

Aitch Care Homes (London) Limited

Fleetwood House

Inspection report

9 Maltravers Drive
Littlehampton
West Sussex
BN17 5EY

Tel: 01903733750

Website: www.achievetogether.co.uk

Date of inspection visit:

26 February 2020

27 February 2020

Date of publication:

30 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fleetwood House is a residential care home. The home was bigger than most domestic style properties. It was registered for the support of up to 11 people. 11 people were living in the home at the time of our inspection. This is larger than current best practice guidance for people with learning disabilities and/or autism. However, the size of the service having a negative impact on people was mitigated because the home was in keeping with the residential area it was located in. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People were supported by committed staff who liked and valued them. The staff were kind and respectful. Staff understood how people communicated. Some of the staff team knew people well and people had built strong and warm relationships with these staff. Newer staff were working to build trusting relationships. People were relaxed in the company of 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; the policies and systems in the service supported this practice. Where this posed challenges to the staff they worked with people and other professionals to seek solutions. Staff respected people's choices and preferences.

The service worked to mitigate the impact on people of group living. Staff worked to apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

A number of staffing vacancies had had an impact on people undertaking activities they enjoyed. This was being addressed as new staff developed the knowledge and skills needed to support people safely outside the home. Supporting people to fill their time with things they found enjoyable and/or meaningful was a priority for the staff team.

The staff understood their responsibilities and how to protect people from abuse. Staff understood the risks people faced and the support they needed to reduce these risks.

People had access to healthcare when they needed it. Complex and ongoing health care needs were

supported. People were supported to eat and drink safely and their preferences were reflected in the food they shopped for and cooked.

The staff team were well led by a senior team committed to promoting person centred care. There were systems in place, and in development, to monitor standards and plan continual improvements.

Staff felt supported by the management team. All staff shared an ethos of personalised care and support to enable people to live the life they chose to live. Staff were happy in their jobs and wanted to provide the best care they could.

Rating at last inspection

The last rating for this service was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Fleetwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fleetwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager 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 a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we met five people living in Fleetwood House. We also spoke with three members of staff, the registered manager and a representative from the provider organisation. We were able to observe how staff and the people interacted with each other during our visits. We also spoke with a visiting social care professional.

We looked at a selection of records which included;

A sample of three people's care records.

Quality assurance documents

Medication Administration Records (MARs.)

Compliments and complaints

Incident and Accidents

Following our visit we spoke with relatives of two of the people who lived in the home. We also received feedback from a social care professional who had worked in partnership with service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed in the company of the staff supporting them and initiated contact or conversation. Relatives were confident that their loved ones were safe at Fleetwood House.
- People were protected from the risk of abuse. Staff had received safeguarding adults training. They understood their responsibility to report concerns both within their organisation and with other agencies. They were confident that action would be taken if they did raise safeguarding concerns or needed to address poor practice.
- The registered manager had worked transparently with the local authority and made appropriate notifications to the CQC.

Assessing risk, safety monitoring and management

- Staff understood the risks people faced and how to reduce these risks. They described the support they provided to reduce risks whilst promoting people's independence. Risks were managed in person centred ways that reflected how people liked to live their life. The risks associated with the way people acted when they were anxious or frustrated and angry had been reduced by working alongside people in this way.
- Staff received appropriate training and understood how to support people if they became distressed.
- Emergency plans were in place to ensure appropriate support in an emergency.

Staffing and recruitment

- There were enough staff to support people. However, the registered manager explained that staffing had been difficult in the months preceding our visit. They understood why this situation had arisen and new staff whose values aligned with the service had recently been appointed to fill vacancies. These staff were still being inducted and people were getting to know them. The registered manager and relatives told us this meant there was an ongoing impact on people who needed staff to know them well before they could feel secure with them when out and about in their local community. This situation was not expected to last, and the registered manager was discussing this openly with relatives and professionals to limit the impact on people.
- Recruitment processes had not changed since our last inspection.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to carry out this role safely. Medicines were given in ways that suited each person.
- Staff had worked with health professionals to review people's medicines. This meant people were taking the right medicines at the right time. This included medicines that helped people manage their emotions

and their medical conditions.

