworkers, who knew them well and understood their communication. The people forum meetings had restarted following the pause during the COVID-19 pandemic.

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, "There have been a mixture in interactions some positive and some not so" and "There have been occasions where meetings have been organised with Hammonds [online and face to face] and no members of staff attended or had to be chased to attend and then reported that they were not aware of the meeting. Staff have needed reminding which health professionals should be contacted when they are concerned about the health of a resident. Communication with Hammonds is rarely instigated by themselves even though when contact is made by me, they then report there to be concerns."

● Other professionals said, "I have no immediate concerns regarding Hammonds." And "I have seen an improvement in how staff communicate with our team, the registered manager and leads listened to my advice."

● 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 10 HSCA RA Regulations 2014 Dignity and respect The provider has failed to ensure that practices are in place that respect and promote people's privacy, dignity and independence.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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 services