

# The Otterhayes Trust

# Otterhayes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Otterhayes Trust provides accommodation and personal care for a maximum of six people living with learning disabilities and/or autism in a property known as Hayes House. At the time of the inspection there were five people living in Hayes House. This service also provides a domiciliary care agency service and provides support to a further 15 people living in seven supported living properties, with the aim that they can live as independently as possible. One person living in the supported living properties was receiving personal care

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they are working towards meeting the underpinning principles of right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence. For example, people being encouraged to set goals for things they want to achieve.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. For example, ensuring people are receiving person-centred care and support in line with individual care plans.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. For example, adopting 'active support' which is a method of enabling people with learning disabilities to engage more in their daily lives.

Although the service is larger than recommended, the introduction of positive support plans with health and social care professionals' involvement; people's preferences, hobbies and interests were now being considered. Individualised activities meant people were enabled to follow their interests' hobbies and passions as far as possible. However, this had been curtailed by the pandemic and lockdown restrictions.

People's equality, diversity and human rights were respected. The service had adopted an 'active support' approach, which is accredited with the British Institute of Learning Disabilities (BILD). Active support is a method of enabling people with learning disabilities to engage more in their daily lives.

The service provided safe care to people. During our inspection we spent a short time speaking with people who used the service and observed how staff interacted with them. People were comfortable in their surroundings and with the staff group who supported them. Positive feedback was received from relatives. Relatives comments regards to safeguarding concerns included: "Absolutely none at all, if I did (relative) wouldn't be there at all."

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Medicines were safely managed on people's behalf. Infection control measures were in place and taken seriously to protect people.

Care files were increasingly becoming more personalised to reflect people's personal preferences. People had individual planners and communication boards in place to aid routines and communication. Goal setting for people continued to be implemented to ensure they lived the lives they want to. People were encouraged to maintain relationships with their friends and family.

People were supported to maintain a balanced diet of their choosing. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People's privacy and dignity were respected. People were increasingly being encouraged to be as independent as possible. Staff adopted a positive approach in the way they involved people and respected their independence.

There were now effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent. Staff continue to receive regular supervision in order for them to feel supported in their roles and to identify any future professional development opportunities.

There were now opportunities for people to raise issues, concerns and compliments. A system was now in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

Relatives confirmed that improvements were evident to the management of the service, but recognised further improvements were needed in order for them to feel confident that people's care and support needs were being appropriately met. We received mixed comments from relatives; "The quality of life and care are positively influenced by them (registered managers), I have the highest regard for their intentions." Another relative thought the registered managers were 'good with them and their relative', but "Management skills are not what they might be."

The principles of good quality assurance as a tool to drive improvement had been gradually implemented in stages and continued to do so. The provider's service improvement plan was continuing to attend to the deficits found at our last inspections and those identified through the local authority whole home safeguarding process.

Various audits had been implemented to oversee the running of the service. For example, audits covered ensuring care plans and risk assessments were up to date and accurate, infection control practices,

incidents and accidents, staff personnel and training and activities.

The culture of the service continued to improve to ensure it was individually person-centred for people. Feedback from professionals acknowledged the enormous strides made to the service to improve the care and support people received and the active dialogue from the registered managers with health and social care professionals to improve outcomes for people.

We continue to receive statutory notifications in relation to safeguarding events and serious injuries in a timely manner.

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

#### Rating at last inspection

The last rating for this service was inadequate (published January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service continues to provide us with a monthly report in line with conditions that were imposed following the previous inspection. At this inspection enough improvement has been made, and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook a targeted inspection on 16 July 2020 to check whether the service had addressed some of the concerns raised at our last inspection in September and October 2019 where breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Otterhayes on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Otterhayes

## 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

The inspection was carried out by one inspector on 24 November and 4 December 2020 and two inspectors on 17 December 2020. An assistant inspector contacted staff to seek their views on 3, 4 and 7 December 2020. An Expert by Experience contacted relatives on 9 December 2020 to seek their views. 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

The Otterhayes Trust provides accommodation and personal care for a maximum of six people living with learning disabilities and/or autism in a property known as Hayes House. At the time of the inspection there were five people living in Hayes House. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in seven supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the CQC. 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

We gave the service 24 hours' notice of the inspection on 24 November and 4 December 2020. 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. The third day of our inspection on 17 December 2020 was unannounced to follow up on specific areas of concern raised by staff and relatives.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider sends us every month about the progress they are making in meeting the on-going breaches of regulation identified at our last two inspection.

