

# Aitch Care Homes (London) Limited

## Kingsdown House

### 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 this home on 19 April 2016. This was an unannounced inspection.

Kingsdown House is registered to provide accommodation and personal care for up to nine people aged between 18 and 65 years, who have a learning disability. The home is situated in a residential area with shops and local amenities within walking distance. There is on street parking and there is a private secure garden to the rear of the property. People who lived in the home had autism and different levels of communication difficulties.

There was a manager at the home. The manager took up this position about six months prior to our visit and was undergoing registration with the commission when we visited the home. 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.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Effective recruitment processes were in place and followed by the manager. Staff had the opportunity to discuss their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

People were protected against the risk of abuse. We observed that people felt safe in the home. Staff recognised the signs of abuse or neglect and what to look out for. Both the manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place. This was to identify and reduce risks that may be involved when meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were

knowledgeable of this guidance and correct processes were in place to protect people

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The manager understood the requirements of their on-going registration with the Commission.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses.

Staff received supervision and annual appraisal from their manager to ensure they had the support to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good 

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure, which was understood by the manager and staff.

### Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

# Kingsdown House

## **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 checked 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.

This inspection took place on 19 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

People had limited verbal communication abilities. One person was able to tell us about their experiences of living in the home. We spoke with two support workers, one senior support worker, the deputy manager, the manager and the operations manager who was a representative of the provider. We also contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, health care plans, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

At our last inspection on 29 September 2014, we had no concerns and there were no breaches of regulation.

# Is the service safe?

## Our findings

Most people were unable to verbally tell us about their experiences. However, one person said, "I feel safe here", and we observed that other people felt safe in the home and were at ease with staff.

There were suitable and sufficient numbers of staff to care for people safely and meet their needs. The manager showed us the staff duty rotas and explained how staff were allocated to each shift. The manager said, "Our staffing is worked out based on each person's funding from the local authority". The manager also told us that the roster is based on the needs of people; staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. The rotas showed there were sufficient staff on shift at all times including those on one to one support. We observed that there were sufficient staff on duty to meet people's needs, for example supporting people attending individually planned activities in the community. The manager told us that in case a staff member phoned in sick, they used a bank staff attached to the home to cover such shift. This showed that arrangements were in place to ensure enough staff were made available at short notice.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so. They were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). This information was also in pictorial format to assist people. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that may challenge staff regarding service provision to people. As well as having a good

understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. For example, one person who needed more support while in the community had plans in place such as 'one to one' support to help the staff keep them safe when out in the community. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines. These were to support people with identified needs that could put them at risk, such as when they become agitated. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. It was reported to the operations manager who would go through the form and also report it to higher management if need be. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There was a system of regular audit checks of medication administration records and regular checks of stock. The manager conducted a monthly audit of the medicine used. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was recently reviewed. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment.

There was a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with



emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

## Is the service effective?

### Our findings

One person said, "I will tell my keyworker if I am not well". A keyworker is someone who co-ordinates all aspects of a person's care at the home.

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they maintained soft diets for people with swallowing difficulties.

Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating team.

Staff had received induction training, which provided them with essential information about their duties and job roles. The manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included equality and diversity, health and safety, fire safety, safeguarding and food hygiene.

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Records confirmed that supervision and annual appraisals had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS.

Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. A member of staff said, "We take their likes and dislikes into consideration when offering choices". People were supported to make cold and hot drinks when they wanted them. One person showed us the kitchen and we found that the kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

# Is the service caring?

## Our findings

One person said, "I like it here, I like the staff and I like my keyworker". We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes. People were able to personalise their bedrooms. One person showed us their room which they had recently redecorated. They said, "I painted my room with my keyworker and I now love it".

We observed that staff respected people's privacy and did not disturb them if they didn't want to be disturbed. For example, one person who lived in the home was asked if they would like to speak with us, and declined. This was respected by staff. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that showed compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in the manager's office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff knew the people they were supporting well. They had good insight into people's interests and preferences and supported them to pursue these. The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people or their relatives. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The manager told us that if people's needs required more support during the night, then this would be provided.

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

## Is the service responsive?

### Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks. We asked one person if they were going out for the day and they said, "Yes, I am going out to the café, which I go regularly".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

People's care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits to the psychologist. This was changed in their care plan to 'as at when necessary' visits. A staff member told us, "One person's needs changed after they visited the GP. We reflected the changes in the care plan, medicine administration records and the rota in order to meet the person's needs". This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. Care plans contained information about people's level of independence for each task that they carried out and the level of support needed by staff. We observed staff supporting people around the home and they were firstly encouraging people to do things for themselves such as going to make a drink and then supporting them if they needed to rather than supporting them immediately. Staff asked people if they would like to do something such as go for a walk rather than telling them that they were going for a walk. People were supported to access leisure activities in the local community and to go on holidays. One person told us that they had on going plan to go to Spain on holiday this year.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns

and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. Complaints were recorded in a complaints log. There had been no complaints since our last visit.

We saw complimentary messages sent to the manager and staff by a healthcare professional. It stated, 'Great referral from house and proactive and dynamic implementation of advice'. The home had a 'visiting professionals survey card' used to gather comments from visiting healthcare professionals. This system enabled the manager to act on any comment that requires action immediately.

## Is the service well-led?

### Our findings

People were unable to verbally tell us about their experiences and if the home was well led. Our observation showed that people knew who the new manager was, they felt confident and comfortable to approach him. We observed people engaging the manager in a relaxed and comfortable manner in the office.

The management team at Kingsdown House included the new manager and the deputy manager. Support was provided to the manager by the operations manager, in order to support the home and the staff. The operational manager visited the home monthly or as and when necessary to support the manager and they supported the manager with the inspection. The manager oversaw the day to day management of the home. Both the manager and deputy manager knew each resident by name and people knew them and were comfortable talking with them.

The management team encouraged a culture of openness and transparency. Part of their values included 'Compassionate Care; We listen and respond with respect and show dignity to everyone that we support; this enables us to shape services that are person centred and which promote independence, empowerment and citizenship and include the use of 'positive behaviour support' for people whose behaviour can challenge. Staff demonstrated these values by enabling a person centred value as demonstrated in this report. Staff said "I love it and enjoy working here, working with people". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the manager was supportive to them. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Members of staff said, "The manager is very approachable" and "Both the manager and deputy are honest and genuine people. The home is a nice and enjoyable place since new manager started". We observed this practice during our inspection.

Staff told us the morale was excellent and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and that were encouraged to share their views. A member of staff said, "The manager and the deputy are amazing! They are always here when you need them".

We found that the manager understood the principles of good quality assurance and used these principles to critically review the home. The manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. The operational manager visited the home every month to carry out a monthly service audit. We found that the provider had effective systems in place for monitoring the home, which the manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, learning and development for staff. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Accident records were kept and

audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. Staff made comments such as, "We document all incidents using the contact sheet, report it to the manager who will investigate and also report it to higher management if need be."

The provider, manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The new manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the new manager understood their legal obligations.