High Quality Lifestyles Limited

Ebbsfleet House

Inspection report

Tubbs Lane
Ebbsfleet Lane
Ramsgate
Kent
CT12 5DJ

Tel: 01304613004
Website: www.hqls.org.uk

Date of inspection visit:
28 September 2016

Date of publication:
15 November 2016

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

This inspection took place on 28 September 2016.

Ebbsfleet House is a service for five people who have Autism and learning disabilities. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. Accommodation for four people is in the main house and there is a separate flat for one person. The home is set in a rural area in a small street with a few other houses nearby. There is a good size garden behind the house and a separate garden alongside the flat. Both are secure. There is a small car park to the side of the property and further parking on the street.

A registered manager and deputy manager were based at the service. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

There was a culture of warmth and openness. People were cared for and supported to develop their independence in a secure environment so that their confidence could grow. There were plenty of staff who were well organised to support people's needs and interests. Staff were committed and worked hard to get to know people so that they could provide a service that suited each person and increased their quality of lifestyle.

The home was run in a family style. It was warm, friendly and everyone's individuality was respected and nurtured. Staff were trained and competent to carry out their roles. Staff were supervised and had yearly appraisals. All staff were checked before they started work at the service to make sure they were of good character and safe to work with people. People said or expressed that they felt safe in the service and staff had a clear understanding of what could be abuse and how to report it.

There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. Positive risks taken to help people develop their independence.

Mealtimes were social occasions and were organised around people's preferences and lifestyle. The kitchen was designed so that it was an open space that was practical for people to use. Everything was accessible and only high risk items such as sharp knives were kept securely out of the way when not being used. People were supported to make their own meals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for

more complex decisions when needed. DoLS authorisations were in place, and applications had been made for renewal, for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

Staff found ways to help people overcome the barriers to their relationships with other people, and that had limited their opportunities to go out and about and live an ordinary lifestyle. Each person had a key worker and co-key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and promoted continuity of support between the staff team. People were making progress with their social skills and awareness, managing their health and wellbeing and developing their daily living skills.

People were able to express what they wanted using gestures, objects, pictures and photos and had the support of community professionals to develop these. Noticeboards and planners were used to assist people to plan activities and events. The communication methods and aids were being developed for each individual. People were encouraged and supported to have their voices heard through 'My Voice' meetings within the organisation.

People were encouraged to try new experiences and develop new interests to enrich their lifestyle. Meetings were held with each person so they could decide what activities they would like to try and develop their goals. People were going out more often and doing different things. A variety of day to day activities were ongoing inside and outside the home and there were plans for holidays and trips further afield. An outside sensory room had been designed and equipped and was almost ready to use.

People were supported to maintain a healthy, active lifestyle. People's days included plenty of exercise and activities. Health and social care professionals were involved as much as needed and all gave us good feedback of the service provided. People were encouraged to eat healthily and all were involved in deciding what to eat and helped at mealtimes. Each person had clear guidelines and support to manage health conditions like epilepsy or food allergies and to take prescribed medicines safely.

A health and social care professional commented, "During visits, carers always spoke in a respectful way to people. On a day to day basis they appeared to have good understanding of people's needs and wants."

The registered manager used effective systems to continually monitor the quality of the service and had on-going plans for improving the service people received. There was a clear complaints procedure and process that was designed to enable people to express their views and were responded to in a way they could understand. The registered manager welcomed complaints and used the opportunity to improve the service. Several improvements had been made following feedback and complaints including new fencing, internal alterations to stairs and doorways and improvements to the garden.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills so people knew how to leave the building safely. Safety checks were carried out regularly throughout the building and the equipment to make sure they were safe to use.

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.

People were protected from abuse. There was a warm culture of openness and support.

Risk assessments were designed so that people could try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

People received good care and support that was based on their needs and wishes. Staff received training to have the skills and knowledge to support people and understand their needs.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported with their health needs and healthcare professionals were involved as needed.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with

staff that were based on respect and shared interests.

