

# Community Homes of Intensive Care and Education Limited

## Otterbourne House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Otterbourne House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection. At the time of our inspection there were nine people living in the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

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

People's relatives told us that their family members received inconsistent care.

There had been a large turnover of care staff which had resulted in the provider using agency staff, who did not always have the training or knowledge about people to provide effective care.

Relatives told us improvements were needed in the support people received around their nutrition to ensure they followed a healthy and balanced diet.

There had been a large turnover of management staff which had a negative effect on communication and working partnership between the provider and families.

The provider's quality assurance systems were not always effective in identifying shortfalls in the quality of care.

The manager had recently joined the service and had made some initial improvements to the quality and safety of the service.

The positive changes at the service were not fully imbedded and the manager required more time to demonstrate that the improvements were sustained.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

### Rating at last inspection:

At our last inspection, we rated the service good (13 December 2016).

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement 

# Otterbourne House

## Detailed findings

### Background to this inspection

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

#### Inspection team:

The first day of the inspection was completed by one inspector. On the second day of the inspection, the inspector was accompanied by an inspection manager.

#### Service and service type:

This service is a care home. It provides care for people living with a learning difficulty and/or an autistic spectrum disorder. People at the service ranged from younger adults to older people.

The service did not have a manager registered with the Care Quality Commission. Registered managers are legally responsible with the provider for how the service is run and for the quality and safety of the care provided.

The manager had joined the service in January 2019 and had applied with CQC to register as manager of the service.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the site visit we spoke with two people. We also observed people receiving care from staff in communal areas of the service.

We also spoke to the manager, the deputy manager, the assistant regional director and six members of staff.

During the inspection we reviewed four people's care plans, records of daily activities and medicines administration records. We reviewed staffing rotas between January and April 2019, two staff recruitment files, agency staff profiles, records of incidents, the provider's complaints file, and audits relating to the quality and safety of the service.

After the site visit we spoke with seven relatives, two social workers and six members of staff via telephone. After the inspection we reviewed additional evidence sent to us by the provider including nutritional care plans and daily records for two people, the provider's training matrix, records of staff meetings, staff induction records, and examples of the provider's quality assurance audits.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff we spoke with understood risks to people and ways to keep them safe.
- The manager understood their safeguarding responsibilities and ensured staff knew the actions to take if they suspected someone was at risk of harm.

Assessing risk, safety monitoring and management

- Guidance and training were available to staff to monitor and manage risks associated with people's anxiety and escalating behaviour. Permanent staff had been trained in safe techniques to use when people displayed behaviours which challenged.
- There were assessments in place in relation to risks associated with people's health and medical conditions. For example, there were plans in place to keep people safe if they suffered an epileptic seizure.
- There were plans in place to keep people safe in the event of emergencies such as fires. People had personal evacuation plans in place, which detailed the support they required to safely exit the building in the event of evacuation.

Staffing and recruitment

- There were enough staff in place to meet people's needs.
- The service had experienced a large turnover in permanent staff. To ensure there were enough numbers of staff in place, the provider had commissioned agency staff in the absence of permanent staff. Some relatives told us that not all agency staff were consistent or effective in their approach.
- The provider had recognised where improvements could be made around retention of staff. This included changes to staff training, induction, ongoing support and the management of staffing rotas.
- The provider had recognised where improvements could be made around the reduction in use of agency staff. We reviewed staffing rotas from January to April 2019 and found the provider had reduced the use of agency staff. The manager told us this was achieved through better retention of permanent staff and improved organisation of staffing resources.
- The provider had used safe methods to recruit staff who were suitable to support people.

Using medicines safely

- People's medicines records included lists of medicines, reasons for prescription and people's preferred routines around administration. There was clear guidance in place for staff to help ensure people received their medicines as prescribed.
- The provider was participating in an NHS led initiative called 'STOMP (Stopping the over medication of people with learning disabilities and autism)'. One person had been supported to reduce the medicines they

were prescribed because of this initiative. Staff promoted a strong ethos to use positive behavioural strategies before administering medicines.

- People received their medicines from trained staff who had their competency checked.

#### Preventing and controlling infection

- The provider had an infection control policy in place which provided guidance for staff to help reduce the risk of infections spreading.
- Where staff were responsible for helping people prepare food, they had completed appropriate food safety and hygiene training.
- The provider ensured there was sufficient personal protective equipment such as gloves available, which staff used when supporting people with their personal care.

