

# Community Homes of Intensive Care and Education Limited

# Otterbourne House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Otterbourne House is a care home which caters for up to nine people who may be living with autism, a learning disability, a personality disorder, bipolar or schizophrenia.

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

People were treated with dignity and respect by staff who understood the principles of the Mental Capacity Act and safeguarded them from the possibility of abuse.

Safe arrangements were in place for the management of medicines.

Effective procedures were in place to reduce the possibility of infections

People's care needs were appropriately risk assessed and staff were trained to keep people safe during times when behaviours became challenging.

Staff and relatives were complimentary about the leadership within the home and told us they were provided with opportunities to provide feedback.

The provider had effective governance systems in place to drive improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right support:

- We were assured the model of care and setting maximised people's choice, control and Independence.

### Right care:

- We were assured care was person-centred and promoted people's dignity, privacy and human rights.

### Right culture:

- We were assured the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

We previously carried out an Infection prevention and control inspection on 18 December 2020 and were

assured their procedures were safe.

#### Why we inspected

We received concerns that people were being placed at risk due to inappropriate behaviour by staff. We were advised people were being discriminated against because of their individual characteristics. We found no evidence to suggest the allegations made to us were accurate and could not substantiate the claims. Following the last inspection the provider submitting an action plan and that we found improvements had been made and the provider was no longer in breach of the regulations.

The last rating for this service was requires improvement (published 24 October 2018). The service has now progressed to a good rating.

## 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 is safe.

Details are in our safe findings below.

### **Is the service caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below.

# Otterbourne 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.

#### Inspection team

The Inspection was carried out by one Inspector with the support of an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Otterbourne 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 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 announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

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.

#### During the inspection

We spoke with the registered manager, the deputy manager and the regional manager. We requested a range of records to be sent to us. This included two people's care records including incident and accident records relating to behaviours that challenged others. Recruitment records, staff supervision and training documents including their induction. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. Feedback was provided to us by six relatives and six staff members. Seven external healthcare professionals did not reply to our feedback request; therefore, we could not take their views into account when making our judgements.

After the inspection

We reviewed the records we requested during our visit and analysed the feedback provided to us.

# 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

- We received information which suggested people were being placed at risk of abuse. We found no evidence to substantiate the allegations. The provider told us the local authority has closed the case.
- Staff had been trained in safeguarding and feedback records demonstrated they were able to identify the possible signs and symptoms of different types of abuse.
- Safeguarding records demonstrated staff knew what actions they should take if they suspected abuse. The providers safeguarding policy was robust, provided useful details for raising concerns and was accessible in a variety of formats.
- Appropriate investigations were carried out when safeguarding concerns were raised. The provider had a clear method of investigating and positive working relationships with local multi-agency safeguarding teams. A member of staff commented, "I have complete confidence in my home manager in the action against abuse. I have reported an incident in the home before a few years ago and it was dealt with very effectively".
- The provider had a robust whistle blowing policy and procedure.
- A member of staff commented, "We have learnt about safeguarding during PROACT-SCIPr-UK training (PROACT-SCIPr-UK is a value based approach with an emphasis on being proactive - getting it right for the person, rather than being reactive or responding to an episode of behaviours that may challenge) and we have talked about covid-19 during staff meetings that we have every month. I have also done online training for infection control, covid-19, safeguarding and food safety. This has been useful to ensure the health and safety of all service users and staff at Otterbourne".

Assessing risk, safety monitoring and management

- Risks associated with people's needs and the environment were assessed, and actions put in place to minimise possible harm. Care records contained extensive, and relevant, risk assessments including assessments on mental health, nutrition, communication and accessing the community.
- Identified risks were mitigated by thorough care planning. For example, people who had a high risk of displaying behaviours that may challenge others were supported by a network of professionals including the mental health team and the positive behavioural support team.
- Relatives were complimentary about the safety of care provided. One relative said, "They are really good at spotting when her behaviour changes which can be difficult to spot as she is unpredictable, they will say 'she's doing that, let's watch her closely'. I have no qualms about her safety at all" and "There are triggers in daily routine – shift change, she gets excited to see new staff, the changeover throws her, they do things so she's not there at changeover, like go for a drive, or take her to listen to music, they recognise situations throughout the day and respond to them. She's a difficult young person, they look ahead and say, 'let's try to avoid it'".