We spoke with various health and social care professionals as part of the whole home safeguarding process, which was closed on 29 September 2020.

#### During the inspection

We spoke with two members of staff, the registered managers and interim operations director. We spoke generally with people living at Otterhayes and observed interactions between them and staff. After the inspection we spoke with/emailed an additional eight members of staff and spoke to six relatives.

We also requested documents to be sent to us, including care plans and risk assessments, the training matrix, supervision records and various documents with regard to the running of the service. For example, audits, policies and procedures, meeting minutes, incident and accident records and health and safety checks.

#### After the inspection

Following the inspection, we spoke by telephone to the independent consultant. We also spoke with 12 health and social care professionals as part of the quality assurance and improvement process.

# 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 in July 2020 this key question was inspected but not rated. At the previous inspection in September/October 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our inspection in September/October 2019 the provider had failed to safeguard people. These were breaches of regulation 12 (Safe care and treatment); 13 (Safeguarding service users from abuse and improper treatment) and 18 (Staffing). At our inspection in July 2020, improvements had been made and the provider was no longer in breach of these regulations.

Systems and processes to safeguard people from the risk of abuse

- People were protected because the organisation took safety seriously and had appropriate procedures in place.
- Staff had received up to date safeguarding training in order for them to understand what good practice is, how to report concerns and keep people safe.
- The majority of staff knew the procedure to follow if they witnessed abuse. Comments included: "I would check that the individual was ok. Report it immediately. Notify the Safeguarding Team and other governing bodies. Complete the necessary paperwork."
- However, one member of staff told us they had raised their voice to a person, saying this was sometimes necessary. They stated: "With raising your voice to people, sometimes you have to. I did it the other day as one person was upsetting another person, but I told another member of staff. ..." We fed this back to the registered managers. They were unaware that this had happened, and this should have been raised with them, so they could address the matter with the staff member. They explained they had recently been carrying out observations of staff practices to ensure they were providing safe care and support. We saw appropriate observation records to confirm this.
- The service had been in a local authority whole home safeguarding process due to concerns about the safety of the service. This process closed on 29 September 2020. The service is now being supported by the local authority Quality Assurance Improvement Team (QAiT) to ensure robust systems are in place to safeguard people. This means the service continues to be monitored closely, with various professionals involved to ensure people are receiving safe care and support.
- During this inspection we spent a short time speaking with people who used the service and observed how staff interacted with them. People were comfortable in their surroundings and with the staff group who supported them.
- Positive feedback was received from relatives. Relatives comments regards to safeguarding concerns included: "Absolutely none at all, if I did (relative) wouldn't be there at all" and "No not really, I think (relative) is safe enough there. I don't know everything, I'm not there, I am guided by what I see and what (relative) tells me, I would know if there was something wrong."



## Assessing risk, safety monitoring and management

- At our last inspection in July 2020 we found improvements had been made to risk management.
- People's individual risks continued to be identified and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for possible choking if eating too fast, management of epilepsy and behaviour management. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- With involvement from relevant health and social care professionals, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. We were told that physical restraint did not happen at the home.
- The premises were maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

## Staffing and recruitment

At our last comprehensive inspection in September and October 2019 poor recruitment processes did not ensure that people were safe from unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were now effective recruitment and selection processes in place to ensure only staff who were suitable to work with people who may be vulnerable were employed. Retrospective documentation was now in place for both the registered managers, which confirmed their suitability to work with vulnerable people.
- At our last inspection in July 2020 we found improvements had been made with staffing reflective to people's individual needs. This continued to remain the case at this inspection.
- A dependency tool had been introduced to determine staffing levels to ensure people's individual needs were met. The service had also increased night sleep in staff from one to two to ensure people's needs could be met in a timely manner. Rotas confirmed the increase in night support.
- We received concerns with regards to a high turnover of staff. This was because a group of temporary staff had left as arranged. At our inspection on 17 December 2020, we looked at the staff rota which showed red gaps showing unfulfilled shifts in Hayes House.
- We discussed this with the registered managers. They confirmed they were short staffed and were actively trying to recruit new employees via an employment agency.
- The registered managers and consistent agency staff, who were familiar to people and their individual needs were covering shifts. However, the registered managers shifts were not reflected on the main rota, but were evident on other documentation, confirming the support they had been providing in Hayes House.
- It had been recognised by the registered managers that reviews of people's individual support needs were needed in Hayes House in order for them to receive the appropriate level of care and support. They had liaised and were in conversations with relevant health and social care professionals and reviews were due to take place.

## Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the

amount of stock documented to ensure accuracy.

- Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered managers checked medicine practice whilst working alongside staff and via records. This was to ensure staff were administering medicines correctly.
- The service now had a medicines champion whose role was to oversee medicines management generally, including the ordering of medicines for individuals.
- There had been a concern raised regards to access to a person's epilepsy rescue medicine. We discussed this with the registered managers and established that this medicine was no longer needed. The medicine champion had liaised with the GP who was happy for the rescue medicine to be disposed of safely.

#### 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

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, when a person's behavioural needs had changed, their care plans and risk assessments had been updated and their positive behaviour support plan reviewed. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

# 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.

At the last inspection in July 2020 this key question was inspected but not rated. At the previous inspection in September/October 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our inspection in September/October 2019 the provider did not always deliver safe, effective and consistent health care; had failed to ensure staff training and support to do their job properly and did not consistently work within the principles of the Mental Capacity Act (2005). These were breaches of regulation 11 (Need for consent); 12 (Safe care and treatment) and 18 (Staffing). At our inspection in July 2020, improvements had been made and the provider was no longer in breach of these regulations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection in July 2020 we found improvements with care and support being planned and delivered in line with best practice guidance. For example, care planning was in a more person-centred way with people's choices, control and independence at the centre of their support. This continued to remain the case at this inspection.
- Care plans and risk assessments had been updated and reviews carried out by external health and social care professionals.
- People had annual health check-ups and medicine reviews were on-going.
- Staff knew how to respond to specific health and social care needs. For example, the need to contact a person's GP due to a change in their physical health. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, for intimate matters. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff support: induction, training, skills and experience

- At our last inspection in July 2020 we found improvements had been made with a comprehensive training plan in place and staff completing training specific to people's individual needs. For example, staff had now received training on subjects including autism, epilepsy and learning disability awareness. The service continued to ensure staff were up to date with training, looking to source further training for 2021 specific to

people's needs.

- Staff comments included: "Our training programme has improved massively since our inspection back in October 2019. The training I have had, I have gained quite a bit of knowledge from, we have had some challenging behaviour training, but we could possibly have a bit more on that, but it has improved. We've had so much since February 2020, lots and lots, epilepsy, autism, learning disability, medicines, infection control, choking from the speech and language team and the Mental Capacity Act (2005), which included best interest training."
- Relatives commented: "Yes. (Staff) are aware of people's problems and are competent to deal with them, staff seem with it" and "Yes I do, I've never had concerns about the care and compassion."
- At our last inspection we found improvements had been made to staff training regards to safety measures. Staff had up to date training on subjects including, health and safety, first aid, food hygiene and fire training.
- At our last inspection we found improvements had been made to staff supervision. At this inspection we found staff continued to receive regular supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. A staff member commented: "The managers of the home are very supportive to the residents and staff and over the years have gone over and above in their role to do this."
- However, we also received different reviews from two members of staff stating that supervision was poor, and they had received no face to face support. We discussed this with the registered managers who were able to demonstrate that all staff had received up to date supervision. The supervision matrix and individual supervision documents demonstrated this.
- We had received information indicating that the induction process was poor and only lasted a short time. However, we could not substantiate this from looking at induction documentation and training records. Staff had completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- The registered managers were carrying out observations of staff practices to ensure they were providing safe care and support. We saw appropriate observation records to confirm this.

