

Aitch Care Homes (London) Limited

Lambourne House

Inspection report

8 Ursula Avenue
Selsey
Chichester
West Sussex
PO20 0HT

Tel: 01243606065
Website: www.achuk.com

Date of inspection visit:
10 May 2016

Date of publication:
08 June 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

Lambourne House is a residential care home which is registered to provide accommodation for nine people with a learning disability some of whom also have complex health needs. On the day of our visit there were nine people living at the home.

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.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

People were supported to take their medicines as directed by their GP. Records showed that there were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. Relatives and staff told us there were enough staff on duty and observations also confirmed this.

Food at the home was good. There was a four week rolling menu displayed in the kitchen. People had regular meetings where they had an opportunity to discuss and plan menus. Staff provided support to people to help ensure meals were balanced and encouraged healthy choices

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one.

The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the Mental Capacity Act (MCA) 2005

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction and regular supervision including monitoring of their performance. Staff were supported to develop their skills by training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an 'open door' policy and welcomed feedback on any aspect of the service. There was a stable staff team who said communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.

The provider had a policy and procedure for quality assurance. The registered manager and her deputy worked alongside staff and this enabled them to monitor staff performance. A locality manager employed by the provider visited the home regularly to carry out quality audits.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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.

Potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink.

Is the service caring?

Good ●

The service was caring.

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

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

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

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

Is the service well-led?

Good ●

The service was well-led.

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 through a survey organised by the provider so the quality of the service could be monitored.

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

Lambourne 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 checked 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 10 May 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information 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 unable to share their experiences of life at Lambourne House with us. We did however talk with people and obtained 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 experiences of people who could not fully engage with us.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with three people and three relatives to ask them their views of the service provided. We also spoke to the registered manager and seven members of staff.

The last inspection was carried out in August 2014 when no concerns were identified.



Our findings

People felt safe at the home. Observations showed there were enough staff to provide support to people. Relatives said they were happy with the care and support provided. One relative said, "I am very happy with the way my relative is looked after I know he is safe and secure".

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and understood her responsibilities in this area. There were notices and contact details regarding safeguarding procedures on the notice board in the office. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. The registered manager told us that regular maintenance checks of the building were carried out and If staff identified any defects they were recorded on the computer system. This was then prioritised by the provider's maintenance team who would send someone to rectify any defects. On the day of our visit a maintenance person was attending to minor repairs. We spoke to the registered manager about any out of hours emergencies. She told us there was a 24 hour on call system where staff could contact a member of the maintenance team for assistance, advice and support.

In order to help keep people safe there were risk assessments in people's care plans. These identified any risks and also provided staff with information on how the risk could be minimised. For example the risk assessment for one person explained how staff should support the person when their behaviour challenged. There was information on how the person behaved and what risks this behaviour posed to the person and others. The information provided for staff to mitigate the risk was clear and this helped to ensure risks were appropriately managed.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment was thorough.

The registered manager told us there were a minimum of a senior care staff member and five care staff on

duty between 7am and 9.30pm. Between 9pm and 7.15 am there were two members of staff on duty who were awake throughout the night and they were supported by a person who was on- call in case of emergency. The provider employed a deputy manager, four senior carers and 17 care workers to provide support for people. Care staff also carried out domestic duties and involved people with these tasks as much as their ability would allow. The registered manager's working hours were in addition to these staff and she confirmed she worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff told us and observations showed there were enough staff on duty. Relatives also said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. Each person had individual storage arrangements for medicines in their rooms and these were secure and in accordance with appropriate guidelines. Medication Administration Records (MAR) were kept for each individual with their medicines and were signed off by staff when medicines had been given. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment, which staff confirmed. People were prescribed when required (PRN) medicines and there were clear protocols for their use. The provider had a policy and procedure for the receipt, storage and administration of medicines and this helped to ensure that people received their medicines safely and as prescribed.



Our findings

People got on well with staff and the care they received met their individual needs. People were well cared for and they could see the GP whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, "My relative has been at Lambourne House since it opened and the staff know how they want to be supported and provide the care and support they need". Another said, "I cannot fault the staff, they are all very good, I have no concerns about the care and support provided". People told us the food was good and there was always enough to eat.

