

The Disabilities Trust

Thomas Edward Mitton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This report contains information about two different services that are registered at the same location. They are Station Road and Thomas Edward Mitton House.

About the service

Station Road provides personal care and support to people with a learning disability or autism living in supported living accommodation. At the time of our inspection the service was supporting seven people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The manager had recently commenced at the location. Communication between the manager and staff was good, but communication with the inspector was not so. We had to repeatedly ask for information to corroborate our inspection findings.

Systems to monitor the quality of the service were in place but not wholly effective with the running of the service.

Most risks were assessed and updated regularly. Personal evacuation plans in people's support plans were not fully inclusive of people's needs. People were supported to have their medicines in the right way and at the right time.

People were supported to be safe and protected from discrimination. Safety was a high priority for managers and staff, systems and processes to identify risk or potential abuse were robust. People's freedom was respected, and they were supported to be as independent as they could be.

There were enough staff with the right skills to meet people's needs and support them to stay safe. People liked the staff and had confidence in them to develop as individuals within the community.

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 were meeting the underpinning principles of right support, right care, right culture.

Right support: The model of care and how that is based in people's own flat which maximises people's choice, control and independence over their lives.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture: The ethos, values, attitudes and behaviours of the provider is clearly stated in the vision and values documents and the Statement of Purpose. They explain to people the level of service they can expect and ensure care staff promote people using services to lead confident, inclusive and empowered lives.

People were supported in a person-centred way. The overall culture of the service was empowering and inclusive. Staff promoted people's human rights and protected people's privacy and dignity. People and where required people's relatives were consulted and included in decisions about their care and support and about the development of the service.

Staff knew how to communicate with people effectively and understood people's needs well. People led independent lives and were empowered take part in the running and development of the service.

There was a clear organisational structure and staff understood their responsibilities. People, staff and relatives told us the senior managers were supportive, approachable and accessible.

Rating at last inspection

This is the first rating inspection for this service.

Why we inspected

The inspection was prompted in part due to concerns received about the management of infection control at Thomas Edward Mitton House. A decision was made for us to inspect and examine those risks and complete the first rating inspection for Station Road as well.

Enforcement

We have identified a breach in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

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.

About the service

Thomas Edward Mitton House is a rehabilitation service for up to 16 people who have an acquired brain injury. At the time of inspection, the service was providing accommodation and personal care to 11 people at the service. The home is a purpose-built rehabilitation facility with 16 en-suite rooms all on the ground floor.

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

Risks were identified and mitigated through comprehensive risk assessments. The diverse staff team were experienced with a varying skill mix benefiting the individual rehabilitation needs of people. Medicines were stored and administered safely. Infection control procedures were in place and all staff were aware of these. When incidents occurred, the staff learned lessons through investigation procedures and made

amendments where necessary.

The staff team were trained and skilled in relation to the needs of the people living there. People were asked for their consent when being supported by staff. 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. People are involved in the development of the menu, meals were nutritious as well as varied.

People and their relatives were included to express their views and be involved in making decisions about their care. The registered manager and the staff team were caring, ensuring they put people at the centre of their care. Staff respected people's dignity and privacy.

Care was personalised with a focus on the individual needs and goals of the people living at Thomas Edward Mitton House. While no-one was receiving end of life care there were end of life care plans in place. The complaints and compliments procedure was displayed and discussed with people, all complaints had been responded to and actioned appropriately.

There were quality assurance systems and processes in place to ensure the service was meeting its designated purpose. The registered manager led from within the team, setting out the person-centred nature of the service. The staff worked effectively with healthcare professionals from the internal staff group and greater health community in meeting the needs of people living in the service.

Rating at last inspection

The last rating for this service was good (published 18 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management infection control at Thomas Edward Mitton House. A decision was made for us to inspect and examine those risks.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Thomas Edward Mitton House

Detailed findings

Background to this inspection

The inspection – Station Road

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.

Service and service type

This service provides care and support to people living in a 'supported living' setting, enabling people to 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 a manager who was in the process of registering with the Care Quality Commission. This means that the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 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 the manager and care staff to speak with us.

What we did before the inspection

We reviewed information we had received about the service since being registered. We sought feedback from the local authority and professionals who work with the service. This information helps support our

inspections. We used all this information to plan our inspection. We spoke with eight people's relatives on 5 August 2021 and used the information we received when visiting the supported living accommodation. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were unable to speak directly with the people who used the service. We did, however, observe people's interactions with staff on duty. We also spoke with five staff, this included the service manager area manager, quality assurance manager, deputy manager and one member of staff. We made calls to one further relative and one staff in the days following the office inspection.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to their recruitment and a variety of records relating to the management of the service, including care policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for further records to be forwarded to us which included training and quality assurance records.

