

# West Sussex County Council

# Hammonds

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

An unannounced inspection took place on 9 April 2018.

Hammonds is registered to provide residential care for up to 20 people who live with a learning disability and/or other health conditions. Accommodation is provided for 16 people on a permanent basis; four rooms cater for people who stay at the home for short breaks on a respite basis. At the time of the inspection, there were 14 permanent residents and two people staying on a respite basis. The home provides accommodation in three separate units which are linked by a courtyard and external walkways. A unit called The Lodge accommodates people for short breaks, each room has en-suite facilities and overhead tracking for safe moving and handling. Each unit has a lounge and dining area and kitchen facilities. There is a small sensory room. Some people have lived at Hammonds for many years.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Hammonds is a service for people with a learning disability including autism. The care service has not been developed and designed in line with the values that underpin the Registering the Right Support CQC Policy and other best practice guidance. It is very difficult for large services to meet these standards. However at Hammonds we observed that the service had a good understanding of person-centred care and how this was provided for people living at the home. We have made a recommendation for the home to familiarise themselves with the Registering the Right Support CQC Policy. You can see what action we told the provider to take at the back of the full version of the report.

During the inspection, we saw that CQC had not been notified of some incidents and of DoLS authorisations. Following the inspection the registered manager acted swiftly to submit the DoLS authorisations to the CQC. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

During our visit the registered manager told us that risk assessments are going to be improved. We told the registered manager we saw an overstock of medicines and identified medicines records need to be better. Although we saw improvements were needed to be made to risk assessments and medicines we did not see this having an impact for people living at Hammonds. We have made recommendations about the management of medicines and risk assessments. You can see what action we told the provider to take at the back of the full version of the report.

During the inspection the service was found to be very caring and staff knew people very well. Staff knew how to support people and encouraged people to pursue activities and interests. The premises were adapted to keep people safe and personalised to reflect their interests and likes such as decoration of

people's rooms. Staff told us they felt supported by management however supervision was not done regularly in accordance with their policy. We have made a recommendation for the home to follow their supervision policy. You can see what action we told the provider to take at the back of the full version of the report.

## 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 is safe however areas of improvement were identified.

People received their medicines safely. Medicines were safely stored. At the time of our visit we found an overstock of medicines that had not been identified in medicines audits. We have made a recommendation about the management of medicines.

People's risks were not always identified, assessed or recorded fully. Staff knew how people needed be supported safely, the risks to people's safety resulting from poor risk assessments was not an issue. We have made a recommendation about recording risk assessments.

The service had enough staff to safely meet people needs.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred. Staff knew people well and how they needed to be supported safely.

The service was hygienic, clean and well-presented.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff were well trained and competent. Staff told us they felt supported however supervision was not done regularly in accordance with their policy. We have made a recommendation about giving supervision in accordance with their policy.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced and nutritious diet and people were supported to choose their meals. Staff supported people to maintain a balanced diet that was suitable

**Good** 

to their individual needs.

Hammonds has adapted and decorated the premises to meet the needs of people.

People's health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

### Is the service caring?

Good ●

The service was caring.

People were treated in a caring way by all staff. Relatives confirmed staff knew people very well and got on together.

People were supported by staff to ensure their privacy was respected.

People were supported by staff that were kind, caring and respectful. People's independence was promoted and they were encouraged to express themselves and be involved in their own care.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was very personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans reflected people's changing preferences and needs.

People were supported to participate in activities of their choice and pursue hobbies.

Complaints were responded to in line with the provider's policy.

### Is the service well-led?

Requires Improvement ●

The service was well-led however areas of improvement were identified.

The provider had failed to notify the CQC of incidents which had occurred whilst services were being provided in the carrying on of a regulated activity and failed to notify the CQC of DoLS authorisations. This is a breach of Regulation 18 of the Care

Quality Commission (Registration) Regulations 2009. Following the inspection the registered manager acted swiftly to submit the DoLS authorisations to the CQC.

We have made a recommendation for the home to familiarise themselves with the Registering the Right Support CQC Policy.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service. Staff were asked for suggestions and feedback. Hammonds works well with a range of other organisations including a day centre that people attend.

The provider and registered manager carried out a range of audits to ensure the smooth running of the service.

