Aitch Care Homes (London) Limited

Harwich 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

The inspection took place on 10 August 2017 and was unannounced. The service provides care and accommodation for up to nine people with learning disabilities. On the day of the inspection seven people were using the service.

Harwich House is a large house and offers residential care without nursing. There were shared bathrooms, a communal kitchen and a communal lounge and dining area.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

Throughout the inspection we were assisted by the registered manager. The service had 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.

Staff and relatives all described the management and leadership in exceptional terms. Staff talked positively about their jobs and their shared commitment to people achieving their best. Care was based on best practice and the staff team highly motivated to achieve excellent care and good outcomes for people. The provider and registered manager were proactive and determined, they ensured effective and close monitoring of all aspects of the service to ensure ongoing improvement across all areas.

On the day of the inspection staff within the service were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People had limited verbal communication but we observed they felt comfortable with staff. Care records were personalised and gave people as much control over aspects of their lives as possible. Staff responded quickly to people's change in needs and were sensitive to their moods. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified, known by staff and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity and were conscious of behaviours people might display which could compromise their dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were highly motivated and creative in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, speech and language therapists and the local learning disability team.

People we observed were as safe as possible. The environment was uncluttered and clear for people to move freely around the home, equipment was well maintained and outings to external venues risk assessed. Staff discreetly monitored people's behaviour and interactions to ensure the safety of all the people and staff at the service. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making and advocacy services were used when required. The service followed the laws and processes in place which protect people's human rights and liberty. Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. Those who had restrictions in place to had the required legal authorisations.

People were supported by staff teams that had received a comprehensive induction programme, tailored training and ongoing support that reflected individual's needs. Training included epilepsy, first aid, diet and nutrition and equality and diversity.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. The provider was committed to employing people with the right skills, values and attitude to work with vulnerable people.

We reviewed complaints the service had received and these had been dealt with promptly by the registered manager in line with the provider's policy and procedure. Easy read, pictorial formats were available for people who were unable to verbally communicate their concerns.

There were robust quality assurance systems in place. Feedback from relatives and professionals was noted, listened to and action taken. Detailed recording of incidents were undertaken and monitoring of people's behaviour to reduce the likelihood of a reoccurrence. These were analysed from trends. Learning from incidents and concerns raised was used to help drive improvements to people and the service and ensure positive progress was made in the delivery of care and support provided by the service.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**Good**

Harwich 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector, took place on 10 August 2017, and was unannounced.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager, the locality manager and the deputy manager. We discussed the care of all the people who lived at Harwich House with the registered manager and met five people who lived at the home. We observed staff interactions with people throughout the day.

We looked at two records related to people's individual care needs and discussed their care and support needs with the staff. These included support plans, risk assessments and daily monitoring records. We looked at all the records related to the administration of medicine. We also discussed staff recruitment with the registered manager and locality manager and checked four staff files. We looked at the records associated with the management of the service, including quality audits, fire safety checks and quality assurance survey results. We reviewed and discussed complaints the service had received. We reviewed recent feedback professionals had given the service.

Following the inspection we contacted four relatives for feedback. We spoke with one relative. We also received feedback from two professionals involved with people's care.

Good

Is the service safe?

Our findings

The service remained safe.

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe within Harwich House and in the community. Relatives and professionals confirmed the service was safe. One relative told us, "I'm so relieved [X] is at Harwich House".

People were supported by staff that had received thorough training in safeguarding, and could recognise signs of potential abuse. Keeping people safe and signs to look for were discussed in staff supervision and team meetings. Staff monitored people's mood and changes in behaviour as people were unable to verbally communicate if they were upset with staff. Safeguarding policies were in place and staff were confident in discussing signs they might look for. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts made to protect people. Pictures of happy and sad people were located around the home as one way of helping people identify their mood that day and communicate this to staff.

Safety at the service was at the forefront of staff minds due to people's vulnerability. Visitors to the service were met at the door, asked to sign in and had their identity checked. Harwich House had locked doors at the front and rear exits to protect unwanted people from entering. This helped keep people safe. The doorbell at the entrance to the service alerted people to visitors being in the building.

People were supported by suitable staff with the right values, skills and attitude. Robust recruitment practices were in place and people contributed to the staff selection process. New staff visited on an informal basis initially prior to the formal interview process. Staff confirmed recruitment checks had been undertaken prior to them commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. If checks identified any issues with potential staff these staff had individual risk assessments in place.