The inspection – Thomas Edward Mitton House

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Thomas Edward Mitton House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered 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 took place on 25 August and 1 September 2021 the first day was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who commission the service on behalf of people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spent time with people who used the service and communicated with three people using 'talking mats'. We are improving how we hear people's experience and views of services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking with staff or relatives and the person themselves. In this report we used the tool with three people to tell us their experience.

We spoke with the registered manager, quality assurance business partner, assistant manager, two rehabilitation support workers, a chef, two domestic staff and handyperson.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for further records to be forwarded to us which included training and quality assurance records. We made telephone calls to relatives and staff in the days following the office inspection.

Is the service safe?

Our findings

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

This is the first rating inspection for this service. At this inspection this key question has been rated 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.

Please read both reports below for details of how we made our judgement and awarded the rating.

Station Road

Assessing risk, safety monitoring and management

- Staff were unclear about the process around safe evacuation procedures they needed to follow in the event of a fire. There had been no attempt to simulate an evacuation of the building when the staffing numbers were at their lowest, for example at night. Some staff told us there was a 'stay put' policy and others that they would fully evacuate the building. This meant there was a risk to people's safety, the manager stated all training would be undertaken and documents brought up to date.
- Staff had conflicting information about what they had been trained to do in the event of a fire and the information in the personal evacuation plans (PEEPS). We sent the information to the Bedfordshire Fire and Rescue for them to follow up.
- People's personal care risk assessments were person centred, detailed and easily accessible to staff.

Using medicines safely

- Though all medicines had been given to the right person at the right times, the storage of medicines was secure. The security around the current storage facilities needs to be improved to ensure they remain safe at all times.
- Where people were prescribed 'as required' medicines for agitation, there were clear policies in place about attempting any alternative care strategies before administering medicines as a last resort, to calm the person.
- Medicines administration records (MARs) were recorded accurately with no missing signatures or doses.
- Staff were trained to give people's medicines safely. Staff told us that they had received training and were periodically overseen when undertaking the medicines process. This was one way the management team ensured staff competence around medicines and records supported this.

Staffing and recruitment

- Disclosure and Barring Service (DBS) records demonstrated that all staff had a current DBS check. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- People's relatives told us there were enough staff deployed to meet people's needs. When we looked at the rotas around the time of the inspection there was a heavy reliance on agency staff. Staff told us when last minute shortages occurred, the gaps were quickly filled with staff who knew the people being supported. Some of these agency staff were regularly deployed to the location and knew people well.

- Effective recruitment procedures were in place to check the applicant's past performance and they had a concurrent previous employment history. We viewed three staff files and confirmed a full recruitment process had been completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- When we asked people's relatives if they thought their relation was safe, one relative said, "Yes, I think with the people there he's just well looked after and they keep an eye on him and I can tell [named is] happy." Another said, "When I talk with the staff on the phone, I often hear [named] in the background making 'happy noises' so I know that they see it as their home and is very happy there."
- Staff understood safeguarding and how to recognise signs of abuse. Staff informed us they knew how to escalate their concerns if required to and were confident the management would take action to keep people safe.
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff told us they had received regular training in safeguarding issues.

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 accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- There was opportunity to learn lessons when things go wrong. The manager regularly held team meetings and individual supervision for reflective practice.
- Lessons are learnt when behaviour that challenges occurs, and where restrictive practices were used. Incidents and near misses were scrutinised regularly and management analysis looked for patterns and any contributing triggers. This information was then used to improve people's care.

Thomas Edward Mitton House

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 reduced 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.

Assessing risk, safety monitoring and management

- The registered manager supported the staff team to identify risks to people using the service. Detailed risk assessments were in place, providing staff with information how to manage those risks, such as from

smoking, choking and any person's behaviour that could be challenging for staff or others using the service. Processes had been put in place for staff to read and sign to confirm they understood the risk assessments. However, we found management staff had not always followed processes that had been introduced following a serious incident where a person using the service accidentally set themselves alight. There was a small number of agency staff who for consistency purposes, were used to cover shifts that permanent staff were unable to do. Although the agency staff on duty on the day of the inspection had not signed the risk assessments, they were aware of the processes that were involved to ensure people's safety.