The registered manager told us about the training provided for staff. Training was via E learning on line and also face to face training. Once training had been completed the manager received a certificate for the staff member concerned. Training records were kept on the computer system and training was updated by the providers head office. However we saw that training details for all staff was not up to date. We spoke to the registered manager about this and she said that it took some time for the training records to be updated, but the training certificates she kept enabled her to know what training staff had completed. Training undertaken by staff included; Health and safety, infection control, epilepsy awareness, managing challenging behaviour, first aid, food hygiene and person centred care and good recording practice. This helped staff to obtain the skills and knowledge required to support the people who lived at the home.

Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. The registered manager told us she and her deputy worked alongside staff to enable them to observe staff practice and to ensure staff knew how people liked to be supported and were aware of people's care needs. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager told us all new staff members completed an induction when they first started work. The induction programme included essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. Induction training included completing the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider encouraged and supported staff to obtain further qualifications which helped ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 22 care staff. Of the 22 staff, 18 had completed additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through

assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported.

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).

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager understood her responsibilities in this area and staff understood the requirements of the legislation. The registered manager told us that although people at Lambourne House were living with different levels of learning disability people had differing abilities to make choices for themselves. The registered manager had made applications for people under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Records showed that DoLS applications had been completed for all people accommodated at the service. Four had already been authorised by the local authority, one was now due for renewal while others were being dealt with on a priority basis.

Meals were provided for people by care staff and they took it in turns to cook the main meal of the day. People were involved as much as possible in preparing and planning meals. There was a rolling menu and people were consulted about choice at regular service user meetings. For breakfast people made an individual choice, normally cereals and toast and meals times were flexible. The main meal of the day was at lunch time and on the day of our visit this was home made meat pie with fresh vegetables. The evening meal was a snack type meal such as egg on toast and on the day of our visit it was soup and sandwiches. One person would only eat certain foods and would not deviate from these foods, however staff offered advice and support to help people to incorporate healthy options for a balanced diet and to avoid repetition. If the choice of the main meal on offer was not to an individual's liking an alternative meal would be made. A record was kept of each person's nutritional intake. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person had a medical file entitled 'My Health Plan'. This had information recorded under the following headings: 'The people who support me,' 'What you need to know about me' and 'What I need to keep me healthy'. These provided staff with information about people's medicines, any medical conditions, contact details of family and GP as well as information about how the person managed pain. There was information about what the person could do for themselves and areas where they needed support. We also saw people had a 'Hospital Passport' which contained important information should a person need to go to hospital. We noticed that although there was good information for hospital staff there was no information regarding the person's capacity to make decisions or who hospital staff should consult when making best interest decisions. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent, effective support.

Each person was registered with a local GP surgery and staff contacted the surgery if anyone had any health

problems. Records showed that regular health checks were carried out. Appointments with other health care professionals were arranged through referrals from their GP. The registered manager told us staff accompanied people to any healthcare appointments. Staff completed a record after each appointment to show the outcome of the visit together with any treatment or medicines prescribed. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

People's individual needs were met by the adaptation, design and decoration of the service. Bathrooms had been adapted to meet people's individual needs. People's rooms were decorated in their favourite colours and were personalised, with photos and posters on display.



Our findings

People appeared happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said, "I cannot praise the staff highly enough.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. The registered manager told us that people kept up to date with relatives via regular weekly phone calls.

Staff took time to explain to people what they were doing and communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "I really enjoy working with everyone, it's really rewarding work".

We observed staff chatting and engaging with people and taking time to listen. For example, when staff took a break they would sit down with people and have a cup of tea with them. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. People were confident and comfortable with the staff who supported them. We observed staff responded promptly to people who showed signs of distress or discomfort which was effective in calming people.

We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. For example one person was banging a table and staff responded quickly, asking the person what they wanted, the situation was well managed and the quick response and calm manner of the staff member kept the situation under control.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and staff communication book which were confidential documents and staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

There was information on the notice board in the office about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us he would support people to access an appropriate service if people wanted this support.



Our findings

People were well looked after. People told us they liked living at Lambourne House. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said "The staff are very good, they keep a good eye on (named person) they always let me know how they are".

