

# High Quality Lifestyles Limited

## Ebbsfleet House

### Inspection report

Tubbs Lane  
Ebbsfleet Lane  
Ramsgate  
Kent  
CT12 5DJ

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### 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

### About the service:

Ebbsfleet House is a residential care home that provides personal care for up to five people who may have autism or a learning disability. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. At the time of our inspection there were five people living there.

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:

The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who live at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.

Since our last inspection people had been supported to achieve goals that were previously considered out of reach. For example, one person had been supported to go shopping, an activity which previously caused a lot of anxiety, and resulted in the person displaying behaviour that could challenge. People were very active, and part of the local community, involved in the local sports centre, and horse-riding stables.

Incidents of behaviour that could challenge had reduced since our last inspection, leading to a decrease in restrictions in place for people. Alongside this, incidents of physical restraint had reduced, and staff worked with external healthcare professionals to reduce the levels of restraint used, which has a positive impact on people. People had been supported to take positive risks, including re-visiting activities which previously caused increased levels of anxiety. Staff worked with people, providing picture references to increase understanding of activities, and food choices, as well as to support understanding of healthcare appointments. People had been supported to safely reduce the medicines they were taking.

There was a positive culture within the service, with mutual respect between people and the staff supporting them. Staff were passionate about providing positive outcomes for people and has formed excellent relationships with people. People were supported to express their views and be involved in their care.

The service continued to meet the characteristics of Good in all domains.

### Rating at last inspection:

At the last inspection the service was rated Good. (28 September 2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe

Good ●

### Is the service effective?

The service was effective

Good ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was responsive

Good ●

### Is the service well-led?

The service was well-led

Good ●

# Ebbsfleet 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. 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 inspection was carried out by one inspector.

#### Service and service type:

Ebbsfleet 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 this inspection

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in December 2018 and the deputy manager was appointed as the manager. They had submitted their application to become the registered manager which was being progressed. The deputy manager had provided continuity of management and oversight.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to give staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

#### What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We received feedback from healthcare professional working with the service. We assessed the information we require providers to send us to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection. We spoke with three people, and spent time observing staff

with people in communal areas during the inspection. We spoke with the manager, quality improvement lead, and four staff. We reviewed a range of records. This included two people's care records and medicine records, training and supervision records and records relating to the quality monitoring and management of the service.

# 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

- All staff we spoke with had a good understanding of safeguarding people, and what to do if they had concerns about the people they were supporting.
- One staff told us, "I would instantly report any issue to the staff running the shift then speak to the manager. I would be comfortable to ask anyone to step away. There's a [safeguarding] procedure on the board I would follow if I needed to."
- Healthcare professionals told us that when safeguarding concerns were raised, staff and the manager responded effectively to manage the risk.
- The manager had made appropriate referrals to the local authority safeguarding team and sought advice from them when needed.

Assessing risk, safety monitoring and management

- People had a range of risk assessments in place to enable staff to support them safely. This included when people were in the community, and may become anxious, as well as for activities they enjoyed taking part in. One person was known to become anxious when they needed to exit the car. Staff we spoke with had an excellent understanding of how best to support the person to reduce their anxieties and the possibility of them displaying behaviours others could find challenging.
- People were supported to take positive risks, and re-visit activities which were previously resulted in incidents of behaviour that challenged. For example, one person had been supported to try to purchase their own items but became anxious when waiting for change at the self-service machine. The next time staff supported the person with this activity, staff waited for the change, or took the exact money to alleviate the person's anxieties.
- A staff member told us, "I don't struggle when people are challenging, I know their needs and wants so can support them through it."
- Since our last inspection, physical restraints for people had been reduced. Physical restraint can put people at risk of injury and can cause distress and lasting trauma to people. By reducing physical restraint staff had improved the quality of people's lives and reduced their risk of injury. The manager told us, "I am a PROACT-SCIP trainer for the service. We live by the philosophy of positive support at this service. We will always use every strategy possible before physical restraint."
- Staff and the manager had received positive feedback on their reduction of restraint from healthcare professionals.
- The registered manager and staff completed a number of checks on the environment to ensure it was safe for the people living there, staff and visitors. These included visual checks on equipment to ensure it was in good working order. Other checks included checks on water temperatures to ensure people were not at risk of scalding from high temperatures, and tests to ensure people were not at risk of contracting legionella.