- Staff supported people to mobilise safely around the home and to eat safely in line with the guidance identified in their risk assessments.

Learning lessons when things go wrong

- Some lessons were learnt when things went wrong. For example, following a smoking incident, risk assessments had been expanded and detailed the specific action staff should take to ensure people who smoked were kept safe.
- The registered manager showed us the provider's monitoring process for accidents and incidents. The registered manager was then able to use this information to detect any potential trends and make changes to reduce the likelihood of future safety incidents.

Staffing and recruitment

- The service had safe recruitment processes in place which included obtaining references and a Disclosure and Baring Service (DBS) check prior to any staff commencing employment. A DBS check enables a potential employer to assess if a staff member was suitable for employment. One staff member told us, "I had a DBS and references all returned before I started."
- The registered manager ensured there were sufficient numbers of staff to reflect and meet the cultural needs of people.

Systems and processes to safeguard people from the risk of abuse

- Observations we made during the inspection indicated people were at ease with staff. Relatives we spoke with stated that though visiting had been reduced due to the pandemic, their relation had not raised any concerns with them.
- Staff we spoke with confirmed they had completed training in safeguarding people. They were aware of signs of potential abuse and knew how to report to management if they came across or suspected that people were at risk.
- The provider had policies and procedures in place to keep people safe. We saw the service had responded appropriately, when required, by reporting concerns to external authorities.

Using medicines safely

- People's medicines were stored and administered safely by trained staff.
- Staff training was regularly updated and staff competencies were regularly checked by one of the management team.

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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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.

This is the first rating inspection for this service. At this inspection this key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Please read both reports below for details of how we made our judgement and awarded the rating.

Station Road

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

- People and their relatives were involved in agreeing people's care needs and then in the ongoing development of the personal support plan. The manager used this information to ensure staff had the skills and understood how people chose to be supported.
- Care assessments were comprehensive and reflective of the Equality Act, considering people's individual needs, which included their age and disability. Information about the person's learning disability were clearly documented and included information as to how this impacted on a person's day to day life and the support required.

Staff support: induction, training, skills and experience

- Newly employed staff completed induction and essential training for their role and worked alongside experienced care staff to gain practical experience. Care staff who had not previously worked in care were required to complete the care certificate. This provided staff with a nationally recognised knowledge and skills set for people's care.
- Training information showed staff had completed training in topics related to people's health and person-centred care needs. Staff competencies were regularly assessed to ensure they supported people in line with the provider's training.
- Staff told us they were well supported, had regular management supervision and could attend and fully take part in discussions at meetings.

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

- People were encouraged to be fully involved in decisions about their dietary requirements. Staff supported people to budget and shop for what they liked to eat and drink. One relative said, "I know [named] gets meals they enjoy."
- Where people required dietary support, their related support plan described the level of support required.
- Staff told us, and records confirmed they were trained in food hygiene.

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

- People were supported to lead healthier lives and accessed relevant external health care services when needed. Staff were vigilant and would act quickly if they had any concerns about people's health.

- The service worked closely with the in-house health professionals such as physiotherapists and psychologists. Support plans provided clear guidance for staff and included personalised instructions provided by health care staff.
- A family member confirmed their relative regularly attended health checks and they received updates from 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 decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service worked within the principles of the MCA.
- People's ability to make informed decisions had been assessed or was in the process of being assessed. Where people had restrictions placed on them there was a copy of relevant Court of Protection documents and any restrictions were clearly documented in their support plans.
- Staff were trained in this area. They gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care.

Thomas Edward Mitton House

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 this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- We saw that pre-assessment documents continued to be completed prior to people being admitted to the service. Assessments were detailed, identifying risks and the care required by the person to meet their needs and goals.
- People's needs were identified in their care plans. A relative told us, "I was involved in [named] assessment of their needs." The relative went onto explain that staff continued to contact them about any changes in their care needs.
- People's documented needs and choices reflected the Equality Act, for example people were supported to engage in all aspects of their faith and culture.

Staff support: induction, training, skills and experience

- Staff received a training induction when they commenced with the service which included a period of shadowing an experienced staff member. Training was individually targeted at care certificate level or above. Other specialist courses such as acquired brain injury were arranged for non-clinical staff to provide an insight into the reason for people's stay in the home.

- A member of staff told us, "I had detailed induction training and shadowing, as well as familiarising with the care plans."

