

Ms Justine Joy Piner

# Telegraph House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Telegraph House provides personal care for people with a learning disability in their own home. There were seven people using the service at the time of our inspection. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

### People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people were encouraged to be a part of the local community; attending clubs, day centres, leisure centres, local shops, pubs and other local services. People were supported to make their own decisions and be as independent as possible.
- People were put at the centre of the service and the culture was person-centred. People appeared happy, relaxed and at ease in their home and with other people.
- Staff spoke to people with kindness and respect, there was a lot of laughter between people and staff.
- People were encouraged to take responsibility of their own health.
- People were fully included in planning their personalised care.
- There was flexibility in how staff were deployed. People could change activities or receive their contracted hours at other times.
- People were supported in a way which focused on what they could do and promoted independence.
- People were consulted before other people moved into shared homes.
- People were encouraged to make as many decisions for themselves as possible. When people were unable to make complex decisions, decisions were made in their best interests with full involvement of people who knew the person well.
- Staff were trained in safe medicines management and people were fully involved in making decisions about how they took their medicines.
- Staff understood their responsibilities to keep people safe.
- All staff continued to receive regular training in areas essential to the effective running of the service.
- There continued to be effective monitoring around learning when things went wrong.
- There was a complaints policy and procedure in place with an easy read version to help people understand how to raise any concerns.
- The registered provider supported staff by offering continuous training, supervision and feedback.
- The registered provider continued to have a clear vision of the quality of service which was shared by staff.
- Staff were very positive about the culture of the service and were committed to providing people with support in a caring and personalised way.
- The registered provider held weekly staff meetings which fully engaged staff who were responsible for planning the agenda.

- Out of hours checks to monitor the quality of care provided were conducted.
- People, relatives and other significant individuals were asked for feedback so the service could improve.

Rating at last inspection:

This service was rated, "Good" at the last inspection on 01 April 2016. We published this rating on 10 June 2016.

Why we inspected:

This was a planned comprehensive inspection to check the service remained Good. We found overall that the service continued to meet the characteristics of Good.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Telegraph House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and one inspection manager.

#### Service and service type:

Telegraph House provides personal care for people with a learning disability in their own home, some people chose to live together. People had their own bedrooms and shared communal spaces. CQC regulates only the care provided, we do not regulate the premises where the person lives.

The registered provider was leading the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection:

This inspection was carried out on 13 March 2019 and was announced. Forty eight hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious injuries. The provider had completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Before the inspection we received feedback from three healthcare professionals.

During the inspection we looked at the following:

We reviewed some records and made observations, these included;

- We spoke with three people and spent time observing interactions between staff and people.
- We spoke with the provider, assistant manager, and two staff.
- After the inspection we spoke with two relatives.

After the inspection we received additional evidence from the provider which we took into consideration when making our judgments.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People continued to be supported by staff who knew how to recognise abuse and protect people from the risk of abuse. Staff understood their responsibilities to keep people safe.
- The provider had effective safeguarding systems in place and staff had received appropriate training in this area.
- A person said, "I feel safe, I could absolutely talk to staff if I needed to."
- Proactive risk management strategies were in place to support people and staff in managing behaviours that could challenge, staff were fully aware of the agreed strategies. For example, a staff member described how they used code words when managing a person's behaviour which were more dignified and less likely to cause the person further distress.
- Any incidents were recorded and analysed so additional measures could be implemented to minimise further incidents.
- The registered provider adopted a pro-active rather than re-active response to managing risk and fully involved the staff team in planning ways to support people in a positive way.

Using medicines safely

- People continued to receive their medicines safely. Staff were trained in safe medicines management and people were fully involved in making decisions about how they took their medicines.
- People could choose where their medicines were stored and kept securely.
- One person said, "Staff help me to take meds. I have a meds cupboard, staff pop them out. At my last place I took meds myself but it stressed me out."
- Policies and procedures were in place for staff to refer to.

Staffing and recruitment

- Staffing continued to be planned around people's needs, appointments and activities. More staff were made available according to any changing needs.
- Staff provided cover for sickness or holidays. Agency workers were rarely used and knew people well.
- Staff were always supported. They contacted either the registered provider or assistant manager out of hours for support and guidance.
- People were responded to quickly and staff had time to engage with people in a meaningful way.
- Staff continued to be recruited safely and checks were completed before they started to work at the service.

Preventing and controlling infection

- Staff had access to protective equipment such as gloves and aprons and the registered provider conducted weekly audits to check staff followed the policy and risk assessments in preventing and controlling infection.