#### Learning lessons when things go wrong

- The deputy manager had recently joined the service with a remit to review all incidents that took place to look for causes, trends and measures to prevent risk of reoccurrence.
- The deputy manager worked with staff to reflect on their working practice to help ensure they understood how to implement guidance when supporting people around their anxiety and escalating behaviour.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Permanent staff completed an induction based on the care certificate, which is a nationally recognised set of competencies relevant to staff working in the health and social care sectors.
- Permanent staff completed additional training specific to people's individual needs, such as positive behaviour support and physical intervention. This training helped enable staff to learn strategies to keep people safe in light of escalating anxieties and behaviours. Staff also received training in epilepsy awareness.
- However, not all agency staff had completed specific training in positive behaviour support, physical intervention or epilepsy.
- Permanent staff told us this often resulted in agency staff being unable to provide effective support around people's anxieties, behaviours or epilepsy.
- One member of staff said, "Certain staff are not as confident as others and I would not trust them to deal with a challenging situation."
- A second member of staff said, "The agency staff can't deal with challenging behaviour because they don't have the training like we [permanent staff] do. It can make it stressful as it puts pressure on us."
- A relative told us, "I feel that agency staff are always put with the people who are less challenging because they don't have the right skills or training. This impacts on the things [my relative] is able to do day to day."
- After the inspection, the assistant regional director forwarded us information to demonstrate how agency staff would be provided training and support in the key areas identified, including epilepsy and management of behaviour which challenged. We were also forwarded a copy of a pre shift summary given to agency which details people's needs.
- Although the provider had acted to make improvements required. These changes had not been fully implemented. Therefore, their effectiveness could not be judged to be imbedded or sustained at the time of inspection.

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

- Six out of the seven relatives we spoke to/with felt improvements were needed to meet their family member's nutritional needs.
- They told us that that staff provided inconsistent support in helping their relatives follow a nutritious and balanced diet. This included a high frequency of snack food, takeaway and ready prepared meals. One relative said this had contributed towards issues related to their family member's oral health and body weight.
- Relatives comments included, "There's an over reliance on junk food and takeaways. This has been an

ongoing issue.", "There is not a consistent approach towards nutrition. There have been occasions where we have found numerous sugary drinks in [my relatives] room. It doesn't seem like a balanced approach.", "The staff keep saying it's [my relatives'] choice, but all I'm saying is why can't there be a healthy choice available?"

- Some staff we spoke to confirmed there had not been a consistent approach to supporting people with their nutrition. One member of staff said, "Some staff just take the easy option with offering processed food." Another member of staff reflected, "There was a period where people were having too many take-aways. It made it difficult for the staff who wanted to do things right as people couldn't understand why there were two different approaches [about nutritional support]."
- We reviewed the nutritional records for two people between March 18 and 31, 2019. We found that the records were not always sufficiently detailed to demonstrate how people were encouraged with a healthy balanced diet in line with their care plan.
- The manager had recognised that improvements were needed around supporting people with their nutrition. At the time of inspection, they were in the process of reviewing people's nutritional care plans. This was to ensure care plans fully reflected effective strategies to support people with their nutrition, including effective record keeping of the support staff offered.
- The manager had also met with staff to share strategies of offering people a diet which balanced people's choice, preferences and nutritional needs. The manager had used information from people's nutritional records to identify where improvements could be made and where staff needed additional training around nutrition.
- Although the manager had identified how improvements could be made around nutrition, the changes made had not been fully imbedded into the service and therefore, their effectiveness or sustainability could not be judged at this time.

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

- People received detailed, individualised assessments from staff who had been appropriately trained.
- The provider had a team of 'behavioural practitioners' who made assessments of people's behaviour to help develop guidance and care plans to meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- The provider was participating in a pilot initiative with the local authority around transitions between services. The aim of this project was to ensure that people's transitions between services were effectively planned and coordinated between outgoing and incoming providers, involving relevant professionals when required.

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

- The service had a range of communal spaces where people could socialise or have quieter time by themselves.
- People had access to a communal garden and individual private garden spaces which were accessible through their bedrooms.
- On the first day of inspection, the environment at the home appeared crowded. This was due to many people with their designated staff using communal areas.
- The manager acknowledged that issues around the environment, specifically sharing communal spaces, had contributed towards some incidents between people. They told us it required careful management and planning of people's activities to minimise the impact. A relative told us, "The home can be really hectic sometimes when everyone is in."
- The provider had recognised that the environment was not suitable for two people. They had taken

appropriate steps to consult with relevant professionals and relatives to help ensure either the environment could be adapted to meet their needs, or more suitable accommodation could be sought.

