

Achieve Together Limited

Rochester House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rochester House is a care home providing personal care for up to 10 people who have a learning disability, and/or autistic people. At the time of inspection 9 people lived at the service who received support.

People's experience of using this service and what we found

Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. One person wanted to volunteer in a charity shop for a day, so the service supported the individual to fulfil this goal.

People had choice about their living environment and were able to personalise their rooms. People benefited from the interactive and stimulating environment. The service made reasonable adjustments for people so they could be fully involved in discussion about how they received support, including travel wherever they needed to go.

Staff supported people to make decisions following best practice in decision making. Staff communicated with people in ways that met their needs. One person used Makaton to communicate with staff. We observed staff communicating in Makaton and they were able to understand what the person needed.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton or pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. The service supports someone to take part in horse riding which they enjoy doing. Another person was able to go and see a theatre show that they had an interest in and when COVID19 prevented them from going again, the service brought the theatre show into the home by using videos.

Right culture

People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths,

impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received passionate and empowering care that was tailored to their needs. Staff understood people's individual needs, we observed staff supporting people when their body language suggested they were unhappy.

People and those important to them were involved in planning their care. Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection due to concerns raised regarding the environment and the managing of peoples' specific risks. On inspection we assess if the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

This service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

This service was well-led

Details are in our well-led findings below.

Rochester House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Rochester House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from one social care professional who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to

plan our inspection.

During the inspection

We communicated with four people who used the service and one relative about their experience of the care provided. Some people who used the service communicated with us using different methods including gestures, body language, words and Makaton.

We spoke with six members of staff including the deputy manager and the registered manager. We reviewed a range of records. This included three people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I know how to report any safeguarding concerns I have and what to look out for, this could be changes in behaviour."
- Relatives felt their loved ones were safe. One relative told us, "[person] was kept safe all the time during COVID19."

Assessing risk, safety monitoring and management

- The service helped keep people safe through formal and informal sharing of information about risks. For example, staff knew how to support someone who was at risk of choking. Staff followed guidance from the SALT (speech and language therapy team) to ensure they minimised the risk of choking to people. Staff were able to tell us what consistency level of food people had. We observed staff supporting people to eat at lunch time. For people that were assessed as needing a modified diet, staff were observed to be providing this and supporting people to be as independent as possible.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff knew what to say to one person if they were getting upset to ensure they remained calm.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. The provider also ensured audits had been carried out regarding the environment to address any environmental risks. Action plans detailed work that had been completed and further work that had been scheduled. For example, people's PEEP's (personal emergency evacuation plan) had been updated recently to ensure staff could support people in an emergency with the most up to date information.
- Staff knew how to support someone who needed the use of a SKI Pad in the event of emergency evacuation from the service. A SKI Pad is an evacuation sled designed to move physically impaired people along small corridors and downstairs in the event of an emergency.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed staff being able to meet people's needs when they wanted support, there were always staff members visible.
- The number of skilled staff matched the needs of the people using the service.
- Staff recruitment and induction training process promoted safety, including those for agency staff. Staff

knew how to take into account people's individual needs and wishes. One staff member told us, "I have not been here long but really happy with the induction, I feel like I know the guys well already."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stop over medicating people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. The service had helped support one person successfully lower the level of one of their anti-psychotic medicines. The service were still monitoring the person and there had been no adverse effects.
- People received support from staff to make their own decisions about medicines wherever possible. If people expressed, they were in pain they were supported to have pain relief.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic. One relative told us, "(person's) room is always clean and tidy."
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

The service managed incidents affecting people's safety and wellbeing. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, there had been an incident on the stairs between two residents. The action from this was to ensure there was only one person using the stairs at one time to avoid crossing over and any future incidents occurring.

- The registered manager and staff were aware of the Learning from Deaths Mortality Review (LeDeR) programme. The registered manager and staff supported the review process and changes made from any learning shared. The registered manager was open and supporting a representative from LeDeR on a recent investigation outside of the home.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and deputy manager were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff told us they felt they could bring up any concerns straight away to the registered manager or deputy manager and it would be taken seriously.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. Staff told us they had read the whistleblowing policy.
- The registered manager worked hard to instil a culture of care in which staff truly values and promoted people's individuality, protected their rights and enable them to develop and flourish. For example, one person wanted to volunteer in a charity shop for the day, the registered manager enabled this to happen.
- The service dedicated a day to celebrate the culture of one of the people living at the service. The staff supported people to try foods from that culture and make decorations. The registered manager received positive feedback from the family.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour. Staff gave honest and suitable support, and applied duty of candour where appropriate.
- One relative told us, "They always ring us if anything happens."

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the service.
- Governance processes were effective and helped hold staff to account, keep people safe, protect people's rights and provide good quality care. For example, medicine and infection control audits highlighted areas to be actioned. One medicine cabinet was sticky, this was relayed to staff and cleaned immediately.
- The provider invested in staff by providing them with quality training to meet the needs of all the individuals using the service. For example, staff had undertaken training in supporting autistic people, mental capacity, principles of STOMP and medicines. We observed staff following current guidance when administering people's medicines, this included wearing correct PPE and recording data correctly.

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

- Staff encouraged people to be involved with the development of the service. The home was undergoing improvement works. Staff told me that people had chosen what paint colours they wanted for their room.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "We had a survey a few months ago and also a phone review with the home and care manager."
- Feedback from people had also been gathered during a house meeting. One person said they were happy that a staff member supported them to go shopping and would love to go out for a meal next.
- The service worked well in partnership with advocacy organisations/other health and social care organisations, which help give people using the service a voice and improve wellbeing. For example, the registered manager worked well with the learning disability team to help support and discuss concerns with someone's mobility.
- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider had an action plan in place for the improvement of the building to ensure people were living in the best environment, work had already started prior to the inspection. The registered manager also had clear goals for the people in the service, including activities and holidays to be organised.