#### Learning lessons when things go wrong

- There continued to be effective monitoring around learning when things went wrong.
- Staff recorded any accidents and incidents which were analysed for trends by the registered provider and assistant manager.
- When things had gone wrong alternative ways of managing risk were explored so people still had freedom and choice.
- For example, one person had an incident when they had been alone in the bath. Their risk assessment had been discussed and additional measures had been implemented with their agreement so they could continue to have baths which they said they really enjoyed.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People continued to be supported in a way which met the principles of the MCA, people were not restricted unnecessarily.
- People were encouraged to make as many decisions for themselves as possible. When people were unable to make complex decisions, decisions were made in their best interests with full involvement of people who knew the person well.
- People were supported and given advice about decisions which may be unwise. Staff worked closely with people to explore all possible options so they could make their own decisions whilst still being aware of risk. For example, one person could make unhealthy choices around food and drink. Staff provided the person with information and advice so they could make their own decisions around keeping healthy.

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

- Before new people moved into homes that were shared all people were consulted and agreement was sought.
- People's needs and choices were continuously assessed. For example, one person had recently been diagnosed with a medical condition which they found difficult to manage and made them feel anxious when alone. Staff had discussed and agreed with the person how they could continue to live as independently as possible without losing their confidence. Together, plans had been put in place to support the person and reduce any associated risks. When the person changed their mind about continuing with certain aspects of their daily activities staff respected this and continued to work with the person, planning how they may try again in the future when they felt more confident.

Staff support: induction, training, skills and experience

- All staff continued to receive regular training in areas essential to the effective running of the service. Staff received supervision every three months and the registered provider conducted yearly appraisals.
- New staff received an induction when they started work at the service and undertook a period of shadowing other staff until they were well assessed as competent to support people.

- We observed staff supporting people in a way that demonstrated they were knowledgeable and understood how to support people well.

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

- People continued to be supported to eat and drink what they liked and when they wished.
- Each person had their own fridge and cupboard space in the shared kitchen to store their own food.
- Some people had decided that they would take turns to cook for each other throughout the week. People planned weekly menus, with staff support when required, and shopped for the items they needed.
- Staff offered people advice about healthy eating. Some people did not always want to eat healthily and staff respected the choices they made.
- A 'tuck shop' had been implemented to help a person who struggled to eat healthily. The tuck shop was a cost-effective way for the person to manage what treats and snacks they ate each day. The registered provider said, "(Person) can buy what they want, we make no profit. We talk about healthy eating with them. It's about encouraging them to eat well, but if they wanted to buy the whole lot we wouldn't say no."

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

- People were encouraged to take responsibility of their own health.
- During weekly meetings with the key workers people discussed various aspects of their health and appropriate appointments were made with health care professionals. This meant people had more awareness about how to look after themselves and staff maintained a good oversight of any health needs that may need further attention.
- One person was recently referred to the disability nursing team to support them with their anxieties. To help the person manage anxieties at times when they felt more vulnerable a system was implemented which meant the person could contact staff from their bedroom at any time which reduced their anxieties.
- The service worked closely with other professionals in a timely way to provide affective care which supported individuals changing needs.
- A healthcare professional said, "The reviews have always been conducted in a professional manner. Any actions /goals identified from the review are carried out. Client's support plan is up to date, forward thinking, and attainable goals are worked towards. Overall the service appears to do most things very well, my client is happy and supported appropriately."

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "Staff help me out a lot. A lot of the time I panic, I love it here and we all get on as a team. They are amazing here helping me." A relative said, "The staff are amazing, they are really good. It's a lovely, lovely place."
- People were put at the centre of the service and the culture was person-centred. People appeared happy, relaxed and at ease in their home and with other people.
- Staff had a good understanding of each person's individual needs, people were encouraged to be themselves. For example, one person found a certain topic difficult to talk about even though they said how much they loved it. The registered provider encouraged the person to talk about this freely and reassured them they were not saying anything wrong.
- People were supported to communicate in their preferred way. Some people used picture cards, signs or symbols and staff had a good understanding of people's preferences.
- Each person had a key worker. The registered provider said they matched key workers to people carefully so interests and personalities gelled together well. For example, a person had shown an interest in fishing and riding their bike which a staff member also enjoyed doing.
- Staff spoke to people with kindness and respect, there was a lot of laughter between people and staff. One person was keen to show us a recording of a television programme they had been on. Other people and staff cheered and clapped when the person appeared on the television and said how well they had done.
- The registered provider told us how they felt it was important that people should exercise not only for their physical health but also their emotional wellbeing. To make exercising more appealing to individuals who disliked traditional exercise they organised a fun games programme. An individual from the local area facilitated the event which people could opt out of at any time. Afterwards one person said that they didn't think they would have enjoyed it as they 'don't do exercise' but it had been a lot of fun and they felt great afterwards.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to fully engage with their daily activities in a meaningful and interesting way. One person showed us a book where they kept photographs of the meals they had prepared for other people. A map of the world was pinned to the wall, people chose randomly a country and staff would help them research what the local cuisine was and obtain recipes. The person had cooked a range of meals from various countries such as Turkey, Italy, France, Morocco and many more. They had made notes next to the picture explaining what the meal was and if they had enjoyed making and eating it.
- Peoples protected characteristics were considered. (The Equality Act 2010 protects certain characteristics including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion, sex and sexual orientation).