Staff were given appropriate information about the support and care needs of people. Care plans contained a 'Pen Picture' of the person and this contained information about the person before they moved into Lambourne House.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care. This enabled staff to deliver care they way people wanted and care was not task led. Care plans had information such as: "Things that are important to me," "Things I like and dislike" and "My personal care routine in the morning." These plans went on to give staff the information they needed to provide support to people. For example the care plan for one person explained the person could undress themselves but required staff to help them take off their pyjama bottoms, as they were unsteady on their feet. It explained that the person would like a shower each morning. Staff would ensure the water temperature was suitable and the person would then sit in the shower chair and staff would give the person the shower hose to wash themselves with water. Staff were instructed to assist with washing and explain to the person what they were doing at each stage. The care plans enabled people to receive the support they needed but also enabled them to do as much as possible for themselves.

Care plans were reviewed monthly and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people's needs were being met. It also enabled staff to find out what people wanted to do and what if any plans they had for future goals, activities or trips out. The registered manager told us formal reviews were carried out every six months and we saw records to confirm this.

Staff recorded what support people received each day. Records showed how the person had been during the day and night and included information about any additional care people had been given or was needed. These reports provided evidence of care delivery and how people had been supported.

Due to the nature of people's learning disability staff communicated and responded to people in different ways. We observed the way staff interacted with different people was in line with their care plan. This meant that staff provided consistent support to people and this helped to avoid any confusion and enabled people and staff to understand each other. Staff said people could express their wishes and preferences and these would always be respected. One staff member said, "We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. They said although some people did not use verbal communication all the staff knew people well and were able to understand people's body language. This enabled staff to recognise signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also recorded on a handover sheet that was completed at the end of each shift. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences. Each person had a weekly schedule in their care plan and this ensured people kept to a regular routine which was important for people. The routine for a typical day allowed time for each person to participate in activities of their own choice. Activities included: Swimming, bowling, horse riding, shopping, arts and crafts, trips to the pub or for lunch, TV, DVD's and videos. On the day of our visit two people had gone out with staff shopping and lunch and another two people had gone out bowling. For those people who stayed at home we saw staff giving one to one support and interacting positively with people. A record of activities that people took part in were recorded in people's daily record, this helped staff to monitor the activities that people enjoyed.

The registered manager said she listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints were recorded on the provider's on-line system and investigated by an appropriate person. The registered manager said that since the start of 2016 there had been two complaints. We looked at the complaints file and saw that these complaints had been dealt with in line with the provider's complaints procedure. This meant comments and complaints were responded to appropriately.



Our findings

Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to them on the phone or meet with them whenever I want".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager, deputy manager and senior care staff were approachable and had good communication skills and that they worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said that she and senior staff regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

All new staff are given a staff handbook, this gives details about the provider's policies and procedure and gives staff information about what is expected of them in their role.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she booked training with the local authority when it became available and that she regularly monitored professional websites to keep herself up to date with best practice. If appropriate she would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these

meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed. There was information about decisions that had been made and action points to take forward. This helped ensure that feedback was given to staff in a constructive and motivating way. It also ensured that staff who were unable to attend any meetings were kept fully informed.

Quality assurance surveys were sent to people, relatives, outside professionals and staff annually. We saw completed surveys that were sent out last year. There were 12 responses received from staff and these were positive and did not identify areas for improvement. Comments were received from four relatives who were happy with the service provided and comments included, "This is an excellent home; my son is very happy living at Lambourne House, ". and, And "We are very pleased with the support provided at Lambourne House, the staff are always professional and provide good caring support".

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider employed a 'locality manager' who regularly visited the home and checked that the registered manager's audits had been undertaken.

The provider also conducted its own audits of the service which were carried out by a quality audit team. Visits were unannounced and the last audit carried out on 18 April 2016 identified three areas for improvement. The audit team produced a report which gave the registered manager timescales for action to be completed on areas identified as needing improvement. We saw that the registered manager had completed the actions required. The home had audits carried out by the supplying pharmacist, the fire safety officer, environmental health and commissioners of the service. These were independent audits and the registered manager said that if any shortfalls were identified they would produce an action plan and the locality manager would check that any required actions had taken place. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.