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

- At our last inspection in July 2020 we found improvements had been made with people being able to exercise choice over what they wanted to eat and drink. For example, house meetings had been introduced with regards to people choosing what they wanted to eat for their main meal and lunches. We saw evidence of people's involvement in choosing specific meals from looking at staff handover notes. This continued to remain the case at this inspection.
- At this inspection we found people were supported to maintain a balanced diet of their choosing. People had their preferred meals documented, which also helped inform the menu. A staff member commented: "We know people's likes and dislikes. There are always alternatives."
- We had received concerns that people were unable to exercise choice over when they had drinks and that there were set times for drinks. We discussed this with the registered managers who explained that jugs had been made available for people to freely have drinks when they wanted but one person kept throwing the drinks down the sink. They added that people liked their routine. Our observations could not substantiate that drinks were limited to set times.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with eating and drinking. As a result, specific guidance was in place for staff to follow.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection in July 2020 we found improvements had been made with staff now having up to date MCA and equality and diversity training and were ensuring they implemented them in their practice. For example, ensuring people were able to make decisions about how they spend their day in line with their specific needs and preferences. This continued to remain the case at this inspection.
- At this inspection we observed before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting and have their medicines administered by staff. This demonstrated that staff worked in accordance with the MCA.
- DoLS authorisations were in place to the relevant local authority where it had been identified that people were being deprived of their liberty. Any such conditions were being adhered to. The registered managers were aware that authorisations required regular review and the local authority contacted to request a review of the authorisation should a person's needs change.

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

People had a variety of spaces in which they could spend their time. People were able to personalise their bedrooms and communal areas of the home were very well decorated for Christmas. A couple of people were very keen to show us the various Christmas trees, which they were clearly pleased and happy about. A redecoration plan was in place. The registered managers informed us that redecoration of Hayes House would take place when everyone was away at Christmas.

# 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 inspection in September and October 2019 this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last comprehensive inspection in September and October 2019 there was a failure to ensure peoples' needs were met and they were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We asked relatives about whether staff were polite, caring and friendly and listened to family members. Comments included: "As far as I know, that seems to have improved, I can tell from (person's) reaction. They understand and are caring" and "Yes I believe they do, they appear to listen and try to get him to say yes, if he doesn't want to do something, they encourage him in his best interest."
- At the inspection in September and October 2019, relatives of people who lived at the service told us that they had not all felt listened to and did not feel comfortable approaching management. They felt they were not informed about their loved one's lives and how they were getting on. This inspection showed some improvements, but more were required. We received mixed comments from relatives which included: "I have been kept in touch. Lovely monthly newsletter, really super" and "Communication has always been a problem, I wish they would tell us if they have new staff, communication could be better."
- At the inspection in September and October 2019 there had been a lack of involvement with people which enabled them to discuss what support they wanted or what activities they wanted to do. Activities were not reviewed to ensure people were happy to attend despite having to continue to pay if they did not go. This inspection showed improvements had been made. We observed people engaging in a range of in-house activities during our inspection, for example arts and crafts and cooking. Prior to the second 'lock down' people had been accessing the community more.

Respecting and promoting people's privacy, dignity and independence

- At the inspection in September and October 2019 the ratio of male and female staff on shift had not been fully considered, especially as there was only one support worker asleep at night. There were no records of whether people were happy for male and female staff to support them. This inspection found improvements had been made and further work was on-going. There were now two support workers on sleep-in shifts, covered by both a male and female staff member, or two female staff. People's gender preferences were being addressed through assessments and care planning and further work was due to get underway. The registered managers stated about future plans: 'We will explore this (gender preference) and

update current assessments and care plans. '

- Staff treated people with dignity and respect when helping them with daily living tasks. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.
- Staff knew how to give people reassurance and comfort. We observed that people responded to gentle humour and banter. Their reactions showed they were at ease with their place in the home's community and with the staff supporting them. Staff interactions were good humoured and caring.
- People were increasingly being encouraged to be as independent as possible. We had received information to suggest that people were not able to be involved in cooking. However, our observations and documentation could not substantiate this information. Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this through the use of people's preferred communication methods. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life.
- Generally staff comments were positive and included: "Residents are well cared for and are put at the centre of all their needs and wishes" and "The most important thing for me when caring for people is that it is what THEY want and their needs, wants and wishes are at the centre at all the care I offer to that person without prejudice." However, staff felt unable to spend quality time with people due to staffing arrangements and people's complex needs. This was being addressed by the registered managers in collaboration with health and social care professionals and reviews of people's needs were due to take place.