- For example, one person followed a faith. Staff had supported the person to attend various places of worship each week to meet the person's needs. Staff said they tried to incorporate the person's faith into other activities and had supported the person to attend a musical which was based on religion. The person liked to discuss the contents of their religious book with staff who supported this.
- 'Knock and wait' signs were available for people to put on their doors to remind others to respect their privacy. Staff asked for people's permission before entering their personal space.
- People decorated their bedrooms in the way they wished. Two people showed us their bedrooms which were full of personal objects, pictures and photographs. One person showed a number of objects they collected as a hobby which was extremely important to them. Staff had helped the person decorate their room to reflect this interest.
- People showed us many photographs which were displayed on the walls of various holidays, trips and activities they had been part of. People were encouraged to try new activities and staff were flexible when people decided to pursue new interests. Staff were pro-active in finding new activities that people may be interested in and sharing information with people about this.
- The service had thrown a garden party for the royal wedding and had invited relatives, friends and other individuals important to people. They had hired a live band and people enjoyed a barbeque. Several compliments had been recorded about the party in the comments book including, 'Wow what a lovely day, hosted very well and amazing decorations, food and live band. Great inclusive opportunity for everyone to meet up, sing, dance and celebrate. BBQ was fab and (registered provider) your staff have done brilliant, thank you'. Another comment said, 'Thank you for inviting us to celebrate the royal wedding. A really nice atmosphere. Great food, live music wow! You guys know how to put a party on! Thank you'.
- Relatives told us they were supported to remain in contact with their loved ones. A relative said, "I get to see (person) whenever I want. They visit me and my husband, we take (person) on holiday and so does the service."

Supporting people to express their views and be involved in making decisions about their care

- A health care professional said, "(Person) and their family are very happy with the support provided, which has always been thorough and professional. I would say that this is a good service with skilled carers who will go the extra mile to ensure my client is well supported and have every opportunity to safely enjoy their life."
- Staff helped people achieve their desired wishes and involved them in making their own decisions. For example, one person was struggling to use a hair device to style their hair in their preferred way. The person had become anxious around this. Staff suggested an option the person may like to consider that the hairdressers provided. Staff gave the person information about what the treatment consisted of and how much it would cost. The person was supported to arrange an appointment and budget their money accordingly. The person was extremely pleased with the results.
- Another person's aspiration was to have their own rug making company. Staff supported them to make rugs that they sold at local craft fairs.
- People were supported to be fully involved in making decisions about their care. For example, if people were unable to independently manage their finances they were shown a laminated sheet containing pictures to help them understand where they had spent their money and how much had been spent.
- One person had recently moved in, a staff member told us, "(Person) came for a taster session here first. Slept over and was a gradual step over. They came to the royal party that was the big seller for them. Dynamics haven't changed since (person) moved in we were a little apprehensive but they all get on, we talked about being respectful to each other."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were fully included in planning their personalised care. Each person completed a weekly journal with the support of staff. This was an opportunity for them to reflect on how they felt, voice any concerns and recognise any positive achievements.
- A person showed us their support plan and explained what each part meant and why it was important to them. The person had created the plan which was displayed on a large piece of card in their bedroom. Pictures, photographs, symbols and writing had been used to reflect their wishes, desires and preferences in an easy to read format. Some people used this to lead their annual reviews.
- People were supported in a way which focused on what they could do and staff understood the importance of giving people the time and opportunity to be as independent as possible. For example, a staff member supported a person to cook the evening meal. Instead of the staff member physically completing areas the person found more difficult they patiently gave them verbal prompts and reminders throughout the task so the person felt successful.
- Each person's support plan was broken down into specific areas and various aspects of their daily life. Areas of support were assessed by observation and one to one discussion with the person so goal setting could be appropriately agreed. This helped people acknowledge their achievements and strive for future goals to develop independence.
- People completed with staff 'My Life, Home and Skills Journals'. The weekly journals broke down life skills into smaller parts which helped people to achieve their goals successfully. Staff offered advice but people were fully in control of how they tackled tasks. For example, one person chose to take one big shopping bag for their weekly shop although staff advised them it may be easier for them to spread out their shopping into several bags.
- The journals were a way to assess areas people had become more independent in and if goals had been achieved. The information collected in the journals was used to update the persons care plans to be reflective of their current needs. This meant staff had a clear understanding of how to support peoples changing needs.
- Key workers assessed plans on a weekly basis with people to ensure a holistic approach to care and support was adopted. This empowered people to take control of their own lives and feel secure to voice their opinions and concerns.
- Support plans incorporated a symbol and sticker system that helped people to understand the level of support they required in different areas of their lives. For example, different symbols were used when people needed either verbal, physical or observational support.
- People were encouraged to be a part of the local community; attending clubs, visiting pubs, local shops, cafes, horse riding, fishing, bicycle rides, cinema, bowling, taking part in sports, day trips and music or other events.
- Each person had a weekly planner which outlined their daily activities.

