

Aitch Care Homes (London) Limited

Harwich House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harwich House is a residential care home that provides support for up to nine people who are living with a learning disability or autism. The service is based in Littlehampton, West Sussex and is provided by a national provider, Aitch Care Homes (London) Limited.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with a learning disability and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercoms, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people. At the time of inspection seven people were using the service.

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

Risks to people's safety had been assessed yet there were insufficient measures used to ensure the guidance provided to staff had been followed. Two people had not been supported in accordance with their assessed needs in relation to modified diets and fluids as well as a known health risk. Medicines management was not always safe.

There was a lack of oversight to assure the registered manager and provider that people were receiving safe and effective care that met their assessed needs. Issues found as a result of the inspection had not been identified by the quality assurance processes used.

Staff had received training specific to people's needs yet issues found at the inspection raised concerns about the quality and effectiveness of training and the understanding of some staff. Staff were provided with clear guidance based on people's assessed needs yet had not always implemented this in practice.

People's goals and aspirations had not been fully considered. We have made recommendations that the registered manager and provider seeks advice and guidance from a reputable source in relation to ensuring people's needs and aspirations are appropriately considered and planned for.

People were provided with choice about what they had to eat, and drink and were observed enjoying the food that was provided. Changes to the menus had been made to ensure people received a balanced diet to support their health and well-being. People's needs had been considered in the adaptation and design of the building. Changes had been made to communal spaces to ensure there were areas for people to use should they prefer time away from others.

Without exception, relatives told us staff were kind and caring. People were comfortable in the presence of staff and were observed holding staff's hands and showing affection. Staff responded appropriately, reminding people of boundaries whilst showing people they cared. People's independence was encouraged. People were asked their opinions and were supported to retain and develop skills such as gathering laundry. One person sometimes supported staff when preparing food or drinks. People were treated with respect and their privacy and dignity was maintained.

Staff were mindful of the importance of supporting people to enjoy new experiences. People were supported to play an active part in the local community and enjoyed trips to local areas, cafes, shops and places of interest. People and their relatives were able to share their concerns and make complaints if they were unhappy with any aspect of care. Relatives told us when they had raised concerns these had been listened to, acted on and changes made as a result.

The registered manager supported staff to implement the provider's values in practice. People, relatives and healthcare professionals worked together to ensure people were supported in their best interests and valued as individuals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice.

There were enough staff to meet people's assessed needs. Lessons had been learned from incidents and accidents and practice was changed to ensure people's safety and well-being. People were protected from the spread of infection.

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

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

Rating at last inspection

The last rating for this home was Good (Published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to oversight of risks and safety and the leadership and management of the service. Please see the action we have told the provider to take at the end of this report.

Follow-up

We will continue to monitor the intelligence we receive about this service. We will request an action plan from the registered manager to understand what they will do to improve the standards of safety and

governance. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harwich House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one Inspector.

Service and service type

Harwich House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider, are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection because it was a small service and people were often out. We announced the inspection on 11 March 2020 and inspected the home on 12 March 2020. We spoke to relatives on 13 and 16 March 2020.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. The registered manager had submitted a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted six external health and social care professionals for their feedback about the service and received four responses. We used all this information to plan our inspection.

During the inspection

We spoke with one person, four members of staff, the registered manager and the locality manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for three people. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the registered manager in relation to the care people received. We spoke to two relatives to enable them to share their feedback about the service people received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Medicines management

- Two people had been assessed by a speech and language therapist (SALT) as requiring a modified diet, one of these people had also been assessed as requiring thickened fluids. These measures had been advised to reduce the risk of aspiration. Aspiration is when something enters the airway or lungs by accident. It may be food, liquid, or some other material. Records showed and staff confirmed, both people had been provided with food that was inconsistent with SALT guidance. Records for one person showed they had experienced coughing when eating and drinking. When our concerns were raised with the registered manager, they acted to remind staff about the types of food that should be avoided. Nevertheless, later in the day we observed both people were provided with foods that were classified as high-risk foods that should be avoided for these on a modified diet such as runner beans and peas. One person was also supported by staff in a way that did not comply with advice provided by SALT. For example, SALT guidance advised the person should be supported with a tea spoon with a large firm handle as well as being encouraged to have a tea spoon of fluids in-between mouthfuls of food, to assist the person to swallow. We observed the person was not supported in accordance with this guidance.
- One person had a history of urinary tract infections (UTI). Staff had been advised to monitor the person's urinary output to help identify any signs the person might have an infection. Staff had monitored the person and recorded the appearance and odour of the person's urine but neither they or the registered manager had identified the person was showing signs of potential infection. For example, staff had documented the person's urine had an offensive smell and was dark in colour. When the registered manager was asked what action had been taken, they were unable to provide assurances that the person's urine had been tested or external healthcare professionals had been contacted for advice. This increased the risk that a potential urine infection would not be identified, or appropriate action taken to ensure the person received prompt and appropriate treatment.
- Medicines management was not always safe. One person had been administered medicines with insufficient time in-between doses and had also received too much medicine within a 24-hour period. They were prescribed pain relief medicines 'as and when required'. Rather than wait for the person to demonstrate they might be experiencing pain or discomfort, staff had pre-populated the medicine administration records (MAR) with times the medicine could be offered. They had not ensured these allowed for enough time in-between doses and on one occasion the person had been provided with their medicine one hour before another dose of medicine could be safely administered. As staff were pre-populating the times the medicines could be offered, there was a risk the person might not be provided with their medicine when they required it. Prescribing guidance advised no more than eight tablets within a 24-hour period. Records showed the person had been provided with 10 tablets within a 24-hour period on one occasion, exceeding the daily dose and receiving too much medicine than the prescribing guidance had advised. This

placed the person at risk of harm.