# Is the service responsive?

## Our findings

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

At the last inspection in July 2020 this key question was inspected but not rated. At the previous inspection in September/October 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

At our inspection in September/October 2019 the provider had failed to ensure people received person-centred care and support and people did not feel comfortable raising concerns or complaints. These were breaches of regulations 9 (Person-centred care) and 16 (Receiving and acting on complaints). At our inspection in July 2020, improvements had been made and the provider was no longer in breach of these regulations.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection in July 2020 we found improvements had been made with care plans being updated, more easily accessible on the computer and much more person-centred. This continued to remain the case at this inspection. For example, plans were increasingly becoming more person centred with people's likes, dislikes and preferences being recorded for staff to support people appropriately.
- Staff commented: "It is very person-centred so if we are updating with their care plans, we will sit with them and read out what is currently in them and if they are able to comment or tell us if anything is missing or would like anything added they are enabled in that" and "I think people are involved in the planning of their care to the best of their capabilities and understand and I personally give them as much input as I can."
- Staff had received up to date training on person-centred planning. The training matrix confirmed this.
- Plans were increasingly becoming more person centred with people's likes, dislikes and preferences being recorded for staff to support people appropriately.
- Goal setting for people continued to be implemented to ensure they lived the lives they want to. For example, specific goals included maintaining good physical, mental and emotional health. One person was being supported through the grieving process with appropriate reassurance and information provided by the intensive therapy and assessment team (IATT) to go through to help them to understand that it was normal to grieve and feel differing emotions.
- All notes for each person living at Otterhayes continued to be documented in one place for staff to refer to in order to provide consistent care and support. A staff member commented: "The detail for what happens each day for people has improved by using the computerised system." The registered managers also explained that when staff commenced their shifts, they have to acknowledge that they have read the handover notes. Thus, also enabling the registered managers to monitor that staff are keeping up to date with current information about people's care and support needs.
- At the inspection in September and October 2019 we found no evidence of any regular updates or overview of what people were doing, despite relatives asking or suggesting activities. This inspection showed that improvements were being made and this was continuing.



Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our inspection in July 2020 we found peoples' preferences, hobbies and interests were considered more. This continued to remain the case at this inspection. The registered managers had recognised they needed to tap in to resources in the community and this remained work in progress. The service had been working with the local authority enabling team, which supports adults to promote independence, gain living skills to access the community, and support with training skills, voluntary and paid.
- Comments from the external enabling team included: "Management needed to be encouraged to support ideas and encourage clients to try new things even if it they felt it unlikely, they would like to continue. In this instance the client enjoyed the experience and wanted to return for more sessions. Unfortunately, lock down occurred and this is yet to be continued" and "In my professional opinion, I have always found the managers and staff at Otterhayes, to be very polite and friendly. My client has joined the music and drama virtual training and one of the manager's has told me they enjoyed the sessions."
- A monthly activities audit had been implemented to ensure people were engaged in activities and that daily records and care plans documented people's likes and dislikes.
- Due to the service having an outbreak of coronavirus and due to the current 'lockdown', activities had to return to being based at Otterhayes. The provider reported to us in December 2020: 'This month's activities again remained onsite as we continued to self-isolate to ensure everyone was Covid free to see family over Christmas. Majority of activities have been house-based ranging from arts/crafts, board games and a zoom bingo between all the houses. Everyone had a Christmas dinner day in their houses in the lead up to Christmas. Once everyone returned from Christmas visits, we have started to facilitate walks in the countryside.'
- People were encouraged to maintain relationships with their friends and family. During the various 'lockdowns' due to the Covid 19 pandemic, people were encouraged to speak with family using various technologies.
- Relatives commented regards to activities: "She's enjoying life, doing far more than in a long time. If she doesn't want to join in, she won't, she's given choice. It has improved immensely. She's doing much more since last inspection, all really good" and "He's out and about a lot, he enjoys walking, but has a limited attention span. He soon gets bored. He likes to be active. Another plus for them (staff team), he's been fantastic."

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves.
- People had individual planners and communication boards in place to aid routines and communication.

## Improving care quality in response to complaints or concerns

- At the inspection in July 2020 we found there were opportunities for people to raise issues, concerns and compliments. This continued to remain the case at this inspection.
- There was a complaints procedure which set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given

enough information if they felt they needed to raise a concern or complaint.

- A system was now in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.
- Relatives commented: "If I've had a concern it's been dealt with"; "I've made a suggestion, that was listened to, things are now easier it has been implemented" and "I made a complaint about (relative) being attacked by another residents, it was a safeguarding complaint, it was reviewed then signed off, they implemented what they could, the risk is still there, but the staff and managers monitor it on a daily and weekly basis, it is closed now."