# Hammonds

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 April 2018 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. Due to the fact that people at the home were living with a learning disability not all people were able to share their experiences of life at Hammonds with us. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke to the registered manager, the assistant manager, and the quality assurance officer for West Sussex County Council, a senior shift coordinator, a senior support worker, a care assistant and a cook. We interviewed the registered manager and two support workers. We also spoke to a carer from another home who was visiting a person. We spoke with three people who lived at the home. We looked at six people's care records and three people's daily records. We looked at one staff file and one recruitment file. We observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at records such as risk assessments, incident records and medicine records. We looked at training records. We also looked at a range of records relating to the management of the service such as complaints records and quality audits.

Following the inspection we spoke to two relatives by telephone to ask them their views of the service provided. We spoke to four professionals by email and telephone. They were an independent professional,

external professionals that provide activities at the home and a health professional, all professionals that are involved in the care of people at the service. We reviewed policies, procedures and records after the inspection.

The last inspection was carried out in October 2015. The overall rating given was good. At the time of the inspection we observed the rating was displayed in an easy read pictorial format.



# Is the service safe?

## Our findings

Systems were in place to report any concerns of potential abuse to the local safeguarding authority. A copy of the local authority's safeguarding procedures was available to staff in the registered manager's office. A staff member we spoke to told us they felt confident to raise any concerns and understood the safeguarding process. We discussed previous safeguarding issues that had been raised and which the Commission had been notified of before the inspection took place. These issues had been addressed appropriately and managed safely.

We were shown a set of cards which staff could use to help people to communicate anything they might be concerned about in relation to their safety. These cards contained suggested questions which would help staff to talk with people about whether they felt safe living at the home and out in the community. The registered manager told us these cards were useful in staff meetings, to help staff think about questions they might ask people in relation to their safety and wellbeing.

Whilst staff understood how to reduce risks to people risk assessments were not always properly recorded within people's care plans. People's risks were not always identified, assessed or recorded fully. Since staff knew people well and how they needed to be supported safely this was not an issue for people's safety. For example, we looked at one care plan which identified the person had poor vision due to a health condition. Their care plan provided staff with a summary of their care and support needs, with cross references to risk assessments. However, whilst it was identified that risks to this person related to falls, bathing and trips into the community, these had not been individually assessed. There was no guidance for staff on what the risks were and no advice for staff on how to mitigate risks in relation to this person's poor eyesight. The registered manager told us that work was in progress to update all care records, including risk assessments, as these had already been identified as an area that needed improvement. Some risk assessments we saw had been drawn up appropriately and provided detailed advice and guidance to staff. However, risk assessments overall were not consistent in the information provided to staff. We recommend that the service work to improve how they record risk assessments.

Accidents and incidents were reported and actions taken to prevent reoccurrence. The registered manager explained to us the online system for incident and accident reporting. The registered manager described what happens if a person has a fall, the staff would report and record the fall and make sure that the person gets the treatment or support they need to avoid another fall. During our visit we observed use of stair gates by staff and people.

We looked at a range of audits in relation to health and safety and premises. These showed that areas such as electrical testing, water hygiene and legionella risk, water temperature checks, and gas safety had been checked and were safe. The registered manager told us that the fire alarm system had been replaced recently and a fire drill had taken place so that staff knew what action to take in the event of an emergency. Emergency evacuation equipment was situated on the first floors. Personal evacuation plans for each person living at the home were seen in care plans. The registered manager carried out environmental checks on a weekly basis. We saw in team meeting minutes and from speaking to the registered manager

that health and Safety was discussed in every team meeting.

Some people had a visual or audio monitoring alarm system in their room to help staff keep them safe at night time. These were used with the consent of the people who used them at night time. One person told us they felt safe knowing they can call out to staff at night due to the audio monitoring they had on at night. From our observations around the home, communal areas, bathing and kitchen facilities were spotlessly clean and there were no offensive odours. The local authority inspections of the hygiene and safety of the kitchen and the facilities were rated as 5, the highest rating from the Food Standards Hygiene Agency.

Staffing levels were sufficient to keep people safe and meet their needs. The number of staff needed had been assessed based on people's care and support needs. During the day, some people went out to a day centre or participated in activities in the community. Generally, there were five care staff available during the day and five care staff at night. However, staffing levels varied and staff could be deployed as needed. For example, when people attended healthcare appointments, a member of staff could accompany them. People required one to one support when out in the community and some people had one to one support in the home. The rota showed that this was provided consistently.