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

- People were supported to access healthcare appointments where appropriate. This included routine doctors and dentist appointments as well as appointments with specialist healthcare professionals in relation to ongoing health conditions.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had appropriately submitted applications for authorisations under the safeguards. They had notified us when these applications had been approved, which was in line with legislation.
- Records showed that if people were unable to make an informed decision about an aspect of their care, decisions were made on their behalf and in their best interests. Records we reviewed showed appropriate professionals, relatives and advocates had been involved in the decision-making process.

## Is the service caring?

### Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- There had been a large turnover in staff at the service. People's relatives told us that consequently, staff did not always understand their family member's needs.
- Three relatives told us this had contributed towards issues motivating their family members with their personal care. One relative said, "There has been a huge turnover in staff and as a consequence, a real inconsistency in approach." Another relative commented, "I'm not sure how well staff really know [my relative]. They have difficulty encouraging them with personal care. Staff say its [my relative's] choice, but I believe it is because they don't have the knowledge to engage with him."
- Three relatives told us that their family members were sensitive to change and large turnaround in staff influenced their anxieties. One relative told us, "[My relative] is very sensitive to change and the large turnaround in staff does not help their anxiety or behaviour as they are unsure about the people looking after them."
- Two relatives told us that the turnover in staff meant that staff had issues motivating and facilitating activities for their family members. One relative said, "I don't feel like staff really take the time to prompt and encourage them with activities." Another relative commented, "Sometimes I wonder if there is any communication between staff. They ended up buying [the same annual pass to a local attraction] for my relative two times. I am sure staff were well intentioned, but isn't anyone checking this at all? It was totally avoidable."
- Relatives felt that the large turnover in staff had contributed towards their family members receiving an inconsistent quality of care.
- Staff that we observed during the two days of the inspection site visit were patient in their approach when supporting people in the home.

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

- Six of the seven relatives we spoke too told us the provider needed to make improvements in communicating updates and changes in relation to their family member's care.
- One relative said, "I'm pretty sure I was not told about all the incidents that took place." Another relative told us, "It was agreed that they [the provider] would send a monthly newsletter with updates. This doesn't seem to happen anymore."
- Not all relatives felt welcome within the service or felt that staff were able to provide updates about their family members care. One relative said, "Sometimes I don't even know who is looking after [my relative]." Another relative commented, "Some of the staff don't even introduce themselves. When I ask them questions, they don't seem to know about what [my relative] has been doing."
- Some relatives told us they had not been involved when their family member's care needs had been

reviewed. One relative told us, "I have never been asked to become involved in reviewing care plans." Another relative commented, "[My relative] is supposed to have a keyworker who is the main point of contact. I have no idea who this is meant to be as staff keep changing."

- The provider did not always demonstrate that it effectively communicated with relatives about their family members care.

Respecting and promoting people's privacy, dignity and independence

- The manager had a good understanding of the principles of promoting dignity and respect when caring for people.
- They had acted to address issues around dignity that had been brought to their attention by other staff. This helped to ensure staff understood the expectations around providing dignified and respectful care.

# Is the service responsive?

## Our findings

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

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

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

- People's care plans had been developed by following the principles of 'positive behaviour support'. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which challenge.

- People's care plans detailed strategies staff could employ to support people to manage situations which caused them anxiety and escalating behaviour.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, people had a 'communication passport' in place. A communication passport is a document which identifies how to effectively meet people's communication needs.

- There was mixed feedback from relatives about the frequency and suitability of activities in place for people. Four relatives felt their family members were supported to maintain active lives in line with their interests. One relative told us, "[My relative] is supported to do the things they like to do." However, three relatives told us that improvements were needed to ensure people were supported with activities in line with their interests. One relative told us, "I feel they are left to their own devices and can be invisible at times."

- The manager had recognised that improvements were needed around providing meaningful activity and occupation for people. They had encouraged staff to work with people to improve their access to exercise and the development of everyday life skills, such as housework.

Improving care quality in response to complaints or concerns

- The provider had a policy in place for dealing with complaints. This was available in an easy read format which was designed to help people understand how to make a complaint.

- Some relatives told us they felt that historically their concerns and complaints had not always been listened to. One relative told us, "To be honest, I have felt in the past that I was not respected or listened too."

