

# Aitch Care Homes (London) Limited

## Coneyhurst Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 26 March 2018. The inspection was announced. Coneyhurst Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coneyhurst Lodge is registered to provide accommodation and personal care for 10 people who have a learning disability. There were six people living in the service at the time of our inspection visit. All of the people had complex needs for care and most of them used sign-assisted language to express themselves.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 1 February 2017 the service was rated, 'Requires Improvement'. Although there were no breaches of the regulations, we found that improvements needed to be made to ensure that the service consistently provided people with safe care and treatment. In particular, the arrangements used to protect people's health and safety when they became distressed needed to be more robust. Changes also needed to be made to ensure that sufficient care staff were always deployed in the service. We also found that improvements were needed to the systems and processes used to manage the service. This was because the shortfalls we have already described had not been quickly resolved. Furthermore, there had been instances when care staff had not promptly liaised with people's relatives about developments in their family member's care and some care staff told us that there was low morale in the staff team.

At the present inspection we found that all of these problems had been addressed.

The service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. This helped to ensure that people with learning disabilities and autism using the service could live as ordinary a life as any citizen.

Our other findings were as follows: People were safeguarded from situations in which they may experience abuse including financial mistreatment. Medicines were managed safely. People had been helped to avoid preventable accidents while their freedom was respected. There were enough staff on duty and background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. Suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. Also, they had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Furthermore, confidential information was kept private.

People received personalised care that was responsive to their needs. This included them having access to information that was presented to them in an accessible way. Also, people had been offered opportunities to pursue their hobbies and interests. Furthermore, the registered manager recognised the importance of promoting equality and diversity. This included appropriately supporting people if they chose gay, lesbian, bisexual and transgender life-course identities. There were arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were also actively working in partnership with other agencies to support the development of joined-up care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People had been kept safe from the risk of abuse including financial mistreatment.

People received safe care and treatment.

Medicines were managed safely.

Sufficient numbers of suitable care staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new care staff were appointed.

People were supported to avoid preventable accidents while their independence was promoted.

There were suitable arrangements to prevent and control infection.

Lessons had been learned when things had gone wrong.

### Is the service effective?

Good ●

The service was effective.

Care and treatment was delivered in line with current best practice guidance.

People enjoyed their meals and they were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services and they had received on-going healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and maintained to

meet people's needs and expectations.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs and information was presented to them in an accessible manner.

Suitable provision was in place to offer people opportunities to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager who promoted an open culture in the service.

Suitable steps had been taken to enable the service to meet regulatory requirements.

Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns.

People who lived in the service, their relatives and members of staff had been consulted about the development of the service.

Suitable arrangements had been made to enable the service to learn, innovate and ensure its sustainability. This included the completion of quality checks.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

# Coneyhurst Lodge

## Detailed findings

### Background to this inspection

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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 26 March 2018 and the inspection was announced. We gave the registered persons two days' notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home. The inspection team consisted of a single inspector and expert by experience. An expert by experience is someone who has personal experience of using this type of service.

During the inspection we spent time with all of the people who lived in the service. We also spoke with four care staff, the deputy manager, registered manager and locality manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with three relatives.

# Is the service safe?

## Our findings

A person told us that they felt safe living in the service, saying "Brilliant place" when we asked them about their home. Another person who had special communication needs smiled and went to stand by the side of a member of care staff when we asked them this question. Also, relatives were confident that their family members were safe living in the service. One of them said, 'My family member is settled and sees Coneyhurst Lodge as very much being their home. I don't have any concerns about their wellbeing.'

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. The registered persons had established suitable systems to assist the people to manage their personal spending money. This included care staff keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled to reduce the risk of scalds. Another example of this was windows being fitted with latches so that they could be used safely when opened.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not decide when they wanted to eat their lunch. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently arranging for the person to be given finger food on a plate that they were pleased to keep beside them when sitting in the lounge.

There was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was people being assisted on an individual basis to complete tasks in the kitchen so that they only used appliances in a safe way.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training and they correctly followed written guidance to make sure that people were given the right medicines at the right times.

The registered manager told us that they had carefully established how many care staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care

each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager. During our inspection visit there were enough care staff on duty because people promptly received all of the care and individual support they needed.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. For each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere. Soft furnishings, beds and bed linen had been kept in a hygienic condition and care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and we were told that disposable gloves were available for use if people needed to be assisted with close personal care.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

## Is the service effective?

### Our findings

A person told us that they were confident that care staff knew what they were doing and had their best interests at heart. They said, "Get on with them good", when we pointed towards a passing member of care staff. Two other people who had special communication needs gave a 'thumbs-up' sign when we asked them about this matter. Relatives were also positive with one of them saying, "There have been changes of staff which can be unsettling for my family member but the new manager is excellent and overall the service is much better run than it was before they arrived."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New care staff had received introductory training before they provided people with care. This included completing the Care Certificate. This is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. Also, care staff had received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for the people who lived in the service. This included knowing how to assist them to promote their continence and how to correctly support people who needed extra assistance to safely manage healthcare conditions.