- Medicines were stored securely and audited regularly with action taken to follow up any areas for improvement.

Preventing and controlling infection

- The home was kept clean by people and staff.
- Staff understood the importance of infection control and supported people efficiently and respectfully. This meant people's dignity was maintained within a healthy environment.

Learning lessons when things go wrong

- Staff recorded accidents, incidents or other situations of concern to them and the actions they had taken. The registered manager and representatives of the provider reviewed these records to ensure lessons could be learned.

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 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.

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

- Staff observed and acted on changes in people's well-being. This meant they were able to make referrals to health professionals such as GPs, specialist nurses and dentists.
- A relative described how staff attentiveness to their loved ones well being had identified an illness quickly and led to timely treatment.
- People were supported to maintain their physical and mental well being. For example, staff understood how to support people to maintain their oral health and followed guidance in place. Staff also understood how to support people with complex health conditions such as diabetes and epilepsy; liaising with specialist health care professionals to ensure people got the support and care they needed.

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

- Changes and adaptations were made to reflect people's needs. The garden environment had been developed by staff and people to create a space that people enjoyed using.
- The decoration in the home reflected people's choices and lifestyles, both in their private spaces and the communal rooms. Photos of people doing things they enjoyed provided an opportunity to remember shared experiences.

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

- People went shopping to buy the ingredients for meals that they planned together. During our visits people were participating in food preparation in ways that suited them. Food was cooked with fresh ingredients.
- There was a system in place to monitor people's weight to ensure action would be taken if they did not eat and drink enough. People were supported to eat healthily and where they needed to follow specific diets due to their health they were supported to do so.
- The home had won an award for healthy eating.

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.

- Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The MCA was used to support and enable people to make decisions about their lives and to ensure care and support was not overly restrictive. Mental capacity assessments were completed appropriately. Consent to care was checked by staff whenever they supported people with personal care. Where people had the capacity to make decisions that were challenging to the staff team they worked with other professionals and people to find acceptable solutions.
- When other people had legal powers to make decisions for people this was recognised and respected.
- The senior team understood their responsibilities in relation to the MCA. They had made appropriate applications for DoLS.

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

- Assessments were comprehensive and covered areas important to each individual including communication, health needs, risk management and how people liked to spend their time. Individual needs were regularly reviewed, and the associated care plans updated.
- The care and support provided reflected people's preferences. The staff understood the need to be flexible to ensure people's choices were supported.

Staff support: induction, training, skills and experience

- New staff told us they worked alongside experienced staff as part of their induction. They said they were supported by the senior team and more experienced colleagues as they learned their role and got to know people. One of the staff described how they were encouraged to ask anything.
- There were systems in place to ensure staff had received appropriate training. Staff were confident they had the skills and knowledge they needed.
- Staff were all positive about the support they received from each other and the management team. They told us the registered manager and senior staff were always available to them.
- When agency staff had been used they had been given an induction to the home and regular workers had been booked to enable people to get to know them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection 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.

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

- Staff spoke about the people they supported with kindness and respect. Some staff knew people well and all staff were able to describe the sort of support that made people secure and happy. Staff comments showed they valued the individuality of the people they supported. People were relaxed with staff.
- Staff were attentive to people and communicated in ways that worked for individuals.
- People's relatives and friends were able to visit at times that suited the people living there. Relatives commented that they felt welcome. One relative said, "Everyone is friendly. ... We always feel welcome." Another relative told us the staff were always welcoming and took the approach that: "This is (person's) home you are always welcome here."

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

- People were supported to make decisions about the support they received where possible. Staff told us, and we observed, how they took their lead from the people and gave them options that were meaningful to them.
- Some staff knew people very well. All staff could describe people's likes and dislikes. Staff understood the importance of building trusting relationships based on clear communication and shared experiences.
- Communication needs were assessed, and tools were in place and being developed to enhance people's understanding. Information about the staff who were working and meals was available in picture form.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop skills that gave them more control over their life. Staff understood the importance of independence and respected the way people liked to live their life.
- People had personal spaces that reflected their personalities and likes. They valued and used these spaces. When possible, they were supported to be comfortable to spend time alone knowing staff were available if they needed them. This meant people had privacy.