People had the support they needed to help them make decisions and have a good quality lifestyle.

Staff promoted people's independence and encouraged them to do things for themselves.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were listened to. There were systems in place to enable people to share any concerns with the staff.

Is the service well-led?

Good

The service was well led.

The registered manager, deputy manager and staff were committed to providing a warm, family culture in the home based on people's individual needs and preferences.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. Audits and checks were carried out to make sure the service was safe and effective.

Ebbsfleet House

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 28 September 2016 and was carried out by two inspectors. We gave short notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spent some time with all five people, four staff and discussed the management of the home with the registered manager and visiting manager. Some people were able to talk a little with us, but mostly people were unable to verbally communicate with us, so we made observations of people's lifestyle and their interactions with staff. We looked at and checked the contents of four staff files, parts of all five care plans, parts of four daily log books, samples of records that made up the care planning information, the staff rota, health and safety records including individual emergency evacuation plans, meeting minutes, incident reports, audits and quality monitoring records and feedback forms from relatives and people involved in the service.

After the inspection we received feedback from two health and social care professionals who were involved in people's care and support and received comments from people's families.

We last inspected the service on 27 November 2013. At this time the service was meeting the requirements of the regulations.

Good

Is the service safe?

Our findings

People were occupied and looked comfortable in the company of staff. Staff spoke warmly about the relationships they had developed with people.

Staff had received safeguarding training and were knowledgeable about the different types of abuse. Staff were encouraged to raise any concerns and to challenge when they thought people's safety was at risk. Staff spoke about their experiences and were confident to report incidents that they thought may be abusive. There was a clear system of reporting incidents and staff were aware of who to report suspected abuse or incidents to outside the organisation.

Staff spoke about situations where people had become distressed, anxious or emotional and had needed support to manage their wellbeing. Staff had got to know people very well so that they were able to recognise the signs and behaviours that indicated that the person was becoming uncomfortable and anxious. Staff picked up these signals and responded to them. For example, staff noticed that one person was becoming quite anxious, they dealt with the situation calmly and the person appeared less anxious.

There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. Risk assessments focused on enabling the person to take risks rather than restricting them. There was a risk assessment process where all eventualities were considered. Meetings were held with staff and people. Guidelines were agreed and written in each person's care plan so that the staff would know how to support the person consistently to minimise incidents and accidents. Staff talked about the risk assessment process and were confident to try new activities both in the service and outside. People tried new experiences like different forms of sport in various venues and were able to carry out everyday tasks like cooking and using the kettle to make a hot drink.

There were always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and he kept the staff levels under review. Extra staff support was provided when people needed it.

The registered manager and senior staff shared an on call system so were available out of hours to give advice and support. Staff said they worked as a team and stepped in at short notice to cover staff sickness or to provide extra support when needed. Each shift was planned so staff knew what they were responsible for on the shift and there were staff handovers and a communication book so staff were always up to date about people.

Recruitment procedures were in place to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved, as much as possible, in recruiting staff so they could have a say about who might support

them. The provider had not followed their recruitment policy for one staff member. For this staff member, their last employer had not been approached for a reference, they had not given dates of previous employment so that any gaps could be checked, they had not given reasons for leaving previous employment and they needed a further reference. The registered manager started to address this during the inspection.

Medicines were stored safely and were ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Staff carried out regular checks of the medicines stocks and records. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and had a good understanding of people's medicines and what they were for. There was information available about people's medicines including what side effects to look out for. If people wanted to take 'over the counter' medicines staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day. People came to the office for their medicines. The registered manager agreed to consider if there was a better way for people to have their medicines rather than have to go to the office. He agreed to consider if there were opportunities for people to have more control of and involvement with their medicines, depending on their needs and wishes.

Good

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training and on line training. New staff completed induction training during a probation period. The induction training included completing certain courses and shadowing permanent staff in order to get to know people. The provider had introduced the new Care Certificate for new staff which is a set of standards care staff can achieve. Some staff were working towards or had achieved higher level qualifications.