Legionnaires' disease is a lung infection you can catch by inhaling droplets of water.

#### Staffing and recruitment

- Rotas were completed by the manager four weeks in advance to ensure forward planning.
- Some people living at the service had specific staff teams to support them, as continuity of care was key for these individuals.
- Staffing numbers matched the assessed number of staff needed, and we observed people and staff having time to interact and have meaningful conversations.
- One staff member told us, "Yeah staffing here is brilliant. There's enough of us to do the job we need to do."
- Since our last inspection there had been a significant change in staff. The manager told us they had recruited 'excellent' staff since our last inspection, and there remained only one vacancy.

#### Using medicines safely

- People continued to receive their medicines when needed. Staff had received training and yearly competency checks to ensure they were able to administer medicines.
- People had regular medicine reviews, and some had been supported to reduce their medicines safely. For example, one person has decreased their daily medicine from 600mg to 300mg, which had a positive effect on them.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- When people had 'as and when' medicines such as pain relief there was information for staff to following, including how often the medicine could be taken and when it may be needed.

#### Preventing and controlling infection

- The service was clean and without odour throughout. We observed people being involved in the cleaning of the service.
- Staff wore protective equipment when supporting people with food preparation.
- Staff completed regular infection control audits to ensure the environment was clean and to identify any potential infection control issues.
- Staff knew and were proactive in responding to infection control risks.

#### Learning lessons when things go wrong

- Staff completed comprehensive records when accidents and incidents occurred. These were checked by the manager and then reviewed by the provider's head office to ensure action was taken to reduce the likelihood of events reoccurring.
- During the inspection, an incident occurred where one person became anxious and displayed behaviour that challenged. Staff were calm and followed the risk assessments in place to ensure they and the person remained safe. The incident was well managed, and therefore had no negative impact on people or staff.
- We spoke with staff following the incident, and they remained calm, and told us they felt confident whilst supporting the individual. The staff member involved informed us that following the incident, "I try and give them a little bit of space and a little bit of positive personal interaction."
- The manager told us they were proud of the way the incident was managed, and that staff would de-brief and discuss any learning from the incident.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they moved into the system, and frequently once they lived at Ebbsfleet House.
- The initial and on-going assessment process supported the manager to implement the person's care plan and update it as and when their needs changed.
- People's needs were assessed to ensure any protected characteristics under the Equalities Act 2010 including sexuality or religion were known and upheld by staff.
- Staff and the manager were aware of best practice relating to supporting people with learning disabilities, including positive behaviour support (PBS). PBS involves understanding why a person may display behaviour that can be challenging and addressing the issues that trigger the behaviour.

Staff support: induction, training, skills and experience

- Staff told us they continued to receive an effective induction programme which supported them to get to grips with the role.
- Staff induction was completed over two weeks, during which staff read care plans and risk assessments as well as completing training. Staff told us that learning potential scenarios from staff was really helpful and prepared them well for when they experienced people displaying behaviours which could be challenging.
- Staff told us they continued to receive the training and support to complete their roles. One staff member told us the best training course they had completed was PROACT-SCIP. The staff member told us, "PROACT-SCIP training was really good. It was relaxed and enjoyable, especially when considering it quite a serious subject." PROACT-SCIP training is a range of options to avoid crisis and use therapy in a person-centred approach to support.
- Staff received the support and guidance needed. One staff member told us of the manager, "Within the service [the manager] checks my knowledge and makes sure I am doing the right thing. So I feel confident supporting the guys."
- The manager told us, "If you invest in your staff team, your staff team will invest in the people you support."

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

- People were involved in weekly meetings, where they chose the food they would eat for the next week.
- We observed people being given choices throughout our inspection, in relation to food and drinks, for example, what they wanted for lunch, and their choice of ice cream.
- Where people had allergies or intolerances to specific foods these were well known by staff. When people attended activities, staff shared any allergies and intolerances with others to ensure people were not at risk

of receiving food they were unable to.

- People were supported in the least restrictive way possible. For example, when one person used the kitchen, staff gave them space, and observed from a safe distance so they could support if needed, but so the person had some independence.