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

- One person's relative told us they were unsure of the choices their relation had around food. We found that people had a varied choice at all mealtimes and the menus were changed regularly with input from the people living in the home. The registered manager had employed a new chef and menu changes in line with seasonal choices would be introduced shortly.
- People had individual diets they required to remain healthy. Some people had food prepared in a special way where their swallowing was restricted because of their health condition.
- Where people had identified risks around food, they were supported with a risk assessment while people were encouraged to regain their independence skills.
- Some people had monitoring records completed of their dietary intake to guard against malnutrition.

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

- We saw evidence in people's records of collaborative work with health professionals including clinical psychologists, occupational therapists and speech and language therapists, to inform the care plan and support recovery.
- People had access to relevant healthcare professionals which was supported by staff when needed.
- Where people had more complex healthcare needs, for example diabetes, they had regular access to external professionals related to these needs.

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

- Though Thomas Edward Mitton house was purpose built for people's rehabilitation with an acquired brain injury, changes were planned to ensure adequate levels of equipment were readily available for staff.
- The assistant manager shared some planned adaptations to the building which will provide more storage for vital equipment to aid people's recovery.

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).

- The registered manager had applied for DoLS authorisations where restrictions were required to keep people safe.
- Staff we spoke with had a good understanding of the MCA, we observed staff ask for permission before providing support to people.
- One staff member told us, "We provide people with the information to help them make an informed decision."

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.

This is the first rating inspection for this service. At this inspection this key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Please read both reports below for details of how we made our judgement and awarded the rating.

Station Road

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

- Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted and respected things that were important to them. This indicated staff had developed a caring and positive relationships with people they looked after.
- Relatives told us about their loved ones needs and wishes in relation to their values and culture. Support plans contained individual information about people's beliefs, their friendships and close relationships.

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

- People's relatives were involved in the planning of their relations care. People were supported to make decisions about their care and staff told us how they read people's body language to indicate people's agreement to care offered.
- People's relatives told us they were provided with information about advocacy services. This meant that people could have access to someone independent who could speak up on their behalf if they felt unable to or had no close relative to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they protected people's privacy and dignity, for example, by closing the curtains and doors and knocking on doors before entering.
- People's independence was promoted, and support plans reflected people's abilities and detailed the level of all interventions or support when required.
- People's personal information was kept secure. Staff understood the importance of maintaining paper and electronic records securely. Electronic records were password protected.

Thomas Edward Mitton House

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 this key question was rated as Good. At this inspection this key question has remained

the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Though staff respected most people's privacy and knew how people wished to be supported. One person said to us they were unhappy with the gender of some supporting staff. We spoke with the assistant manager who said they would follow this up and ensure the person's choices were clarified in their care plan and information updated with all staff.
- We observed care was provided in a dignified manner, with staff knocking and addressing themselves before entering rooms which promoted people's privacy and dignity.
- During meal times staff offered people a cover to protect their clothing from food and drink spillages and so promote their dignity.

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

- We observed people were treated with respect and kindness. People's relatives agreed though most had visiting restricted due to the recent pandemic.
- People's records had information about their individual preferences, personal history and background. This information was used by staff to provide topics of conversations and was effective in reassuring people when they became anxious or distressed. Guidance in care plans enabled staff to support people and deflect them from presenting with behaviour that challenged. For example, we saw staff support a person whose behaviour became challenging to others. The member of staff spoke with them and quietly explained the reasons for their extended stay and the person then calmed.

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

- We saw the staff held regular meetings with people and staff and had regular discussions with people to ensure they had a voice.
- Care plans and reviews reflected that people were supported to make their own choices and be as independent as possible.
- Where people required assistance to make important decisions, staff knew how to obtain assistance from legal and advocacy services to support people. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Where people were visited by an advocate, their views were taken into consideration.

Is the service responsive?

Our findings

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

This is the first rating inspection for this service. At this inspection this key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Please read both reports below for details of how we made our judgement and awarded the rating.

Station Road

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

- People and relatives were included in the planning and development of the persons' support plan. This gave them opportunity to understand what to expect from and to agree their care. Records demonstrated the inclusion of health and social care professionals.
- Support plans were extensive and very well detailed. Staff compiled care plans which included information from professionals' assessments which ensured individual care was offered to people. The majority of documents were supported by pictorial symbols (easy read). For example, the emergency grab sheet and hospital passport were thorough and in depth and included information about the person's family contact.
- The manager and support staff had a good understanding of people's care, social and cultural needs. Support plans were updated, and any care changes were communicated to staff through handover information at the beginning of each shift. One relative told us staff knew their relation very well. They said, "If they [staff] see [named] getting stressed they know what to do straight away and calm [named] down really quickly."