Staff had supervision meetings with a line manager to talk about any training needs and to gain mentoring and coaching. There were plans for staff to have an annual appraisal to look at their performance and to talk about career development for the next year. Staff told us that staff meetings were held regularly and they all had a say about the running of the service. Staff told us they felt supported by the registered manager.

There was a positive behaviour support team employed by the company. The staff in this team had been trained at the Tizard Centre, a leading learning disability research centre in Kent. The positive behaviour support team provided advice and staff training in supporting people's communication and the techniques necessary to manage people's behaviour that may challenge.

People sometimes had high levels of anxiety that could detrimentally affect them and others around them. Staff training had been specifically designed around people's individual needs so that staff had a clear understanding of how to support people effectively. One person reacted to too much consistency in their lifestyle, so staff had learnt to be aware of small changes that indicated that the person needed to do something different and then provided alternative activities.

Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle and had a good understanding of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. Staff put the key principles into practice effectively, and made sure people's human and legal rights were respected. There were assessments and information about people's mental capacity to make day to day decisions in their care plans. Some people were able to say what they wanted and others needed support to make choices and responded with gestures and behaviours. Staff were working on developing people's communication support.

If it became necessary to use physical interventions including restraint this had been agreed with other health professionals under what circumstances this may be necessary, and there were clear instructions and records were kept. De-brief meetings were held with staff about techniques and consistency and to make sure restraint had been carried out correctly and appropriately and only as a last resort. There were discussions about what lessons could be learnt from incidents and plans were reviewed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people had been constantly supervised by staff, at times, to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations to ensure that any constant supervision was lawful.

People were supported to eat healthily and participate in meal preparation, menu planning and shopping for food. Staff knew people's favourite foods and were aware of people's dislikes and any food intolerances. The kitchen was well planned and open so that people could go in and make snacks and drinks with staff supervision. There was a spacious larder cupboard that people could walk into and choose food from when making their meals. People looked relaxed in the kitchen being supported to choose and make their food. Any restrictions were only in people's best interests and were kept to the minimum. For example, the kitchen was open but sharp knives were locked away and the larder cupboard was locked when not in use. People had their breakfast when they got up and lunchtime was organised around people's activities and often people ate out. The main meal was in the evening and people were encouraged to sit together.

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. People's health needs were recorded in detail in their individual health action plans. If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity. One person had recently attended a doctor's appointment for some treatment which they coped with well. Staff said, "Preparation is key. People need time to process what's going on." People were supported to attend health check ups including with a specialist dentist.

People were supported to manage heath conditions like epilepsy. There were clear plans and records identifying what support a person needed, what may trigger seizures and what to do if a person had a seizure to keep them as safe as possible and speed up recovery.

If a person was unable to make a decision about medical treatment or any other big decisions then members of people's families, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. Some people had recently had treatment and the best course of action had been agreed in best interests meetings. There were good records to show the process and benefits to people's health and wellbeing.

Good

Is the service caring?

Our findings

There was a relaxed and calm atmosphere and people were treated with kindness and compassion. A relative commented, "We would like to say how pleased we have been with the quality of care experienced by [person]. [Person] is an extremely challenging [person] with almost no communication skills, but staff manage [person's] care with great sensitivity, thoughtfulness and diligence."
Staff knew and understood people's needs and preferences and supported people in the way that suited them best. Some people needed structure in their day to feel secure, other people needed variation, as too much routine upset them. The staff worked with people to find out what was important to them and how to support the lifestyle they wanted. One person was struggling to know who staff were and who was scheduled to support them. So staff spent time with the person, developed a staff picture board planner that displayed who was on shift and used this daily. The person had been calmer with less incidents of anxious and emotional behaviour since this had been in place.

Sometimes people found the change from one part of the day to another stressful so staff had found ways to help people manage this. Staff gave people reassurance and allowed them the time and space they needed to regain their sense of security. One person had a place they went to and spent some quiet alone time at the end of each activity before starting the next one and this had reduced their anxious and emotional behaviour incidents.