At the time of the inspection, there was one permanent staff vacancy, one temporary vacancy and one maternity cover vacancy. The registered manager said, "We're quite lucky with staffing. A lot of people [staff] live within walking distance". They added that it was not difficult to recruit new staff and that, where needed; gaps in shifts were covered by agency staff. One regular agency staff member was used who knew people well. In addition to care and management staff on duty, there were domestic, catering and maintenance staff. The home had its own bank of casual staff. A professional that provides activities at Hammonds told us that, "Staff are always available and have time for people, agency staff have the same approach to permanent staff and show equal interest in people living at Hammonds."

Staff recruitment checks were robust and thorough. Staff were only able to commence employment upon the provider obtaining suitable recruitment checks which included; two satisfactory reference checks with previous employers and a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were employed. We looked at one staff file and a centralised recruitment system run by the provider to see references had been obtained for three members of staff, checks made with the Disclosure and Barring Service and employment histories were looked at.

We looked at the management of medicines and the systems in place to ensure that people received their medicines as prescribed. During the lunchtime period, we observed that the member of care staff administering medicines to people wore a red tabard. The red tabard was labelled 'Do Not Disturb'. This helped to ensure they were not interrupted whilst administering medicines and had been effective in reducing medicines errors. The staff member explained to people what their medicine was for and waited patiently with them whilst they took their medicines. One person was asked if they would like to take their tablet with a spoonful of yogurt and the person readily agreed. This method of administering the medicine had been reviewed as safe. Records confirmed that all care staff were trained in the administration of medicines and their competence was checked by a senior member of staff.

We talked with a senior member of care staff who had overall responsibility for the management of medicines. Medicines, except for those which needed to be stored separately and securely, were stored in locked cupboards. When people stayed at the home for short breaks, their medicines were managed by care staff. Everyone living at the home required support to take their medicines. Some medicines were administered on an 'as required' (PRN) basis. Stocks of these medicines for some people were high. We asked the senior staff member why some medicines had been overstocked and they told us it was because

the pharmacy sometimes sent medicines which had not been requested. This meant that there were excessive stocks of some medicines which were not required.

We saw a report of an incident in relation to one person who had not received a dose of their prescribed antibiotic. The staff member had recorded the issue and the GP had been informed. However, it was not clear from the document we read what further action had been taken to prevent a reoccurrence or how the incident had been reviewed and investigated. The provider's medication policy stated, 'All medicines related incidents should be investigated to reveal any root causes, be these systems or human error. These root causes should be recorded as well as which actions are taken as a result of lessons learned'. We discussed this incident with the managers at feedback at the end of our inspection who agreed that the incident reporting form would need to be reviewed.

We looked at audits in relation to the management of medicines. Medication administration records (MAR) checks were completed by staff on a daily basis to confirm that MARs had been signed as needed. Records were maintained of medicines returned to the pharmacy when they were out of date or no longer required. A medication procedures audit had been completed in November 2017. This had identified there had been issues in the recording of prescribed toothpastes and topical creams. Actions were taken that included the separate storage of toothpastes and topical creams to people's prescribed medicines. This meant that when people were supported to clean their teeth or had topical creams administered, these were recorded by staff on a separate document.

From our observations on medicines we recommend that the service work with their pharmacy to address the medicine overstock and work to improve how medicine related incidents are recorded.

## Is the service effective?

### Our findings

People were supported to have sufficient to eat and drink and were encouraged in a healthy diet. Menus were planned over a four weekly cycle. People chose the main meals for the week every Monday. The cook told us that people could change their minds if they decided they preferred something else to eat on any particular day. Before lunchtime we observed a person going into the kitchen with a staff member to choose what they would like to have for a snack now and for lunch later on. A relative told us that staff know their family member so well they know what they can do to encourage them to eat, they offer choices and staff never rush a meal. Special diets were catered for, such as for people living with diabetes or who had cultural or religious needs. Some people had their food blended where they had been assessed as being at risk of choking. Drinks were freely available to people and, where needed, these were provided in a thickened form where people had swallowing difficulties. A meeting had recently taken place with a dietician to review people's nutritional and dietary needs.