- If people wanted to change activities the provider was flexible in reallocating staffing hours so people's preferences could be met. One person had recently moved in and had decided to try new activities after seeing what other people were doing.
- One person told us how they had recently been invited to join another theatre group as they were a very good actor. They told us about their hobby of collecting certain objects and how much they enjoyed doing this. They showed us their activity planner and how busy they were each week. They said the planner helped them remember what they were doing each day.
- People went on various holidays. In 2018 people had visited Corfu and the year before that Portugal. Thought and consideration was given about where people may like to travel to when they were unable to verbalise their preferences. For example, staff had suggested some people may like to go on holiday to Benidorm because they had recognised how excited and animated people become when watching a television programme which was located there.

#### Improving care quality in response to complaints or concerns

- People continued to be supported to raise any concerns.
- There was a complaints policy and procedure in place with an easy read version to help people understand how to raise any concerns.
- No complaints had been raised using the registered providers complaints procedure.

#### End of life care and support

- There was no one being supported with end of life care at the time of our inspection.
- The registered provider said although they had discussed end of life wishes with people they felt it was important to explore this in more detail.
- Even though people using the service were relatively young in age the registered provider acknowledged people could become ill due to unexpected illness or accidents.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider continued to lead by example and support staff by offering continuous training, supervision and feedback. Staff received annual appraisals to set objectives with agreed timescales and discuss overall performance and training requirements.
- A staff member said, "I will often call (registered provider) on the phone, they told us they are available 24 hours a day. (Assistant manager) would also be available if (registered provider) was not here."
- Staff understood their roles and knew what was expected of them.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating in the registered office.
- The registered provider understood relevant legislation and the importance of keeping their skills and knowledge up to date. They had subscribed to a weekly newsletter from a consultancy service to keep up to date with new legislation, CQC updates and information around recommended good practice.
- Statutory notifications had been sent as needed, these are notices the service is required to send to us notifying us about certain changes, events and incidents affecting their service or the people who use it.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were very positive about the culture of the service and were committed to providing people with support in a caring and personalised way.
- The registered provider continued to have a clear vision of the quality of service which was shared by staff.
- There was mutual respect between staff and management and staff freely came to the office to seek advice or share information.
- Staff told us they enjoyed working at the service and were motivated. One staff member said, "Its very client led here. We have house meetings every Tuesday night but always changing to accommodate (people's needs). We ask people if we can do a house meeting, sometimes they say no. We have statement of purpose and ethos for the home. (Registered provider) Is very clear, it's about being inclusive, client led, it's not about us it's about them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was good engagement from other healthcare professionals who were kept up to date with changing

needs so continuity of care could continue.

- A healthcare professional said, "Managers and carers are really supportive and listen to and act upon advice and recommendations from all professionals."
- The registered provider, assistant manager and senior had quarterly quality assurance meetings where they looked at all areas of the service provision. A reviewing schedule that used a traffic light system was kept on the internal computer system so nothing was missed and everything was kept up to date.
- A healthcare professional commented on a satisfaction survey, 'Telegraph House provide a high quality level of support the vulnerable adults within the service'

#### Continuous learning and improving care

- The registered provider held weekly staff meetings which fully engaged staff who were responsible for planning the agenda. Meetings were an opportunity to discuss consistencies in care, to recognise achievements, raise concerns and discuss the resources available to drive improvement.
- Action plans were made following meetings so progress could be made and reviewed.
- The registered provider conducted out of hours checks to monitor the quality of care provided.
- The views of people and other individuals were sought through quality assurance forms. From the feedback obtained actions were created. A relative commented, 'They care about the client and strive to make the lives of these people as happy and independent as possible. I can only applaud (registered provider) and their wonderful team for their work. I can't imagine a better place.'
- An independent person helped people complete the quality assurance forms which were in an easy read and pictorial format to help people understand the questions asked.
- A person had commented on the quality assurance form, 'The staff are very kind, bubbly and with a funny sense of humour' and '(Registered provider) talked to me about the new furniture in the lounge, I like them.'