- However, relatives told us the manager was open to listening to concerns and complaints with improvements being made in this area. One relative said, "I have had a few meetings with the manager now and they are definitely more approachable and open to feedback." The manager told us, "I think we have a lot of work to do to get back families' trust."

End of life care and support

- The provider was not currently providing end of life care to anyone at the service.

- The manager told us how people had limited understanding of the concepts around this subject.

Therefore, people's involvement in future planning for end of life care arrangements was limited.

- The manager told us that they would consult with people's relatives and relevant professionals should a person require end of life care to help ensure suitable arrangements were in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was not a registered manager in place at the time of inspection. The manager had started working at the service in January 2019. They had applied to CQC to register as manager of the service and this was in progress.
- Six out of the seven relatives we spoke to told us they felt the management of service had been inconsistent, which had a negative effect on the quality of care. One relative said, "I have not been happy with the home and management of the service for a long time." Another relative told us, "It has been unbelievably badly run. We have had so many meetings to try to make things better, but now I have just given up." A third relative commented, "The care is so inconsistent across the board from top to bottom."
- Relatives told us the manager had made initial improvements since started working at the service, but improvements had not yet been imbedded or sustained. One relative said, "The manager has made a positive difference since starting. I just hope it continues." Another relative said, "I have lost a lot of trust [with the provider] The new manager seems good, but, let's see if that can be sustained."
- Staff told us how they did not always feel comfortable raising issues or concerns under previous management. One member of staff said, "There was a culture where there were cliques, which made it difficult to raise issues or concerns." Another member of staff said, "I never felt comfortable raising issues with previous management as I don't think I was listened too."
- Staff told us how the manager had made initial improvements to the culture at the service. One member of staff said, "There is a lot more positivity since [the manager] has come onboard."
- Although the manager had made improvements to the culture of the service since starting, they required more time to ensure these were fully imbedded and sustained.

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

- The new management structure needed time to implement a consistent approach within the service to promote good quality care. The service had seen a recent turnover of management and senior staff. At the time of inspection there were two deputy managers in place, who had been very recently seconded from the provider's other services. Their role was to support the manager and supervise care staff.
- The provider's quality assurance systems were not always effective in identifying shortfalls or sustaining improvement.
- The provider's quality auditor completed a yearly internal inspection of the service. The inspection assessed how, safe, effective, caring, responsive and well led the service was.



- The last internal inspection by the quality auditor was carried out in October 2018 and identified nine actions which required the service to follow up.
- In the subsequent follow up internal inspection in January 2019, the auditor judged these actions had been met and gave the service a 100% compliance score.
- The internal inspection by the quality auditor did not identify the issues identified in our inspection around nutrition, training and feedback from relatives and staff about culture within service. The internal inspection in October had identified issues around retention of staff impacting people, but this action was judged by the quality auditor to have been subsequently met by January 2019
- The failure to operate effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- After the inspection, the provider's assistant regional director told us they had reviewed their internal inspection process and identified where improvements could be made. This included gaining more comprehensive feedback from people's relatives.
- The manager understood their regulatory requirement to inform CQC about significant events which occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Five of the seven relatives told us the provider had not always engaged with them or kept them informed about how the service was being run. One relative said, "I had no contact with the management for the best part of a year and didn't even realise the old manager had left." Another relative said, "At one-point last year, I waited so long from a call back from management, I just gave up."
- The provider sent people, relatives, professionals and staff annual questionnaires to gain feedback about the quality and safety of the service. The last questionnaire was sent in August 2018.
- People were unable to respond to the questionnaire and the provider only received two responses from relatives. The provider did not have other systems in place to gain feedback from people or the remaining relatives who did not complete the questionnaire. Therefore, it was not always clear that the feedback the provider received was reflective of people's experience of receiving care.
- Some people had negative experiences when accessing community facilities such as parks. The manager told us they had plans to engage with key community figures to help improve people's experience of using these facilities

Continuous learning and improving care

- The manager had identified some of the issues highlighted within our inspection and had taken some initial actions to improve the quality of care. This included actions around, staffing, training, nutrition and culture within the service.
- The manager was open and transparent in their approach when acknowledging where improvements to the quality and safety of the service were required.
- Since the inspection, the manager had met with staff to share feedback and work to identify how further improvements could be made.

Working in partnership with others

- The provider worked in partnership with other agencies such as community nurses, GPs, and pharmacies.
- The provider made referrals to relevant healthcare professionals when people's needs changed and incorporated their guidance into people's care plans.

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service.