Healthcare professionals we spoke with after the inspection visit were complimentary about the staff team at the Hammonds. During the visit we also spoke with an external professional visiting Hammonds to take a person horse riding. The visiting professional spoke positively about the staff team. They said they worked really well together and shared useful information to support the person. People had access to healthcare professionals and services as needed. The registered manager told us, "We liaise with various healthcare professionals, so people receive lots of input". Staff told us they supported people to attend health appointments. Health professionals also visited people at the home. A relative told us that staff were effective communicators. They told us if there were any changes their family member was supported to access additional health and social care professionals when they needed it. A healthcare professional told us "The manager is always supportive; overall I have been very impressed by their care and support for people." Another professional told us "The staff are proactive and responsive".

Hammonds was designed as a residential care home several years ago. In some parts of the home, access to first floor rooms was via staircases and so people needed to be physically able to climb the stairs. The Lodge unit was a more recent addition, with larger rooms, specialist equipment and a lift. People had access to grounds around the home and free access to a courtyard area that included areas to sit and things to look at. Hammonds have creatively adapted some small spaces to meet people's needs such as a small TV lounge and a small sensory room.

People's rooms had been adapted to keep them safe, for example track hoists had been added to the ceilings of some people's rooms. As well as being adapted to people's needs rooms were very personalised and decorated as a person wants and has personal items and decorations.

We asked the registered manager whether technology and equipment were used to enhance the delivery of effective care to people living at Hammonds. They told us that some people had their own computer tablets, but that access to the internet was difficult, because there were no Wi-Fi facilities. The registered manager explained that people could have use of a dongle which they had bought, a small gadget that plugs into a computer which enables connection to the internet. The registered manager recognised the issue of not

having Wi-Fi available across the home and told us they are trying to resolve the issue and advocating for people to the provider.

Staff completed a range of mandatory training which was organised by the provider, through on-line and face to face training. Staff completed training in areas such as emergency first aid, fire extinguisher training and safeguarding. Where people had behaviours that could be perceived as challenging, staff had been trained in the use of de-escalation techniques and only used physical restraint as a last resort, for which they had received appropriate training. A staff member told us about Positive Behaviour Support (PBS) training they had completed. PBS is a person centred approach used when supporting people with a learning disability. It involves understanding people's complex communication and behavioural needs. They told us how they had used this training to improve how they support someone who for example refuses personal care or finds having personal care difficult. The registered manager said, "We encourage a lot of additional training". A relative told us that "Staff are competent and know the person really well". A member of staff from the local authority told us that staff at the Hammonds are open to learning new things and had a great knowledge of each person and their communication needs. During our visit we observed staff to be skilled and competent. A staff member who spoke to us was going through an induction process. They had attended face to face and on line training. They had also shadowed other staff and observed morning and afternoon routines to learn about people's needs. The staff member told us that before working with a new person they read their care plan and attended a handover and felt able to ask other staff questions.

We looked at staff supervision records. The registered manager told us, "We aim for monthly or six weekly supervisions". However, records we looked at did not confirm that staff received regular supervision in line with the provider's policy. Staff told us they felt well supported by each other and by management. Staff told us that they have supervision meetings but did not know how often supervision meetings were meant to happen. For example, one member of care staff had received three supervisions during 2017 and one supervision during 2018 and a member of staff had received their last appraisal for the period from January 2014 to March 2015. The registered manager told us they were in the process of reviewing the supervision process. We recommend that the service provide structured supervision and team meetings as outlined in their policy. Following our visit we saw minutes of team meeting agendas and minutes. The meetings had standing agenda items and focussed topics. We also saw minutes of meetings held for night staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with had a good understanding of the requirements of the MCA, had recently done MCA training and understood how to assess people's capacity to make particular decisions. Decisions that needed to be taken in people's best interests had been organised and included the person and any relatives in the decision-making process. The registered manager told us that people could have access to advocates to help them make decisions, when needed; following the inspection we spoke to an external advocate professional who confirmed this. The registered manager had completed capacity assessments for people living at Hammonds and applied for DoLS to the local authority. All applications had been authorised.

