

Achieve Together Limited

Rhyme House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rhyme House is a residential care home providing personal care and support to autistic people/ and or have a learning disability. At the time of inspection, the service supported nine people. The service can support up to 10 people.

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

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

Right Support

Staff promoted people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to reach their aspirations and goals. For example, one person's goal was to work in a tea-room, staff supported them by initially encouraging them to offer to make tea for visitors who came to the service. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. For example, the service had recently been repainted and people told us they chose their own colour of paint for their rooms. Staff enabled people to access specialist health and social care support in the community. For example, people were supported to attend weekly support groups to support their protected characteristics under the Equality Act.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. We observed positive interactions between staff and people. For example, one staff member was asking a person how they were feeling as they didn't feel too well the day before. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support. Staff had the necessary skills to understand the way people communicated. Staff told us that a few people had adapted and personalised Makaton signs and made their own form of signs that staff had learnt. The service had enough appropriately skilled staff to meet people's needs and keep them safe. For example, staff had a good understanding of people's emotional needs and how best to positively support them to avoid them becoming anxious or distressed.

Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths,

impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. For example, if incidents happened, relatives were informed if people agreed. People received good quality care and support because trained staff and specialists could meet their needs and wishes. For example, staff had training in areas such as autism and learning disabilities.

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.

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

Rating at last inspection

The last rating for this service was good published (07 November 2017)

Why we inspected

We received concerns in relation to safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rhyme House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Rhyme 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

Rhyme House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rhyme House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior support staff and support staff.

We reviewed a range of records. This included three people's care records and two medication records. We looked at two 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.

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

- This inspection was prompted by a safeguarding concern regarding restrictive practices and abuse. This incident had been reported and acted on in an appropriate way to ensure people who lived there were safe. We found people to be living in a safe environment.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One relative told us, "[Person] is happy and tells us they do not want to leave."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member was able to tell us the process they would go through to report a safeguarding concern.
- One person who lives at the service told us they really liked it there and if they had any worries, they would tell the deputy manager. We observed people to be happy and relaxed in their home and people appeared comfortable to speak and interact with staff.

Assessing risk, safety monitoring and management

- People lived freely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, staff had supported one person with their mental health and they no longer needed regular, weekly visits from a mental health nurse. The person now only needed a yearly review. The staff had supported the person to have an improved quality of life without restriction and regular supervision from the mental health team.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, people had personal emergency evacuation plans [PEEPs] in place in the event of a fire or emergency. These had been regularly reviewed and were personal to each person.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff we spoke to were able to tell us about people's individual health risks. For example, people who lived with epilepsy had supports plans and risk assessments in place to guide staff on how to support that person. One staff member told us, "[Person] has epilepsy, they haven't had a seizure since they have been here, but I would know what to do if they did."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. For example, on the day of inspection, we observed people to be supported by enough staff and some people were being supported out of the home doing an activity they wanted to do.
- The number and skills of staff matched the needs of people using the service. For example, staff we spoke to had a good understanding of people's needs, including staff who were fairly new to the role.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. One relative told us, "[Person] is in the best home [person] can be with [registered manager] and the staff are always helpful and polite."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in the with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. We observed one staff member speaking to someone about their MAR charts and asking if they should use their own keys or the persons. The staff member was ensuring the person was involved with all aspects of their care and support.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. For example, MAR (medication administration records) showed people were getting their medicines when they needed them.

Preventing and controlling infection

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

Visitors were asked to take an LFT test before they entered the service. We observed visitors being asked this information at the time of inspection.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- For example, it had been identified from a recent incident that it was no longer appropriate for staff members to connect their phones to people's smart appliances. On one occasion it had resulted in a person becoming anxious and distressed. The registered manager felt it as best that staff did not facilitate this and the learning was shared with all staff.

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 now 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.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One person wanted to say a prayer each day and staff supported them to do this. We observed staff supporting people to be independent by encouraging them to do the washing up themselves.
- The registered manager and staff promoted equality and diversity in all aspects of the running of the service. Staff had ensured that people's protected characteristics under the Equality Act were respected and promoted. This included supporting people to attend weekly support sessions and events outside of the home.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The deputy manager told us, "Staff come to us whether they have problems at work or in their home life." One staff member also told, "The manager does pop in quite a lot". We observed the manager and deputy manager to be available and engaging with people in the house during inspection, people could go to the office and speak directly with the registered manager or deputy manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. One relative told us, "We feel the home is well managed and we can always talk to [registered manager]." We observed the registered manager engaging with a resident positively. The registered manager understood the person's anxieties and was effective at verbally engaging and ensuring there was no escalation of anxious behaviours.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. For example, effective audits were in place to highlight any areas for improvement or identify and analyse trends. The most recent medication audit highlighted three staff needed to complete their online eLearning for medication, this was then followed up by the manager.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. For example, safeguarding referrals and CQC (Care Quality Commission) notifications were submitted.
- The service apologised to people, and those important to them, when things went wrong. Relatives told us

that they are informed if there has been an incident or accident.

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

- The registered manager sought feedback from people and those important to them and used feedback to develop the service. The registered manager told us a recent survey came back from people and their relatives that highlighted the house needed repainting. This work had been completed and, at our inspection, it was evident the house had been freshly painted.
- Staff encouraged people to be involved with the development of the service. We spoke to one person who told us they had just chosen the colour for their newly decorated room and they were now picking which new curtains they wanted.
- Staff told us they had regular and constructive supervisions, which included setting goals they could work towards. One staff member told us, "I have had a lot of managers, but I have never had such an efficient manager. He is so, so organised."

Working in partnership with others; Continuous learning and improving care

- The service worked well in partnership with health and social care organisations which helped to improve people's wellbeing. For example, the service made a referral to the dietician, but the person was only offered an online consultation. The registered manager felt that a face to face appointment was more suitable for the person they were supporting. A face to face meeting was then arranged in the best interest for that person.
- The registered manager kept up to date with national policy to inform improvements to the service. For example, the registered manager kept up to date with the current government guidance around COVID19 and ensured this was communicated to staff.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager told us they were supporting someone to reach their goal of working in a tea-room. They were supporting this person to offer to make cups of tea for visitors and other people who came into the service.