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'.

- People's communication needs were considered as part of their assessment and their support plan described the level of support required.

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

- Some people were able and supported to maintain contact with family and friends, though this had become more difficult during the recent pandemic. Some people were unable to communicate directly with their relatives during this time, due to the person being unable to comprehend electronic 'tablet' communication. However, two relatives told us they contacted the staff for regular updates and could hear their relation making 'happy noises' in the background. These variable levels of communication met the principles of Right support, Right care, Right culture.

- A relative said, "It's amazing there, we dropped him on the admission day and within an hour we went for a walk which hadn't happened before, the last place [named] said they weren't able to go for a walk."
- Positive behaviour support (PBS) figured prominently in support plans, which promoted people's positive behaviour which in turn had a beneficial effect of lessening behaviour that challenges staff.
- People's support plans were outcome focused, reflecting their goals and aspirations. People were encouraged and supported to take part in a range of community-based leisure activities, which had been temporarily restricted due to the pandemic.

Improving care quality in response to complaints or concerns

- People were provided with written information about the service and how to complain, in a format that was accessible to them.
- All the relatives we spoke with knew how to make a complaint and were confident these would be listened to. One relative said, "I would be happy to complain if that what was needed, but so far there has been no need." A second relative said, "Yes, [I know how to make a complaint], we're always kept well informed by them so don't need to."

End of life care and support

- At the time of the inspection, no one was being supported with end of life care and palliative care needs.
- The manager had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care, though no plans had been put in place due to the delicate nature of both the person and their relatives opinions about their end of life.
- The manager told us they would respond to and record any guidance or advance wishes from family members.

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has reduced to Good. This meant people's needs were met through good organisation and delivery.

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

- Staff took time to get to know and understand people, to highlight their needs and rehabilitation goals. We saw this was reflected in people's individual care plans.
- People's care plans were directly linked with risk assessments, and these had been completed by a range of staff that were employed in the home. This meant where there were changes required to a person's specific need there were specialist in house staff to dictate the changes and enable staff to provide a consistent level of support.

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'.

- The registered manager and the staff were aware of the AIS.
- Care plans detailed the preferred methods of communication for individuals and how staff could ensure effective communication. For example, we saw information being communicated with the support of picture

symbols to aid peoples understanding.

- Person-centred communication methods were used and where people's first language was not English, they were spoken with in their first or alternative language so they could fully comprehend changes to their living arrangements and care plan.

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

- We saw people had personalised activity plans based on their individual rehabilitation needs.
- People's communication with relatives had been reduced throughout the pandemic. Though staff had arranged alternatives of electronic tablet communication and window visits.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place with a copy displayed for people to access. People we spoke with confirmed they knew how to use this if they needed.
- Most relatives we spoke with were very positive about the service and the treatment of their relation. However, one relative who had complained recently was awaiting the outcome of their concerns.
- Where complaints had been raised prior to our inspection we found they had been investigated and responded to appropriately.

End of life care and support

- The registered manager told us the staff had begun looking at people's end of life wishes and entering agreed plans into some people's records. Some staff had completed end of life training.
- We saw where one person's end of life plan had been developed and professional advice had been added from the GP and district nurse, so the plan could be put into action when required.

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.

This is the first rating inspection for this service. At this inspection this key question has been rated as 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.

Please read both reports below for details of how we made our judgement and awarded the rating.

Station Road

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

- Governance was in place but was not well managed. We asked several times for additional information to be sent to us following the inspection. Although some documents were sent, the information was unreliable and at times confusing. For example, we asked for staff telephone numbers prior to the inspection we were sent 11 staff details. However, the numbers supplied did not relate to the named staff. Similarly, when we received the information following the inspection there were 19 staff on the training records. That meant we could only corroborate part of the information gathered at inspection.
- The governance and checks around staffs' DBS clearances was similarly confusing where the initial information indicated three people's DBS check was out of date and a fourth member of staff had not applied for one. Though the correct information was sent and all records indicated staff DBS checks were up to date. The manager told us they had relied on information from an in-house laptop and not company generated information.
- Information provided in people's emergency evacuation plans (PEEPS) had not been fully tested by staff to simulate an emergency evacuation. The PEEPS indicated that a full evacuation of the building was possible, however, this had not been attempted reflecting anything other than full staffing, and no alternatives strategies provided to staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a range of other audits carried out by staff and external healthcare staff that ensure parts of the premises were safe.
- There had been no registered manager in place since November 2020. Providers are required to ensure a manager registered with the Care Quality Commission (CQC) is in place in locations where the regulated activity of personal care is carried out. A manager had been recruited and they had commenced the registration process prior to the inspection. In the absence of a registered manager the provider was legally responsible for ensuring the service met all regulatory requirements.