Is the service responsive?

Our findings

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

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 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 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

- People's relationships with their loved one's were supported. Relatives explained how staff shared photos and described what their loved one's had enjoyed doing. This enabled meaningful conversation when they spoke with their loved one's.
- Staff understood the importance of getting to know people, so they could provide care and support that helped people to live lives involving the places, things and people that were meaningful to them. They were consistent in their description of people's needs and what made them happy.
- The environment and staffing were planned to reflect the way the people liked to live their lives. Staffing was influenced by what people wanted to do and the specific staff that enabled them to do this. The impact of staff vacancies had been felt in relation to people getting out. The registered manager and staff team were committed to resolving this. In a timely but safe manner.
- Staff and relatives continued to give thought to things people may enjoy trying and people had opportunities to maintain interests and to try new things. Photos around the home reflected the many interests and trips out of the people who lived there.
- Care records contained detailed and appropriate information such as information related to risks, communication, care needs, likes and dislikes, medical history and medicine details. There was also clear information available how best to support people if they became distressed. Staff spoke confidently and consistently about the support they provided.
- Some daily recording had omissions that meant reviewing the support people had received would be difficult. The registered manager acknowledged this and described the work on going with the new provider to ensure recording was relevant and manageable.
- Staff told us they communicated well as a team and that this was supported by the senior team. This meant staff understood people's current support needs.

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 had been assessed and their specific needs were recorded in their care plans. People were supported to communicate their needs in ways that suited and respected them. One person was encouraged to use words and their verbal communication had increased. Another person showed staff what they wanted. Staff were responsive to all approaches made by people and gave them the

time they needed to communicate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors. It was available in easy read format for people living in the home. Whilst not all people could use this format there was an emphasis on understanding people's behaviour as a potential expression of a complaint. This meant staff looked to see if a person might want a different approach or another change if they showed they were not happy without words.
- Relatives knew how to make complaints should they need to. They were confident that they were listened to by the team. Relatives commented that they felt the registered manager actively encouraged concerns to be raised so that they could be addressed quickly.

End of life care and support

- Care plans included some information, gathered from people and relatives, about how best to support the person should they become very unwell. This was an area of ongoing work.
- The staff team were committed to supporting people should they need this care and had enabled a person to stay at home and die a peaceful death surrounded by familiar people in an environment they knew.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, senior staff and staff team were all clear about their functions and responsibilities to ensure good quality care. Staff were committed to providing high quality and personalised care and recognised the support they received from the senior team to achieve this. They felt supported and valued. One member of staff said, "We are a strong team."
- The provider had changed twice in a short space of time. This meant some oversight systems and structures had been changed. New systems were being implemented and embedded to monitor standards and address shortfalls. Audits had been effective in identifying actions needed. Monitoring visits were also undertaken by the provider and these ensured oversight of the improvements identified as necessary.
- Learning was evident following the recent difficulties with staffing. The provider had identified specific issues in the local area and was seeking to over staff the home to protect it against further shortages.
- The registered manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.
- Staff, people and relatives, all reported senior staff were available, approachable and responsive. Relatives reported that they felt information was shared with them and that their knowledge was respected and valued.
- Staff shared an ethos of supporting people in a person centred way in their home. One member of staff said, "We work to create an environment where the achievements are their own. This is their home."

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

- There had not been any situations that required the provider to follow duty of candour guidance, they understood their responsibilities and were committed to ensuring transparent and open communication. Relatives reported good communication with the registered manager. They told us they would hear about any serious issues and felt their views were respected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Records indicated liaison between staff and health professionals to ensure appropriate care was available when people needed it. Where there were delays it was clear that the staff team advocated on

people's behalf.

- Relatives were encouraged to feedback informally and through a regular survey. They told us they were asked their views.
- Staff felt engaged in decisions about the home. They told us they were encouraged to share their ideas.