## Is the service caring?

### Our findings

Kind and caring relationships had been developed between people and staff. Staff knew people extremely well and understood how to support them in a person-centred way. The registered manager understood the importance of staff getting to know people to enable positive relationships to flourish. Staff knew when people needed support and encouragement and when people needed space and privacy. The caring attitude of all staff went beyond what people required at the home. For example, if people were admitted to hospital, then staff would visit them. A professional told us that, "They (the staff) all definitely put the people first. The people appear very relaxed and at home." An external professional told us, "For the clients I have supported, Hammonds is their home and it is a testament to the staff". We observed that a person joined housekeeping staff for coffee on the morning of the inspection and staff told us this was a regular arrangement. We were told that when a person has passed away the person's relatives were still made to feel welcome at the home, to participate in coffee mornings and to maintain contact with staff and people. A relative told us, "I can tell they are really happy". A relative told us that, "Staff are absolutely dedicated, Hammonds is wonderful, it is beautifully clean, my relatives care is great, I couldn't ask for anymore."

A relative told us they attend an annual review with their family member. They told us, appointments were discussed, such as with the dentist and GP. They also said the person was encouraged to be involved and express their views about their care. The same relative told us that staff always accompany people to appointments and visit them in hospital to give support. The registered manager told us that staff use photo-symbols or pictures to support people with communication needs to enable them to be involved in reviews of their care.

Care plans included information on people's likes, dislikes and preferences. Such as their favourite activities and foods. A staff member told us how they supported one person to make decisions. For example, they showed them a choice of clothes to choose what to wear that day. They also told us, they supported the person to go to the kitchen so they could choose their own meal and what they wanted to eat. The staff member told us they use different communication methods to support a person to express their views and decisions such as by using pictures, symbols or used various communication tools such as the Picture Exchange Communication System (PECS) or Makaton. One person had complex physical needs. They had been involved in putting photographs and associated symbols in their care plan. The guide was to demonstrate to care staff what positions were comfortable for them when being supported with moving and transferring.

We undertook an observation in the lounge area at The Willows during the afternoon. People had just returned from their day centre and were having a drink. A couple of people needed support from staff to have their drinks. We observed one staff member encouraging a person to drink using a warm and positive approach, the support given to the person to drink was in a personalised and discreet way which supported the person's independence. We observed staff encouraging people to have a balanced diet while supporting their rights, independence and choice.

We asked the registered manager about treating people with dignity and respect. They told us, "The staff just do it really, really well. We're clear about the language we use. We have a Behaviour at Work policy –

with people and staff – between each other". We observed staff maintaining people's privacy and dignity throughout the visit. We observed staff treating people and other staff in a respectful way.

A staff member told us that the staff team made efforts to support people to do what they want. The staff member also told us that people are supported to pursue activities and hobbies of their choosing and supported to maintain relationships. They said they were proud of the range of activities and stimulation offered, and they enjoyed seeing people interacting and having fun socially. During our visit we observed people being supported to choose what they wanted to do that day and going out in a group to the day centre and with staff.



## Is the service responsive?

### Our findings

The registered manager explained how people received personalised support to meet their care needs. They gave us several examples of how care was planned and implemented to support people with their mental and physical health needs. For example, one person visited a day centre regularly, an activity they enjoyed. However, on the day of our inspection, the person decided they did not want to go out, so, in line with their choice, stayed at the home. This person loved the sound of running water, so a water fountain was set up in the courtyard area. Staff supported this person to go swimming and for walks along the beach.

People's care was personalised and based on the individual and their needs. A professional told us that, "The staff definitely put the people first; it's a very happy place". This was observed to be the case for people that live at Hammonds permanently and on short term breaks. Care plans were written for people staying on short term breaks, the plans were reviewed for each of their visits to make sure they were up to date and any changes to their care needs were responded to.

We asked the registered manager about their understanding of the Accessible Information Standard. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The registered manager told us that they used various communication tools such as the Picture Exchange Communication System (PECS) which allows people with limited communication abilities to communicate using pictures. Photo symbols were also used where appropriate; we observed photo symbols used in a resident's survey and staff using pictures to help people choose meals. The registered manager told us they were exploring the use of symbols in weekly planners for people with communication needs. We looked at a document that had been prepared for one person who had a particular health condition. This person was due to have an operation. The document explained clearly and simply for the person, what their health condition meant and how it would be treated. In addition, the person had been taken to hospital for a visit, so they could meet hospital staff and have a better understanding about their admission to hospital for their operation. At the time of our visit a noticeboard was up on the main building showing when staff were on duty with photos and pictures.

