

Aitch Care Homes (London) Limited

Lambourne House

Inspection report

8 Ursula Avenue
Selsey
Chichester
West Sussex
PO20 0HT

Tel: 01243606065
Website: www.regard.co.uk

Date of inspection visit:
28 December 2018

Date of publication:
17 January 2019

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

This comprehensive inspection took place on 28 December 2018 and was unannounced.

Lambourne House is a care home for nine adults with a learning disability and or autistic spectrum disorders. At the time of our inspection there were nine people living at the service. The service was provided from a domestic style nine-bedroom house over two floors. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Relatives told us they felt their family members were safe living at Lambourne House. Staff described procedures that were in place to safeguard the people they supported. They fully understood the safeguarding policies and procedures and felt confident to raise a concern and thought they would be listened to. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

Recruitment systems at the home continued to be safe and robust. There were sufficient trained and competent staff to meet people's individual assessed needs. The staff were supported by the management team through on-going supervision and team meetings.

People received their medicines as prescribed and staff knew how to manage medicines safely.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained.

People received care that was personalised and responsive to their needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. People were supported 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.

People were involved in the planning of meals and menus. They received appropriate nutrition and hydration support to maintain their health and wellbeing.

We observed kind and caring interactions between people and staff. People living in the home praised the caring nature of the care staff and registered manager. People were involved in planning their care and supported to engage in meaningful activities of their choice.

The registered provider had a clear complaints policy and procedure that people and their relatives were familiar with and felt confident any concerns would be listened to.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lambourne 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.

This inspection took place on 28 December 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and one dentist inspector. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

We used a range of different methods to help us understand people's experiences. Most of the people who lived at the home had limited verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with three people who used the service. We spoke with the locality manager, registered manager, a senior support worker and two support workers.

To help us assess how people's care needs were being met, we looked at three care plan files, four staff recruitment files, three medication administration records (MARs), all the staff training records, complaints, policies and procedures and other records that related to the running of the home.

Following the inspection, we emailed four relatives for their views regarding the safety and quality of the services provided for people. Their feedback is included in this report.

Is the service safe?

Our findings

At our last inspection in May 2016, the key question safe was rated Good. At this inspection we found safe remained Good.

Relatives feedback to us included, 'The staff are well trained and observant. They know the residents well and can anticipate and respond to their needs.' 'The home is everything we could wish for. There is a warm, very caring atmosphere where the residents can safely develop to their full potential in a safe and protected environment.'

We observed people being supported by staff in ways that were safe. For example, we saw staff support people with their behaviours which reduced their anxiety and diverted people from self-injurious behaviour. People's body language and verbal expressions showed that they were relaxed and comfortable with the staff. This in turn helped show that people felt safe.

The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse and could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. The service had effective systems to safeguard people's money. Records and receipts of financial transactions were maintained. Regular audits and checks were conducted to ensure accounts tallied.

Risks to people were managed to improve their health and well-being. The service conducted assessments to identify risks to people's physical and mental health; behaviours and activities that may cause harm to people. The provider worked closely with learning disability health professionals who were involved in assessing and drawing up risk management plans for people. We reviewed management plans for people who displayed behaviour that could put them and others at risk. Their management plans included giving them reassurance and space when needed, talking to them about their concerns and engaging them in activities. Each person living at the home had a personal emergency evacuation plan (PEEP) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were regularly reviewed and updated.

The service maintained a safe environment for people. Risk assessments were conducted to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. Staff conducted regular health and safety checks such as weekly fire alarm tests to ensure equipment was in good condition. Staff practiced fire evacuation procedures regularly to ensure both people and staff knew of actions to take in the event of a fire.

People were supported by enough staff to meet their needs. Rotas for the week preceding the inspection showed staffing levels had been consistently maintained. When new staff were recruited they completed a

number of pre-employment checks. These included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

People's medicines were managed safely. Medicines were stored securely in a locked cabinet. All staff had received training to enable them to administer medicine. Some people had prescribed medicines to use 'as required' to help them when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised and clear.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. People were encouraged to take part in cleaning tasks. Personal protective equipment (PPE) was available to all staff that worked at the home. This included gloves used by staff when undertaking personal care tasks. Staff understood the importance of regular hand washing and how infection was spread. Staff had completed infection control and food hygiene training.

The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again.

Is the service effective?

Our findings

At our last inspection in May 2016, the key question effective was rated Good. At this inspection we found effective remained Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and records seen were regularly reviewed and updated. Staff had the appropriate skills, knowledge and experience to deliver effective care and support.

Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff.

Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. This included training associated with people's specific and diverse needs such as, communication, Makaton sign language, fluids and nutrition. Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Records demonstrated staff had monthly team meetings to discuss their roles, training, people's individual needs, recruitment and changes in policy. Staff told us this was an opportunity to suggest improvements to the registered manager. Records showed the discussions that had taken place, together with a review of actions agreed from previous meetings. This provided an opportunity for the team to work together to deliver effective care.

People's nutritional needs were met. Relative feedback included, 'The food provided is of a high nutritional standard.' Menus were decided by people and food options were varied. There were numerous options for alternatives if people changed their minds. People were encouraged to help in the preparation, cooking and serving of meals.

Support was provided to access healthcare as required. Relative feedback included, 'The staff know very quickly when [person] is unwell. This is vital as [person] is not able to tell them himself. On one particular occasion he had a severe epileptic seizure while out and the staff with him responded quickly as he had fallen and cut himself badly. An ambulance was called and [person] received the help he needed.'