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

- People had been involved in the recent improvements within bedrooms. Rooms were personalised and contained photographs and personal items.
- Communal areas in the house could become crowded with people and staff, which sometimes caused people to become anxious. Staff counteracted this, by using the large garden, and sensory room which was located in an outbuilding. During our inspection, we saw people enjoying spending time outside, on the swing in the garden, or playing football with staff.
- There was a schedule in place to make improvements at the service, including re-decorating throughout. During our inspection, people were supported to choose new carpet which was identified for replacement.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health action plans, with detailed guides for staff to follow, which reflected the individual's needs. All healthcare appointments were documented, with any follow up actions completed by staff.
- One person had gained weight and was therefore supported to increase their daily exercise. As they enjoyed swimming, and were able to do this independently, staff supported them to swim more frequently, resulting in their weight reducing.
- When one person needed to visit the dentist, staff created a social story to support the person's understanding of what would happen during the visit. Staff went through the social story with them daily for a month prior to the visit.
- When one person needed to have a blood test, staff engaged with healthcare professionals who completed joint assessments for the person. Staff and the healthcare professional worked together over a period of time to support the person with de-sensitisation, which resulted in a positive experience for the person. The healthcare professional told us, "I gave feedback on how positive the whole experience was. We couldn't have progressed if staff were not willing to take positive risks. I found them really professional with the clients. The staff were really good, all the equipment was ready on arrival they reassured [person's name], they did everything I could have asked them. We didn't know how successful the procedure would be, it wouldn't have been successful without the staff."

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

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- 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, and found they were.
- Staff showed a good understanding of the principles of the MCA. Throughout the inspection we observed people being given options about their care, for example, how they wanted to spend their time, or what they

wanted to eat.

- When people lacked the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. For example, when someone needed to have some health checks completed, but became distressed in the process staff met with the person's family and healthcare professionals to ensure the procedure was in their best interest.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and used appropriate affection to people.
- A staff member told us, "I see the guys as my family. We teach them skills, it's good to see them use the skills. It's really rewarding, it's a nice job. It's nice to come in knowing we will have a good day."
- People had goals they worked towards and were given the option to work towards these with their peers. For example, two people had a shared love of football, and had indicated they wanted the other person to attend the activity with them. Staff ensured the goal was individual to the person, for one person it was a medium-term objective, and the other person it was a long-term objective.
- People and staff shared common interests. During our inspection, we observed people talking about football with staff, and singing football songs, smiling and clapping along.
- Significant work had been put in to helping one person achieve their goal of a three-course meal at a restaurant for their birthday. Staff met with the restaurant prior to the visit, to enquire about the quietest time to attend, and review parking to create the least amount of anxiety for the person. The person was supported to choose their meal prior to attending the restaurant, with picture cards of the menu. Staff told us, "We all sung happy birthday, they clapped at the end and it was a big moment for them. It was a massive success."
- Staff showed genuine fondness towards people. One staff member told us, "People say it's a job I don't think care is a job, you have to put your heart into it."
- People expressed who their favourite staff members were, and some people had special handshakes they did with staff when they saw them.

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

- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Documentation within the service, and available for people was created in an 'easy read' style to support people's understanding of the information.
- Most people were supported to make decisions by their loved ones, but where required, staff ensured people were supported by advocates. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- Care plans had detailed communication dictionaries in place, which staff clearly understood, and used to support people to express their needs.
- Staff used picture cards of food or activities to support people to make decisions about what they wanted

to eat, or how to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were well dressed, and staff told us they took pride in supporting people to maintain their appearance. One staff member told us, "We want them to go out looking well presented. They are so capable of deciding what to wear so its important they do."
- Staff told us they respected people's privacy, by giving them space whilst supporting them from a safe distance. When people wanted to spend time alone in their room, we were supported to do so, and reminded that staff were close by.
- People were supported to maintain and build their independence. Staff knew what people were able to do themselves, and what they needed support with. When people needed support, staff encouraged them and praised them when they completed the task.
- Some people had been supported to do some voluntary work with a local horse riding stable, which staff told us they really enjoyed.