Staff recognised the need for some people to behave in ways that could be considered detrimental to themselves, but were in fact a method the person had learnt to meet their own needs at anxious times. People were supported to do things at their own pace in their own way and staff understood that this enabled people to take control and develop some independence. Some people had rituals that they performed that caused no harm and helped them keep control of their wellbeing. One person tapped their toothbrush three times when they had finished their teeth. Another person had some favourite objects that they occupied themselves with and then arranged and ordered them in between each activity.

People's past influences, needs and preferences were taken into account to help the registered manager and staff understand what was important to people and how to support them to communicate their wishes. Staff had found out that one person made a particular gesture which meant that staff were to put their seatbelt on in the car. As soon as staff responded to this, the person was calm. People had communication assessments and had been supported by the community speech and language therapist. People were helped to develop meaningful communication through signs, gestures, objects, photos and pictures. Noticeboards with pictures and photos were being developed to help people understand what was happening each day, what the main meal was and to display the latest goals and achievements.

Staff knew people well so were able to quickly detect if they were in pain or discomfort. There were clear notes in the care and health plans regarding people's health and wellbeing.

People were supported to make decisions about their care and make choices about their lifestyle. Some people had family members to support them when they needed to make complex decisions, such as coming

to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they needed them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People were supported with their personal care in the way they preferred. One person enjoyed having their hair cut and styled and another person liked the feel of shaving balm on their skin. People were helped to have an appearance and clothing style that suited them and was appropriate for their activities and the weather.

Families said they felt welcome in the home, were complimentary of the staff and felt well informed and involved with their loved one's care. The staff encouraged and supported relationships that were important to people. Some people were taken to their family's home for the day or for short stays by the staff. Staff supported the families by staying with the person if that was the best way. Families were invited to events and some people regularly went out with their relatives.

There was clear guidance about what to tell visitors to prevent them unwittingly saying or doing something that were known triggers to people getting overexcited, anxious or upset. This was explained in a calm respectful way so that as far as possible people were protected from unnecessary upset.

Records were completed, to monitor people's development and progress, so that staff could see what worked well and what needed to be improved in how they supported people. Incidents of behaviour that had limited people or upset them were recorded into a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Information was monitored and used to evaluate the effectiveness of the service to each person and all information was kept confidentially. Staff were aware of the need for confidentiality and kept records securely. Meetings where people's personal information was discussed were held in private.

Good

Is the service responsive?

Our findings

People's relatives were complimentary of the service. One relative commented, "We are always given support from staff, included in decisions and our views are given priority. On the occasions where we have raised concerns, they have been dealt with efficiently and resolved to our satisfaction. In the last year we have submitted one letter of complaint regarding the premises. The points raised were dealt with fully and we were kept informed of progress during implementation."

When people first moved in an assessment of their needs and preferences was completed that was based on intial assessments by the registered manager and other professionals. Staff took the time to get to know people and from this found ways to involve them in how they wanted to be supported and cared for. People communicated their needs in different ways. Some people could express quite clearly what they wanted and others were offered support in different ways and their responses determined how this was followed through. Each person had a care plan that was designed and based on the assessments and were reviewed in response to people's changing needs.

Everyone had their own key worker and co-keyworker. Staff helped people say what they wanted and gave them enough experiences and information in a way they could understand so that they were able to make informed choices. Each person's care plan was specifically designed around their needs, goals and aspirations. There was a system of review to make sure that all the progress and developments were captured and the care plan was constantly updated to make sure it was a useful working document.

A log book was used to record every day activities, health and appointments, incidents and people's wellbeing and gave a diary account of each person's day and night. These records were completed every hour so that information was up to date and accurate. Any changes in people's behaviour or development of skills and interests were noted and used in the care plan review so that care was responsive to people's needs and goals and aspirations could be built on. The staff team worked consistently and paid attention to people to find out what they enjoyed and what they might like.