People had been consulted about the meals they wanted to have on the menu and records showed that they were provided with a reasonable variety of dishes. Also, people were being supported to eat and drink enough to maintain a balanced diet. Some people were being supported to manage their weight by not eating too much high-calorie food and by avoiding sugary drinks.

Suitable arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. These included there being arrangements for care staff preparing a 'hospital passport' for each person that contained key information likely to be useful if a person needed to be admitted to hospital.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law

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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service and explained information to them. There were also suitable arrangements in place to respond appropriately when a person lacked mental capacity. This had helped to ensure that any decisions made were in the person's best interests.

Furthermore, the registered persons had correctly made the necessary applications for DoLS authorisations for five of the people who lived in the service. This was because they lacked mental capacity and their freedom was being restricted in order to keep them safe. Care staff were complying with any conditions stated in the authorisations to ensure that the people concerned only received lawful care.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was enough communal space and the accommodation was decorated, furnished and heated to provide people with a comfortable setting within which to make their home.

# Is the service caring?

## Our findings

A person told us that they were positive about the care they received. They said, "I'm good and okay." Another person who had special communication needs held hands with a nearby member of care staff, laughed and danced with them. Relatives were also confident about their family members receiving a caring service. One of them remarked, "The staff are very caring and helpful. Make no mistake my family member can be hard work but I've always found the care staff to be genuinely caring in their manner."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge and chatting with them about what activities they planned to undertake for the rest of the week. The member of staff supported this conversation by helping the person to look at pictures and objects that referred to some of the activities in question.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. Each person had been supported to personalise their bedroom with wallpaper, pictures and ornaments they had chosen. Also, people had been consulted about the way in which communal areas had been decorated.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. The service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had also assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

A person told us that care staff provided them with all of the assistance they needed. They said, "Things done for me fine." Two other people used sign assisted language to speak with us about this subject. One of them did this by sitting beside a member of care staff so that they could pick out colours from a book that reflected their choice of the clothes they wanted to be assisted to wear the next day. Relatives were also positive in their comments with one of them remarking, "I'm very confident now that the new manager is in post that my family member is leading a varied and interesting life. They get all of the help they need to be themselves."

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Some parts of the care plans presented information using pictures, graphics and colours so that they were more accessible to the people concerned. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with promoting their continence, managing healthcare conditions, washing and dressing and undertaking household tasks such as doing their personal laundry.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During our inspection visit two people received individual assistance to access the local community where they went shopping and had a meal in a restaurant. We heard care staff making arrangements for two more people to be supported to go the next day. Records showed that people had been helped to regularly travel further afield to visit places of interest and to go away on holiday.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Also, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. The registered manager and care staff recognised the importance of appropriately supporting people if they chose gay, lesbian, bisexual and transgender life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. The registered persons had also established robust arrangements to ensure that any complaints would be quickly resolved so that lessons could be learned and improvements made.

Suitable provision had been made so that people could be supported at the end of their life to have a

comfortable, dignified and pain-free death. Records showed that the registered manager had consulted with people and liaised with their relatives to establish how best to support each person when they approached the end of their life. This included clarifying their wishes about the medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

## Is the service well-led?

### Our findings

A person told us that they considered the service to be well run when they said, "Things are all right." Relatives were also complimentary about the management of the service. One of them told us, "I have no concerns now that there is a new manager who has turned the service around. Things get done much better now, the care staff are happier and I hear a lot more from them. Things are better managed and that gives me more confidence."

The registered manager had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe. The registered persons had displayed both in the service and on their website the quality ratings we gave at our last inspection. This is important so that members of public know how well the service is meeting people's needs for care

There were systems and processes to help care staff to be clear about their responsibilities. This included there being a nominated member of care staff who was in charge of each shift. Arrangements had been made for a senior member of staff to be on call during out of office hours to give advice and assistance to care staff should it be needed. In addition, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Care staff had been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included regularly completing quality checks to make sure that the service was running smoothly. These checks were designed to ensure that care was consistently provided in the right way, medicines were dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

People who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that they had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved. In addition, relatives had been invited to complete a questionnaire to give their views about how well the service was doing.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for a new

person to quickly be offered the opportunity to receive care in the service.