People were supported by sufficient numbers of staff to keep them safe because safety was a priority. People were supported by staff they knew, agency staff were rarely used. Some people had additional staffing requirements during the day to support their activities (one to one staffing and two to one staffing). This meant people were able to enjoy going out safely.

Staff sought to understand the cause of people's behaviour. Detailed, clear recording of incidents was used to identify patterns. The results were analysed and used to change practice and reduce the triggers to behaviour that put people at risk. For example, staff were mindful of potential triggers which might cause people to exhibit behaviours which were challenging to staff for example, shouting, hair pulling, pinching, repetitive behaviours and grabbing others. Specialist advice was sought to help staff understand and reduce these behaviours to keep people, other's using the service and staff as safe as possible.

People were supported by staff who worked together to alleviate people's anxieties. It was common practice

to note and share positive actions amongst staff, that had been successful in de-escalating situations and reducing incidents. Staff knew individual people's characters and the dynamics between people who lived at the home and situations which could trigger and increase people's anxiety. Staff were trained and used these skills in deescalating and diffusing these situations. Staff regularly reviewed their approach to people's behaviour, were open to colleague's suggestions, and brought their own ideas to the table for discussion. Relatives told us staff were, "So calm and on the ball; they give clear, consistent boundaries which [X] needs".

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person didn't like to wear footwear when out so staff knew to check their feet when they returned home. Another person had poor eyesight so could approach people and make them feel intimidated; staff knew to be aware of this when visiting local places. People had pictorial plans and were involved in decisions around the risks they took. Staff confirmed they followed risk management plans to ensure restrictions on people's freedom and choice were minimised. For example, people were supervised when using the kitchen due to the sharp utensils, hot equipment and chemicals people might not be safe around.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert) and no one was prescribed medicine which required additional storage for safety purposes. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they were prescribed, when they might need additional medicines and the level of assistance required from staff. Thorough medicine checks occurred to check stock balances and ensure people had received their medicines.

The service was clean and well maintained to support people to be as safe as possible. For example regular checks were undertaken on the fire equipment and weekly fire drills held. Fire evacuation plans were in place. Essential emergency contact numbers were visible and accessible to staff.

Good

Is the service effective?

Our findings

The service remained effective.

People were supported by well trained staff who effectively met their needs. The provider had essential training staff were required to complete to ensure they had the right competencies, skills and attitude. Staff told us additional training was available when required to meet people's needs, for example staff had felt training on dementia and mental health was required to meet one person's needs and this was arranged.

The registered manager closely monitored staff training to ensure it remained in date. The registered manager told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role. Relatives confirmed staff at Harwich House had the skills required to care for their child with confidence, "[X] needed so much help, they have worked a miracle".

The service kept abreast of latest guidance in relation to autism and learning disabilities so people received high quality care. Best practice guidance was shared as the registered manager linked in to relevant groups in the local area such as the provider forum. Sector specific guidance was shared with the registered manager from the provider's head office and disseminated to the team in regular staff meetings. Staff were trained in breakaway techniques and ways to diffuse situations which might arise in the service and community.

Staff received a thorough induction programme which included shadowing experiences when they started with the provider. Staff shared their in-depth knowledge of people with new staff, gave them time to learn and understand their behaviours, communication styles and individual mannerisms. Staff without formal care qualifications were being supported to gain the Care Certificate (A nationally recognised set of skills trainingStaff shared their views on the induction telling us they had felt supported and the training was, "in depth and helpful".

Supervision and annual appraisals were in place for staff to support them in their roles. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve. The deputy manager said, "Yes, I'm supported. Good, regular supervision every four months, open door policy here and annual appraisals." These processes supported the service to maintain a skilled and competent workforce.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Care records evidenced where the service had been involved in and supported best interest's decisions that had been made for

example discussions about hospital treatment which might be required for people.

We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty when receiving care and treatment when this is in their best interest and legally authorised under the MCA. The application procedure for care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. Records showed where DoLS applications had been made and people authorised were kept under review to help ensure they remained appropriate and as least restrictive as possible.

Communication between the team was effective. Formal communication methods were in place such as handovers. Staff told us these helped ensure they were up to date with any changes in people.