Health and social care professionals were involved including occupational therapists and speech and language therapists and their advice was followed. One community professional commented that the registered manager and staff team had sought advice regarding how to limit distress with transitions between activities" and that staff had "good, person-centred ideas during discussion."

People were able to participate in a variety of day to day activities inside and outside the home and trips further afield. Throughout the day of the visit people were in and out of the home doing different things, some people attended regular clubs, for example, two people went to a music club and others went out to the supermarket and for walks. Monthly meetings were held with people to set their goals and these were being developed to enable people to have a better understanding of opportunities available. Each person's plans for activities, what they had done and what they had achieved were displayed on a noticeboard. There were pictures and photos of people at different venues and doing different things. People had been swimming, horse-riding and one person liked castles so they had visited all the local castles and there were

plans for them to go further afield. Another person was planning a day out to a seaside town. One person had recently been on a railway trip and another person was planning to go to the zoo.

The registered manager and staff team worked out the steps to achieving goals with the person and modified these as needed so that people were able to achieve what they wanted. For some people working out what they wanted and how to support them had taken a considerable time. One person had not been out for over a year prior to moving into Ebbsfleet House and gradually had been supported so that they now went out at least once a day. Another person had some emotional issues that had severely limited how much they went out but they had started to make plans and were achieving small steps towards going on the outing they had chosen.

There was a complaints procedure that was meaningful to people. The registered manager welcomed complaints and used the opportunity to improve the service. Several improvements had been made following feedback and complaints including new fencing, internal alterations to stairs and doorways and improvements to the garden. Some people had family and friends to help them air their views and others had advocates. An advocate is someone who supports a person to make their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Good

Is the service well-led?

Our findings

People, staff and relatives were involved, in a meaningful way, in shaping and improving the service. People had opportunities through regular meetings with their key workers to talk about any issues. Staff knew people well and picked up any signs of anxiety or upset and acted quickly to make people feel better. The provider arranged regular meetings called 'Your Voice' and a person from the service attended to speak on everyone's' behalf.

Annual surveys were sent to people and their loved ones so they could give their views. The responses were summarised and any suggestions to improve were acted on. The registered manager had arranged for a sensory room to be built following a suggestion from a relative. The registered manager was keen to show us the new room, which was nearly ready to use. He said he hoped that people would benefit not only from the extra space but from the sensory equipment.
Staff felt involved in the running of the service with staff having a variety of responsibilities including a role of health and safety representative. There were monthly staff meetings which included discussion, sharing information and learning.

Regular checks were carried out to make sure the premises and equipment were safe. An area manager visited and carried out an audit, these audits had noted some issues which were then included on an action plan for the registered manager to address. The actions were always followed up and checked at the next audit.

There was a culture of warmth and openness. Staff spoke to each other and to people in a calm and respectful way. Staff knew about the vision and values of the organisation which was based on 'person centred support'. The registered manager explained that the purpose of the service was to support people to reach their full potential and to 'achieve personal goals, however small'. He said he supported staff to help people achieve by coaching staff and working as a team.

The registered manager had several years' experience of working in this type of service. He was supported by managers from other local services and an area manager. The registered manager said he was looking forward to attending a management and leadership course that the provider had arranged. The registered manager would work alongside staff on occasions to support them and monitor their practice.

The office areas were very well organised so that staff could quickly and easily complete records and find relevant policies and procedures. Documents were organised so it was easy to get the forms staff needed to complete and put back in the right place. There were shift management forms so that all the staff knew what their responsibilities were for the day.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager understood their legal obligations including the conditions of their registration. The registered manager had previously notified us of authorisations for Deprivation of Liberty Safeguards but

had omitted to notify us of the most recent authorisations and said they would notify us after the inspection. The registered manager had correctly notified us of any significant incidents and errors and had shared their response and plans for improvement to reduce the likelihood or reoccurrence. There was an effective medicines auditing system that had picked up two medication errors. The registered manager responded swiftly and took action which had reduced the risk of further errors.