We talked with the registered manager about equality, diversity and human rights. They told us about people's cultural needs, going to church and building relationships. Staff told us they had done equality and diversity training. Staff told us they were considering new opportunities to increase people's access to other social environments, to meet new people. Hammonds sometimes had 'Fun Fridays' which was an opportunity to mix with invited people and staff. Staff told us that people were supported to maintain relationships. Recent activities at the home included celebrating the Chinese New Year and Easter; people had helped to cook the food for these events. The registered manager was investigating the possibility of recruiting the services of a translator for one person where English was not their first language. A staff member told us they were proud to work for Hammonds and said they would be happy for a member of their family to live there.



We asked the registered manager about 'Registering the Right Support' and of the Commission's policy in relation to providers and the importance of good quality care for people living with a learning disability and/or autism. The registered manager was unaware of the policy, but had a good understanding of person-centred care and how this was provided at Hammonds. The registered manager said, "We are able to meet people's needs and we talk about this. We're driven by individuals". For example, they described how one person really enjoyed art and so they organised art classes for them. They also told us, people's needs were discussed at staff meetings. This ensured staff were made aware of any changes to people's care needs. A relative told us that, "The carers know the people so well; they can tell immediately if there is something wrong". A staff member told us that they work hard to be flexible and encouraged people to live their lives independently.

Before people came to live at the home, an assessment was completed by social services and meetings took place with parents and carers. Once these had been completed, people's care and support needs were assessed and a care plan drawn up. Care plans provided information for staff in relation to people's mobility, health and wellbeing, communication, behaviour, emotional needs, cultural or religious needs, the environment, staffing, community, relationships, independence and health and safety. Keyworkers were allocated to people who co-ordinated all aspects of their care. One to one support was provided to some people if they are assessed as needing that support. The registered manager told us, "A lot of the staff have been here for 20 years and they know people well". Care plans were reviewed with people and their relatives or carers. The registered manager told us that they were improving how care plans were written and making forms used in care plans easier to use. We looked at pictures of what people had done, what they did and did not like. People were matched with staff who they liked and who they got on well with.

On our visit we read parts of daily records of the support provided to people, the daily notes read like a diary and recorded how the person was feeling, what they had enjoyed doing that day as well as the personal care provided to them. The daily notes identified and recorded any issues that needed following up by the staff.

Relatives that we spoke with told us they could visit whenever they liked. Relatives were encouraged to be involved in activities at the home and invited to coffee mornings. Staff told us they encouraged people to take opportunities to socialise, meet new people and support relationships with family and friends. For example, by taking people out to buy birthday cards for loved ones.

Activities were organised individually with people based on their interests and hobbies. People were supported by staff in a variety of activities in the community. For example, going to a day centre, or social activities, such as shopping, going to the theatre and having meals or coffee out. A relative told us that staff had supported their daughter to attend their birthday party. Some activities were organised at the home such as art and Zumba and visiting musicians. A visiting activity co-ordinator told us, "It's a loud and happy hour. We all have lots of fun".

People were supported to do activities they enjoyed. This included, horse-riding, swimming and attending day centres. The registered manager told us about a new initiative where staff came from a local day centre to organise activities with people at Hammonds, a 'pop-up day centre'. This had worked well. People were observed during the day doing what they wanted and were walking freely around the home. We observed a person enjoying painting whilst another person was watching the television. Day trips were organised by the staff team and people were supported to go on holiday with family and friends.

The complaints policy had been written in an easy-read format and was in line with West Sussex County Council's complaints policy. A relative told us they felt comfortable to raise a complaint and confident the complaint would be followed up and resolved. During the visit a person shared their written complaint and

the actions that were taken after they made a complaint. They told us about the actions the registered manager and staff team took to ensure it was resolved. A relative gave an example of where they have raised a concern and how this was followed up by the registered manager and provider.

If possible, and providing people's care needs could be met, they could live at Hammonds until they reached the end of their lives. One member of staff was the End of Life Care champion. This meant they had access to additional training resources and fed their learning back to other staff. Following the inspection the registered manager shared some compliments sent to them after giving care to a person at the end of their life, one card said, "The affection and care shown by all staff towards <Persons Name> fills us with gratitude."