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

- Though most people were non-verbal and had limited understanding of their support needs, their relatives and supporters were included and consulted about aspects of people's support needs.
- People's relatives were positive about the staff who attended the support calls. One relative said, 'Some of the staff have been there (at Station Road) a long time and know [named] really well. Some [staff] moved (with the person?) from their previous home; they do a great job and support [person] well.'

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

- Managers and staff understood their duty of candour responsibilities and took swift action when things went wrong. We saw examples of the support and feedback provided to people and their relatives following incidents or when things went wrong.
- All accidents and incidents were logged and shared with appropriate professionals and action was taken to reduce further risks.

Continuous learning and improving care

- Systems were in place to review good practice guidance, and implement changes where required. We saw where historically managers' had communicated with us regularly about occurrences in the location.
- The analysis of incidents and events in the service were used to identify potential themes and trends, so action could be taken to further develop the service and reduce the likelihood of re-occurrence.

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

- Staff meetings were held regularly and provided an opportunity for staff to share information about the people they supported and discuss any changes or improvements to people's care and support. Staff meetings were also used by the manager to update staff on key issues and changes in the service, and to encourage staff to share ideas for improvements.
- People and their close relatives' views were sought about the service. One relative told us this was mostly at review meetings. They had in the past received questionnaire surveys, which were provided in an easy read and letter format. Easy read surveys were used to aid people's understanding of the content. Feedback or comments were considered and built into any planned changes and development of the service.
- Staff told us they received supervision though this had been irregular due to the manager post being vacant. They confirmed when this did take place, it gave them the opportunity to discuss in confidence their work performance, further training or support needs.

Working in partnership with others

- The manager and staff worked with key statutory organisations, which included the local authority, education department, safeguarding teams, and clinical commissioning groups. This was to facilitate the effective support and care of people using the service.
- The location worked with a number of professionals when people were moving into their accommodation, this helped to ensure changes were planned to reduce any disruption to a minimum.

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

At the last inspection this key question was rated as Good. At this inspection this key question has reduced 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.

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

- Quality monitoring checks in place to assess, monitor and improve the overall quality of the service had not always been effective in identifying areas that required improvements. For example, the infection control audit had not identified areas of building that required repair and renewal to ensure effective adequate disinfection. We have signposted the provider to make changes and improvements to the building to enable adequate disinfection.
- Systems in place to ensure staff followed safety processes resulting from an incident or accident were not effective to ensure staff followed the correct processes and kept people safe.
- Staff within the service understood their roles and the registered manager believed in internal promotions. Staff were supported to progress within the service through agreed learning and development.
- The service had an in-house group of multi-disciplinary staff, which meant that people's rehabilitation was targeted and monitored directly by staff could make effectively informed changes to care plans and promote a seamless service.

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

- Systems and practices supported an open culture. Staff were encouraged to attend meetings and were provided with a planned programme of individual supervisions, which provided regular opportunities for the sharing of views, development and quality monitoring.
- Staff spoke positively of the management team and told us they were confident to approach them, to share any concerns or ideas.

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 management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. There had been no incidents had met the criteria under the duty of candour where the registered manager had to respond to people or their family. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- People's views were sought through meetings and individual discussions held with them. Where people were unable to communicate directly, family members and representatives were included in key discussions. Minutes of managerial meetings reflected the discussions held with both those using the service and staff.
- Systems and policies were in place to enable staff to raise concerns. Staff informed us they were confident to whistle-blow and would raise concerns either internally or with external agencies.

Continuous learning and improving care

- The registered manager and staff were enthusiastic and committed to continually improving the service to ensure a high level of care delivery for people using the service.
- The registered manager ensured a range of quality assurance tools were in place, to continually assess the care provided was person-centred to individual's needs.

Working in partnership with others

- The provider worked with key stakeholders, which included the local authority and relevant health partners.
- The registered manager and wider staff team worked together and in partnership with other professionals such as consultant psychiatrists and other hospital based staff involved in people's care. They ensured this information was recorded in people's care plans for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records requested to corroborate the inspection findings and provide contact details for staff were inconsistent and inaccurate.