#### End of life care and support

- People's end of life preferences and choices were explored where appropriate. These included their cultural and spiritual needs.

# 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 in July 2020 this key question was inspected but not rated. At the previous inspection in September/October 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our inspection in September/October 2019 the provider had failed to ensure good governance of the service to ensure people were not placed at risk of harm and we had not received statutory notifications since October 2018. We use this information to monitor the service and ensure they respond appropriately to keep people safe. These were breaches of regulations 17 (Good governance) and 18 (Notification of other incidents). At our inspection in July 2020, improvements had been made and the provider was no longer in breach of regulation 18.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspections in both September and October 2019 and July 2020 the provider had failed to ensure good governance of the service to ensure people were not placed at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service continued to be supported by an interim operations director and an independent consultant to oversee operational and strategic practices. This had continued to lead to the service making improvements as cited in this report.
- Relatives confirmed that improvements were evident to the management of the service, but recognised further improvements were needed in order for them to feel confident that people's care and support needs were being appropriately met. We received mixed comments from relatives; "The quality of life and care are positively influenced by them (registered managers), I have the highest regard for their intentions." Another relative thought the registered managers were 'good with them and their relative', but "Management skills are not what they might be."
- The principles of good quality assurance as a tool to drive improvement had been gradually implemented in stages and continued to do so. The provider's service improvement plan was continuing to address the deficits found at previous inspections and those identified through the local authority whole home safeguarding process.
- Various audits had been implemented to oversee the running of the service. For example, audits covered ensuring care plans and risk assessments were up to date and accurate, infection control practices,

incidents and accidents, staff personnel and training and activities.

- The service continued to provide us with a monthly report in line with the notice of decision to impose certain conditions with regards to the running of the service. These showed progress was being made as highlighted in this report.
- Improvements continued to be made to how key information was recorded with regards to people's care and support needs. At our inspection in July 2020, the registered managers had learnt that they needed to record everything and ensure they were robust in order to provide safe care and support. Further work had been undertaken looking at how information was recorded in order to embed systems at the service.
- The culture of the service continued to improve to ensure it was individually person-centred for people. Staff appeared to have good relationships with people and interactions were kind and responsive. The independent consultant's reflections on the development of Otterhayes included: 'I'd like to begin in terms of the culture of this service and to say that this is very much an improving picture based on observations and feedback I have received. There is no doubt that the service has previously lacked a person-centred culture leading to somewhat paternalistic delivery of support. I do not believe that this came from a place of unkindness but more of ignorance as regards best practice and empowering ways of working. The significant training undertaken over the summer has proven invaluable in this regard.'

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

- People using the service were now involved in the recruitment of new staff, taking part in interviewing, showing prospective employees around and giving their input to ensure the right employees could meet people's care and support needs.
- The service had introduced a communication champion. Their role was help people to find and use their voice using their preferred methods of communication. People also engaged in creating newsletters which were sent to relatives to demonstrate what was going on at Otterhayes, including activities which had taken place.
- The nominated individual had actively been in regular communication with people's relatives to keep them up to date on things happening and affecting the service. The service had not recently carried out surveys but were due to do this.
- People's equality, diversity and human rights were respected. The service had adopted an 'active support' approach, which is accredited with the British Institute of Learning Disabilities (BILD). Active support is a method of enabling people with learning disabilities to engage more in their daily lives. The registered manager's reflections stated: 'We are committed to providing person-centred, responsive support, following an 'active support' approach that helps people gain skills, confidence, and control of their lives.' For example, people being encouraged to set goals they wanted to achieve.

Continuous learning and improving care; Working in partnership with others; 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 service was now being supported by the Quality Assurance Improvement Team (QAIT) to ensure robust systems were in place to ensure people received the appropriate person-centred care and support. This meant the service continued to be monitored closely, with various professionals involved to ensure people were receiving safe care and support. There was evidence of continuous learning and improvement.
- The QAIT meeting held in November 2020 demonstrated the improvements which had been made to date, including improved engagement from both registered managers and them referring and following up safeguarding referrals.
- A further QAIT meeting took in January 2021. The overall feedback from all participants acknowledged the enormous strides made to the service to improve the care and support people received and the active dialogue from the registered managers with health and social care professionals to improve outcomes for

people.

- We continue to receive statutory notifications in relation to safeguarding events and serious injuries in a timely manner.