People where appropriate, were supported to have sufficient amounts to eat and drink. Although people had limited ability to be involved with cooking and preparation of meals, meetings discussed menu ideas using pictures to help people understand the options available. Staff knew what foods each person liked and disliked. We observed people being shown food choices at lunchtime to support their choice. They were able to point to the preference. Staff commented how they monitored people's food and fluid intake where this was needed and communicated with each other to help ensure people maintained a healthy balanced diet. Some people needed additional calories as they were very active. Staff were mindful of this and encouraged additional snacks and milkshakes to maintain their weight. People's weight was monitored closely when required and GP advice sought if staff were concerned by weight loss or gain.

Where people had particular health needs or behaviours which placed them at risk of choking or they required a special diet, there was clear guidance in place for staff and people were observed closely.

Records showed staff sought advice in people's best interest when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted for example speech and language therapists. People saw their doctors if they were unwell and for annual health checks.

Good

Is the service caring?

Our findings

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. Staff knew people's histories and backgrounds, the kindness exhibited by all staff and management enabled trusting relationships to be built with people. Relative feedback included, "I'm overwhelmed by the care [X] has received so far".

Equality and diversity was understood and people's strengths and abilities valued. Staff had genuine concern for people's well-being; they were committed to working together to ensure people received good outcomes and had the best quality of life possible. Staff commented they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter.

Staff took time to get to know people by reading their care records, talking to their family and discussing people with the team and their colleagues. Relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were overstimulated because they knew them well, for example someone undressing, rocking or people flapping their arms. They took prompt action to address what might be causing someone's anxiety for example, by providing one to one time with people, taking them out to help calm and distract them or giving them space and time alone.

Some people were under close supervision and some had one to one care due to their health needs. Staff demonstrated how effectively they balanced protecting people with promoting and encouraging independence and freedom of movement to enrich people's lives. Staff preserved people's dignity in the community by escorting people discreetly, not wearing uniform or visible identification. Staff were prepared for events which might occur in the community and carried spare clothing for people, blankets and other equipment they might require dependent upon people's needs.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. Staff ensured they knocked on people's doors and asked if it was okay to go into their bedrooms before they entered. People's confidential information was kept secure and staff understood the need to respect people's private information.

Staff responded to people's needs in a caring way, and promoted people to be as independent as they wanted to be within safe boundaries. We observed people being observed by staff at all times, either through listening or their movement.

We observed people felt comfortable around staff and appropriate touching and physical contact between people and staff indicated people felt they mattered and belonged. We observed one person enjoying a massage from staff; they appeared relaxed and soothed by this. Another person held a staff members hand and guided them as they moved around the home. People were comfortable approaching staff, warm in their interactions and clearly valued the relationships with all staff.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Social stories, pictures and objects were used to help explain events to people to help prepare and involve them in decision making. For example objects of reference helped staff explain to people what they were doing, flannels indicated it was time to bathe, people's purse / wallets meant they were going out. People had their

own styles of communicating and we observed staff were patient as they tried to understand people expressing what they wanted through hand gestures, facial expressions and sound.

People were supported by staff who invested time to understand individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately no matter how complex the person's needs were, to help ensure people felt they mattered, and had control. Staff talked us through various effective methods they used to assist people to communicate. For example, using picture cards, leaflets and showing people things on the internet such as places they were visiting.

Advocacy support services were available for people if needed, however staff and families also advocated on people's behalf to ensure their care was person centred and in their best interests.

People were encouraged to be as involved in their care as much as possible despite the challenges they faced. Relatives confirmed they were involved and kept up to date and there was the right balance between informing them of important events but not worrying them with every incident that occurred. The staff supported people to stay in touch with family by helping with transport and visits and where family lived afar, technology was used to help people stay in touch.

Special occasions such as birthdays were celebrated. People had enjoyed special days out to celebrate these occasions such as car racing and an outing to the theatre.

Good

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to live at Harwich House at a pace which was right for them. The staff told us admissions to the service needed to be carefully considered due to the complexities of the people at the service.

People and their families where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Barriers to communication were known and creative ways thought about so people could be involved in their care as much as possible. Staff were skilled in supporting people to do this and in assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives, tried new things and monitored there success. For example one person had successfully been swimming, eaten out and been to a wildlife park since their admission to the home.