# 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 had person centred support plans, that detailed their individual preferences and choices. This included information relating to people's preferred routines, and guidance for staff on how best to support the person.
- Care plans were reviewed frequently, and up to date. Staff told us, "Yeah we go in and read care plans whenever we want. Managers tell us when things have changed in care plans and we sign it to say we have read it."
- Staff and the manager were passionate about supporting people to live fulfilled lives, which included regularly accessing the community, and taking part in activities that were previously considered unachievable. The manager told us, "We haven't allowed people to become restricted. We haven't allowed their challenging behaviour to impact their access to the community."
- When activities were difficult for people, staff supported them with backwards training to support them to achieve it. For example, one person struggled going into a shop. The person was supported to load the shopping into the car, then progressed to doing this as well as returning the trolley. The next step was to push the trolley from the shop to the car to unload the shopping. Staff were supportive and confident the person would develop to the point where they could complete the whole process including choosing items in the shop.
- A staff member told us, "I have seen some really good things, that when I started I thought would never happen, like [person's name] going shopping. Their progression in eight months, it may seem small but its huge to them."
- People were supported to take part in a range of activities and be part of the local community. People were well known at the local social club, where they would watch the football, and have a beer.
- People were very active and visited the local nature reserve frequently, as well as going for bike rides at a local cycling centre.
- Some people attended a local stable frequently, to ride and care for horses. They were so well known, that the owners of the stable gave them personalised fleeces to wear at the stables.
- One person was being supported to work towards their long-term goal of going on their first holiday.
- People were supported to follow their religious or spiritual needs. People regularly attended the local church, where they were known by members of the community, who ensured people's food intolerances were met.

Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection.
- There continued to be a comprehensive complaints policy in place, with an accessible version available to people.

- People were asked regularly by staff if there was anything they wanted to change or if they were unhappy about anything to ensure they were given the opportunity to share any concerns.

#### End of life care and support

- People and their relatives had been supported to complete end of life care plans, so that when the time came staff were aware of their preferences.
- End of life care plans had been created in an accessible format and included information such as what flowers the person wanted, and where they wanted to live if they became unwell.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of our inspection, there was no registered manager. The registered manager had left the service in December 2018. The deputy manager was promoted to the position of manager and had submitted an application to be registered with the CQC. The application was being assessed by the CQC. The deputy manager had provided continuity of management and oversight.
- The manager has ensured regulatory responsibilities had been met; for example, they had notified CQC of important events as required, and the provider's latest inspection report was visible within the service. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements.
- Staff told us they were clear on their role and responsibility and had the skills and knowledge to complete their role and were confident in the manager's ability to drive improvements at the service.
- One staff told us, "The manager's great. If they say something they really follow up on it. The support I have received was fantastic."

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

- There was an open, inclusive culture at the service which was demonstrated by staff and the manager. Staff worked as a team to provide the best outcomes for people, and there was a strong sense of person-centred care.
- The manager told us, "I feel the care is outstanding to the people staff support. It's unbelievable, the input staff have with the individuals that live here is clear. It's not just a job for them."
- Staff took pride in the role they played in supporting people to live fulfilled lives. One staff member told us, "It's not just a job. It's like a little family. We look after the staff, and we look after the guys."
- People had been supported to grow since our last inspection. People were increasingly independent and any behaviours that challenged were managed well by staff.
- A healthcare professional told us, "Things have improved since the new manager took over; the communication is excellent."

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

- People continued to be involved in sharing their views to improve the service. People were asked regularly for feedback about the service, during weekly meetings, and on a one to one basis.



- Quality assurance surveys continued to be sent to relatives and loved ones to give them the opportunity to feedback about the service. Staff shared feedback about people with their loved ones regularly to ensure they were kept informed.
- Regular staff meetings were held to enable staff to share any concerns or improvement ideas. All staff we spoke with told us they were given the opportunity to discuss feedback on the service, and how it could be improved for the people they supported.

#### Continuous learning and improving care

- The provider had continued to learn, develop and improve services to meet people's changing needs.
- Quality assurance systems continued to be effective, identifying areas of development, which were then used to implement improvements. For example, it was identified through auditing accidents and incidents that they were being recorded and investigated, however the incident was not always case tracked into the support plan. The manager therefore introduced a new system whereby they would review the incident and ensure it was case tracked within people's care plans for consistency.
- The manager worked closely with staff and told us they led by example. The manager told us they continuously looked for areas of improvement, and lessons learnt when observing staff supporting people. They ensured staff received positive feedback and praise when dealing with challenging situations.

#### Working in partnership with others

- Staff and the manager worked closely with a range of healthcare professionals to provide joined up working for people living at Ebbsfleet House. These included the learning disability community team, psychologist and the provider's PBS specialist.
- A healthcare professional told us, "I found the staff very good very professional."