- Regular checks ensured that fire exits were clear of obstructions, a frequent fire alarm test ensured that the fire safety system was operational, and each person had a personal emergency evacuation plan, (PEEP) detailing the help and support they would need should they need to be evacuated from the home.

#### Staffing and recruitment

- Sufficient staff were deployed to meet the needs of people living in the home. Staff were available when people requested support. We reviewed staff rotas which showed that the number of staff on duty was in line with the numbers planned as required by the provider to meet the dependency needs of people.
- Robust recruitment procedures remained in place and ensured that only suitable staff were employed to work at Otterbourne House. Full employment records were obtained, appropriate identity documents were received, and two references requested.
- All staff had a Disclosure and Barring Service, (DBS), check completed before commencing in post. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- Safe arrangements were in place for the storage, recording and administration of medicines.
- Staff received effective training in how to administer medicines and their competency to do so was frequently assessed.
- Regular medicines audits took place which highlighted any areas for improvement.
- A relative said, "(Person) has been recently on meds, they (staff) listened and we had a meeting with the nursing team and psychologists and they listened and talked to me about it, we had team meeting, I am completely involved. I have noticed a difference in (person) since she's on meds, her quality of life is better."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Incidents where behaviours challenged others were appropriately investigated and lessons had been learned. For example, after each incident the registered manager and the behavioural support team had conducted a reflective piece of work to analyse how to improve safety and learn. Notifications submitted to us demonstrated effective measures were put in place to mitigate risk and to review care delivery. A relative said, "I am told immediately. With the nature of X complex needs she has one of the most active levels of incident record and behavioural analysis charts are looked at in house by the psychology team and they are monitored and reviewed. They are always learning".



# 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.

At the last inspection we rated the service as requires improvement. At this inspection we identified improvements had been made. This meant 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

- At the last inspection relatives told us they felt a large turnover in staff had contributed towards their family members receiving inconsistent quality of care. At this inspection improvements had been made and relatives were complimentary about the outcomes people achieved.
- We received information which suggested people were not always being treated with dignity and respect. We found no evidence to substantiate these allegations.
- Staff had received training in relation to equality and diversity and were familiar with the principles of the Equality Act 2005. Staff received regular supervision including competency assessments which were used as a tool to evaluate their performance including their behaviours and their approach when delivering care.
- The registered manager and staff demonstrated a good awareness of people's diverse needs and how these were met, and care plans included people's needs related to their protected equality characteristics and life history events. People were supported to meet any spiritual or religious needs and the registered manager showed a good understanding of how supporting people's lifestyle choices, values and beliefs contributed to their improved wellbeing.
- Staff received training on equality and diversity, and were knowledgeable about the protected characteristics, in line with the Equality Act 2010.

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

- At the last inspection not all relatives felt welcome within the service or felt that staff were able to provide updates about their family member's care. Relatives also told us the provider needed to make improvements in communicating updates and changes in relation to their family member's care. At this inspection we found improvements had been made and relatives were complimentary about the communication and involvement within the service. Comments included, "Communication is far better now" and "I am happy with the updates I receive from the home. They seem to be more settled with staff so it's better for X".
- The registered manager and staff actively encouraged people and relatives to express their thoughts so that their views, wishes and choices were known and could therefore be met.
- People were supported to maintain and develop relationships with those close to them. One relative said, "We have been in regular contact and during covid the staff worked with us to make sure communication was regular".
- The registered manager was aware of how to request the services of independent advocates, if needed. Advocates can be used when people have been assessed to lack capacity under the Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf.

## Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. We saw people were very relaxed with staff with whom they had warm, positive relationships.
- People were supported to maintain their independence. Risk assessments were in place to promote independence. For example, people were supported to go out for local walks or to local shops.
- Care plans included information about what people could do and what they required staff to assist them with, such as personal care, medical appointments and how to maintain important relationships.

# 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 requires improvement and a breach of regulation 17, good governance was issued. At this inspection this key question has now improved to good and the provider is no longer in breach. 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

- Staff understood how to promote person centred care which allowed people to achieve their goals. A member of staff commented, "I promote service users (people's) independence by giving them choice in daily decisions for example, what they want to eat, choice of activity's, choice of clothing. I will prompt service users to attempt things themselves, for example, dressing themselves, making drinks/food, during personal care etc".
- Relatives were complimentary about the culture within the service and told us people were supported to access their chosen interests. One relative said, "The staff's priority is the young people, they make sure they are not bored. I've not been in the house since lockdown, but staff make me feel welcome, they show respect with the young people" and "I am relieved she is happy, under the old regime I couldn't get her in the car to go back but now she wants to go back, it's a huge difference. She comes home every two weeks. There is a good mix of staff". Another relative said, "Yes she can make as many choices as she wants but whether they are safe or suitable. She says ride and diary, staff know what she wants, a home visit or go to the theme park. I bought a Merlin pass and they take her regularly enough to warrant the cost" and "They go for picnics to the New Forest or the seaside, and she has lunch in the car during the pandemic. She needs to be out, they go out everyday, she has her own car, there have been more miles on the car during COVID than before!".

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 and manager were open and honest with us during and after the inspection. Notifications submitted to us demonstrated appropriate actions were taken when incidents occurred, and where required, the relevant external organisations were notified.

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

- There were robust audit systems in place which were carried out regularly. The registered manager and staff frequently reviewed systems within the home such as fire safety equipment. There were also comprehensive audits which covered all aspects of care planning and its delivery. These were carried out regularly by senior management. Any shortfalls identified as a result of these audits had been actioned by the registered manager. Audits seen showed Otterbourne House had a good level of compliance.

- The registered manager had an open-door policy and staff were encouraged to talk through any concerns they might have. Staff attended regular meetings and had supervision and appraisals, so they were clear about their roles and responsibilities.
- Comment from staff included, "I work in an amazing home with an amazing staff team and an amazing management team. The service users (people) appear really happy in their home and I love my job", "I receive good support from my manager. I have frequent supervisions to receive feedback on how I am working and if there are any improvements that need to be made", "I get asked for feedback about quality of care provided during monthly supervisions, quality assurance, surveys, internal inspection survey" and "Yes, I receive excellent support from my manager, very supportive during challenging behaviour. She will deal with any issues raised as soon as they are raised. I feel comfortable going to my manager for advice and I'm confident that my manager will help support me through anything I need."

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

- Care records demonstrated people and their relatives were involved in discussions about the care provided.
- During our visit a number of people were being supported in the community to participate in their chosen activities.
- We observed one person being supported with dignity and respect. The staff member provided sufficient personal space whilst engaging during an interaction in the communal lounge.

Continuous learning and improving care

- Staff provided positive feedback about the registered managers drive to continually improve care. A staff member commented, "Since (registered manager) became the manager of Otterbourne house I have seen a huge improvement in the quality of care given to the residents of the home. I started at the beginning of 2018 and the challenging behaviour was very significant. (Registered manager) put more measures in place to ensure consistency which has not only made the home safer for everyone but has appeared to have improved the quality of living due to her relationships with the service users (people) and staff".
- Arrangements for obtaining feedback from staff and relatives were effective in driving improvement. A staff member commented, "I am asked during monthly during supervisions about the quality of care provided and I am encouraged to provide suggestions or ideas to improve the home."

Working in partnership with others

- Records demonstrated staff worked positively with external organisations and made contact with them when they required support or to report concerns. Relatives told us they were provided with regular opportunities to provide feedback about the quality of care provided.