The service responded to people's needs and preferences by reviewing their activity plans or their approach if required. Through observation staff learned some people disliked crowded places.

Individualised, detailed care-planning and the in-depth appreciation staff had of people's needs supported responsive care. Staff knew people's likes and dislikes, who enjoyed sensory activities such as bubble baths and who became anxious in crowded settings. Staff knew who liked quiet activities such as music and television and people who liked to engage in sensory activities.

People had activities personalised to their needs. For example some people attended the local day centres which they enjoyed, other people enjoyed eating out, cinema trips, walks, fruit picking. Visual activity planners and activity cards helped people pick what they might like to do. Staff knew who enjoyed arts and crafts and who preferred their own space and quiet activities.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. For example, staff had noted one person disliked people / staff who crossed their legs so this was noted in their care records. Another person liked dolls; we observed them sat with their doll in the afternoon. People's rooms were personalised as they liked and people were able to choose where they slept, for example although one person had a bed, at times they preferred to sleep on the floor. The service had people's photos displayed on the walls so it was not just their bedrooms that felt like their home but the whole house.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. Staff supported the people in the home to stay in touch with their family even when there was great distance involved in the trip. People and families appreciated this.

The service had a policy and procedure in place for dealing with any concerns or complaints. We reviewed concerns which had been received by the service about the noise of some people. The registered manager had installed secondary glazing to reduce the noise levels and maintained an open dialogue with the complainant to help reduce their concerns.

Good

Is the service well-led?

Our findings

The provider and registered manager took an active role within the running of the service and had an excellent, in-depth knowledge of the staff and the people who were supported by Harwich House. There were clear lines of responsibility and accountability within the management structure. The provider and registered manager were supported by a deputy manager. Together with the staff team they worked together to lead a high quality, caring service. Staff employed were skilled and dedicated which supported the service to be meet people's needs and achieve good outcomes for people. Staff shared, "It's a good company to work for; the regional manager knows us, there are regular staff meetings, we are a close team". A relative told us, "It is 10/10 so far".

The registered manager told us the quality of the service was maintained by, "Overseeing every aspect – paperwork, audits, and good relationships with the staff, people and family members". They felt the greatest achievement in the past 12 months had been to the support given to one person, the reduction in agency staff and how new people to the service had settled. They felt the service had a calmer, more relaxed atmosphere than a year ago. One parent confirmed this view, "None of the residents' could be better off / happier – as a parent I'm so pleased [X] has made their home at Harwich".

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

There was a very positive culture within the service developed through strong leadership. The management team and staff shared the same values which included supporting people to have as much freedom as possible to make choices, freedom to be given opportunities, person centred care and for Harwich House to be a safe, nurturing home for the people they supported. Staff talked consistently about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. The service was all about the people they were supporting and making sure people lived the best life possible.

Feedback was sought from people, professionals, families and visitors in order to enhance the service. Professional feedback included, "They have made remarkable progress with [X] by providing a personalised and flexible service".

The registered manager told us staff were motivated, encouraged and challenged to find creative ways to enhance the service they provided. Regular staff meetings were held where staff were updated on information within the house and staff were given feedback regarding best practice research, training which had been attended and other relevant issues to keep them informed. Issues which had been identified from audits to improve health and safety were shared with staff.

The leadership team encouraged staff feedback and suggestions. Staff were valued and their ideas appreciated. Colleagues felt comfortable challenging practice and sharing good practice ideas. People's quality of life was being improved due to the leadership within the service, the constant striving for new ideas to improve people's lives. One relative told us, "[X] was so unwell when she went to Harwich, they were

so anxious and angry in hospital, they needed so much help and there are so many positives now, they are a lot calmer."

The service was signed up to best practice websites to ensure evidence based practice was maintained. The provider, registered manager and deputy manager leader coached and mentored staff to achieve their best. This supported people to have positive experiences of care and enhanced their well-being. Attendance at local care meetings allowed for peer support and a sharing of ideas to enhance and maintain standards.

The service worked in partnership with key organisations to support care provision. The registered manager confirmed they had good working relationships with the local learning disability team and people's doctors. Commissioner's feedback reiterated good partnership working.

The provider and registered manager created an open, honest culture. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider and registered manger inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff told us they loved their work.

The service had a whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident issues would be acted on.

There was an effective and robust quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.