## Is the service well-led?

### Our findings

A provider must inform the Care Quality Commission (CQC) of any incidents in relation to abuse or allegations of abuse. A notification is information about important events which the provider is required to tell us about by law. We discussed the reporting process with the registered manager and of the requirement to notify CQC of any issues of potential abuse. The registered manager thought they only needed to notify CQC if the local authority had identified the issue as abuse; this is not the case. In addition, it is a requirement to inform CQC of any authorisations in relation to Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005. 14 DoLS had been authorised by the local authority, but these had not been notified to the Commission as required. The registered manager took prompt action and, after the inspection, they sent us all the notifications that were needed in respect of the authorisations of DoLS. The above evidence demonstrates that the provider had failed to notify the CQC of incidents which had occurred whilst services were being provided in the carrying on of a regulated activity or as a consequence of this. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager provided us with a copy of their Statement of Purpose which they had recently been reviewed and updated. The registered manager explained their vision of the service and the culture. Throughout the visit the staff team's values were observed to be running through every staff interaction and observation. A professional that provides an activity every week told us that, "All staff are enthusiastic and interested in the people doing the activity regardless of whether they are housekeeping, care or kitchen staff." The registered manager said they encouraged staff to advocate on behalf of the people living at the home. A member of staff told us that there was a good atmosphere amongst the staff and that the staff were friendly. They told us they appreciated that staff do not have a uniform, staff told us not having a uniform shows there is no difference between staff and people living at the home. Staff said they were supported to spend lots of time with the people to learn about their needs.

Hammond's statement of purpose and values are supported by West Sussex County Council values and policies such as Safeguarding Adults and Recruitment and guidance such as Accessible Information Standard guidance and a leaflet that people can use to give feedback.

A 'Manager's Newsletter' had recently been introduced and we saw a copy relating to December 2017, which was the first newsletter. This reflected back on what had happened at Hammonds, events, activities, staff recruitment, development and training. The newsletter stated that care plans were being revamped to make them more person-centred. There was information for staff about an employee assistance programme and of training on positive behaviour support.

Staff meetings were planned monthly with meetings held in January, February and March 2018. These were used as opportunities for staff training in positive behaviour support and healthy eating, as well as a forum where staff could share ideas and make suggestions about the running of the home. We observed the programme for team meetings for 2018 where individuals and focussed topics were being given dedicated time.

The registered manager told us that meetings with people who lived at the home were not an effective way of obtaining people's views. Instead staff met with people on an individual basis to hear their feedback about life at Hammonds. A questionnaire survey called 'Tell us what you think' had been sent to residents in February 2018, some responses demonstrated people felt well supported by staff. The registered manager told us that the home liked to try different ways to gain feedback from people living at the home. The local authority introduced photo symbol cards to help people to give their feedback to staff. The registered manager told us about how feedback from staff and relatives such as surveys and questionnaires.

The registered manager told us they used to use a suggestion box for staff to gain their feedback and planned to reintroduce this as it was successful. Staff told us during our visit that Hammonds has worked to improve the staff culture and morale.

The registered manager said that the local authority was reappraising the structure of all its residential and day care provision across West Sussex to improve the quality of care delivered. We talked about the new Key Lines of Enquiry that CQC had recently introduced and the registered manager had attended an event that had been organised by the local authority to raise awareness of these.

We saw 'thank you' cards had been posted on a noticeboard in the registered manager's office. The registered manager told us that there was no formal recording when compliments or positive comments were received, on our visit and following our visit we observed thank you cards.

The registered manager felt that the 'pop-up day centre' was, "An outstanding piece of work. The areas we're keen to develop as a service are probably the quality assurance and how we evidence that". The registered manager felt proud of the person-centered care that is delivered to people at Hammonds who had high support needs.

Multi-disciplinary meetings regularly took place. For example, one person had a particular health condition that required support from healthcare professionals, including community nurses. The registered manager told us that people were referred to health and social care professionals as needed and said, "We involve others. We're good at forwarding on any concerns".

The home works well with the local authority and has worked to improve areas. The Registered Manager attended regular local authority meetings that looked at improving quality of care and compliance.

A visiting carer from another home told us that senior management shared information to give the best care to the person they supported. They added they were approachable and communicative.

In an email received from an Independent Mental Capacity Advocate that works with people living at Hammonds said that they have found it to be a very supportive and caring environment for the people and the service has always been proactive and responsive to any requests I've had." In an email from a dance teacher, they said that "the staff give me all the support I need and actively encourage the people". A learning disability nurse told us that "staff have always been very caring and diligent".

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 Registration Regulations 2009 Notifications of other incidents  The Registered Manager had failed to notify of DoLS authorisations.