Care and support plans included details of planning and support needed to maintain the person's physical, mental and emotional health and wellbeing. The service had good links with other healthcare professionals and specialists such as; occupational therapists, learning disability professionals, psychologists, GPs and dentists. Feedback from these appointments was clearly documented and any recommendations or

guidance was included. We saw that staff were proactive in seeking input from advocacy services. Advocates help people to make decisions that are right for them and in line with their personal preferences and choices.

People were supported to attend annual health checks with their GP when required. Staff were observant of people's changing health conditions and sought prompt medical advice for them. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital. Records demonstrated relatives were kept informed of any changes following incidents and updates from health intervention.

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises.

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS applications had been made to the local authority and authorised where appropriate. People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood MCA and how this applied to the people they supported. We observed staff taking the time to listen to people and respected their decisions.

Is the service caring?

Our findings

At our last inspection in May 2016, the key question caring was rated Good. Records and our observations found people remained happy living at the service, they continued to be complimentary of the staff and management team. Therefore, at this inspection we found caring remained Good.

Relatives feedback included, 'The staff treat [person] with love, kindness and respect. As far as possible they let [person] make choices when he is capable of doing so.' 'They [staff] are exceptionally dedicated and caring. [Person] is very fortunate in having such wonderful carers.'

We observed an informal and friendly atmosphere at the home. We observed staff and people engage in lively conversation and enjoy 'banter'. We observed that newly employed staff had built friendly relationships with the people living at the home and knew their care needs and preferences.

People were relaxed in the presence of staff and the management team. Staff were skilful in communicating with people and understanding their wishes. Peoples care plans included detailed assessments of their verbal and nonverbal communication. These were used to identify physical and verbal cues to understand when a person was happy or was starting to become distressed. Staff understood how to use pictures and objects of reference where appropriate. Some people also used Makaton to communicate. Makaton is a language programme which uses signs and symbols to help people to communicate. This contributed to the positive atmosphere in the service and wellbeing of people.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. Staff were seen supporting people to cook, make hot drinks and going out, consistently supporting people to do as much as possible for themselves whilst ensuring people were safe throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

The registered manager told us they were committed to meeting people's needs with regards to their age, disability, gender, race, religion or sexual orientation. These areas were covered in their care plans. Staff understood the importance of respecting people's diversity. People told us where possible they were involved in decisions that affected their lives. Observations and records confirmed people could express their needs and preferences in their care at 'resident meetings' which took place every month.

The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can easily read or understand so that they can communicate effectively.

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers. A keyworker is a staff member who helps a person

achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan.

To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Care plans detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help achieve their goals. There were no restrictions about when people could have their relatives or friends visit.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office were locked in cabinets. The staff induction programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Is the service responsive?

Our findings

At our last inspection in May 2016, the key question responsive was rated Good. At this inspection we found responsive remained Good.

Before people came to live at the service a full assessment was completed with them and their relatives to determine if the service could meet their support needs. We saw care support plans were very inclusive of people's views and wishes.

Each person had a care plan that was specifically designed around their needs, goals and aspirations. These were reviewed regularly by people and the staff. Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished. Relative feedback included, 'The staff know [person] very well. They understand his likes and dislikes and as an example they realise when he needs a "quiet time" on his own. The carers always listen to us, his parents, and we have a good rapport with all the staff. The manager and her deputy always have time to listen to any concerns we may have.'

Care plans focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence. These were reviewed annually to ensure they were current and reflective of the person's wishes. The review documents produced were in a pictorial and easy to read format to help people understand if people wanted assistance could be supported to fill them in. People were asked about their accommodation, support, decision making and activities.

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included instructions for staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

People continued to have their own activity schedules which showed what they were doing, when and with whom. This ensured that people were informed about who would be supporting them during the day to reduce their anxieties. Relative feedback included, 'There is a very good variety of activities both in and out of the home and [person] is always kept well occupied.' Staff gave people time to communicate their wishes and did not rush them. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough.

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff completed a handover at the start of each shift, to discuss what was happening in the day with people and any changes to their needs or well-being.

People were happy with the service they received and told us that they knew how to make a complaint

should they need to. The complaints process was visible within the service. There was an easy read version available for those who needed it.

The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care.

Is the service well-led?

Our findings

At our last inspection in May 2016, the key question well-led was rated Good. At this inspection we found well-led remained Good.

There was a regular programme of audits. We saw that these identified shortfalls which needed to be addressed and where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, updating care plans and risk assessments. The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, to incidents and accidents and care reviews. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives and staff. People's and relatives feedback was sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a survey in May 2018 and any suggestions made were taken on board by the registered manager and acted on.

People told us they felt able to talk to the manager about anything they wished. Relatives feedback included, 'We could not think of anyone who could supply such an exemplary standard of commitment (regarding the registered manager), care and service to residents, carers and parents. The same could equally be said of her deputy.' 'We have never had anything but praise for Lambourne House, its dedicated managers and carers.'

There was visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. The registered manager was available during the day to give support and direction to staff. An on-call duty system was in place to ensure staff had out of hours support when needed. The locality manager told us, "I am proud to work with a dedicated staff team. Karen (the registered manager) goes above and beyond to support the service and has put in the years."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

The service worked well with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.