- The provider followed the principles of 'Stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP)'. Staff also received specific training to ensure they were following the principles outlined within the guidance, yet we found this was not implemented in practice. STOMP is a national project involving many different organisations which are helping to stop the over-use of these medicines. Despite this, we found one person had received too much psychotropic medicine on two occasions. They had been prescribed medicines to help support them when they displayed signs of apparent anxiety or behaviours that had the potential to challenge others. Prescribing guidance advised the person could be administered 1mg of Lorazepam up to four times per day. Records showed on one occasion the person had been administered 2mg in a single dose, therefore the person had received too much medicine than prescribing guidance had advised. Records on another occasion showed the person had been provided with the medicine with in-sufficient time in-between doses, increasing the risk the person was receiving too much medicine.
- One person was unable to understand the importance of taking their prescribed medicines and had sometimes refused their medicine. Staff had recognised the importance of the person receiving their medicine and had liaised with the person's GP to ensure this could be given covertly. Covert medicines are when medicines are hidden in food or drink. The National Institute for Health and Care Excellence (NICE); Medicines management in care homes, states that the decision to administer medicines covertly should be made in consultation with the person prescribing the medicines as well as the pharmacist to ensure the medicines would not be altered by administering them in certain types of food or drink. Records showed and staff confirmed, they had liaised with the person's GP but had not consulted with the pharmacist to assure themselves which medicines could be administered covertly and how these should be provided to avoid altering the effectiveness of the medicines.

The registered manager had not always ensured people received safe care and treatment or the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager acted to ensure staff were provided with clear guidance about the risks in relation to modified diets. Medicines training was booked to ensure staff responsible for the medicine errors were provided with updated training to ensure their knowledge and skills were current.

- People who sometimes displayed apparent anxiety and displayed behaviours that had the potential to challenge others, had appropriate assessments regarding risk and staff had been provided with clear guidance. Staff were advised on the signs that might indicate people's behaviours were escalating. They were provided with advice and guidance to help ensure all staff supported people in a proportionate and consistent way and we observed this in practice.
- Medicines were ordered, stored and disposed of in a safe way. Reviews of people's medicines were undertaken by external healthcare professionals during people's annual health reviews or when any changes occurred in-between appointments.
- Environmental checks as well as the equipment people used, was regularly monitored to ensure they were safe.

Staffing and recruitment;

- Recruitment processes helped to ensure staff were safe and suitable to support people. The provider had assured themselves that staff were of good character before they started work.
- Relatives, the registered manager and provider told us there had been a turnover of staff during the past year. New ways of working had been introduced to help improve the care people received and staff's

performance had been managed when they had not complied with this. The registered manager and relatives told us this had sometimes impacted on staffing levels and there had been increased usage of agency staff. They explained this had now improved as new staff had been recruited. Agency staff who worked at the home were consistent staff who had an awareness of people's needs and preferences; our observations confirmed this. One member of staff told us, "The agency staff we get are usually good, they know their stuff. We try to get the same staff from the same agency."

- There were enough staff to meet people's specific needs. The registered manager took into consideration when people were allocated one-to-one support from staff and ensured staff who had sufficient skills and experience were allocated to support people according to their needs and preferences.
- New staff were allocated to work alongside existing staff to learn how to support people in accordance with their preferences and needs. They told us this made them feel supported and more confident as they were not allocated to support people until they had been shown how to do this appropriately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- When the concerns found as part of our inspection were made known to the registered manager, they immediately considered them in accordance with the provider's safeguarding policy. They made referrals to the local authority for them to consider as part of their safeguarding duties. However, the concerns found in relation to unsafe practice when supporting people with modified diets and fluids and medicines management, demonstrated staff did not always have appropriate knowledge to recognise and act when there were potential risks to people's safety.
- A relative told us there had been a number of safeguarding concerns over the past 12 months involving other people living at the home, yet they were assured staff acted appropriately to ensure their relative's safety, as well as that of others, was promoted. When there had been concerns about people's care, the registered manager had worked alongside the local authority to ensure risks to people's safety were managed and minimised. Relatives told us they had confidence their relatives were well-treated and if they had any concerns, they would contact the registered manager to raise these with them. A relative told us, "I've never seen anything that would indicate anything was wrong. I've never had any concerns, I would know if my relative was worried about anything."
- People looked comfortable in the presence of staff. Regular communications and meetings to enable people to communicate to staff about the care they were receiving took place to enable people to share any concerns.
- Accidents and incidents were analysed by both the registered manager and the provider's own positive behaviour support team. They monitored the volume of incidents and considered events leading up to the incident, the incident itself and how the person was supported during it. This helped identify patterns and trends and ensured any lessons were learned. For example, guidelines to support people when they displayed behaviours that had the potential to challenge others were frequently reviewed and adapted when changes in the person's behaviour had been identified.
- When there had been incidents, lessons had been learned and changes made. For example, people's needs were reassessed to determine the suitability of people living with others in the home. One person had been supported to move to their own accommodation due to the challenges posed when living with others.

Preventing and controlling infection;

- The environment was clean, and staff supported people in a way that minimised the spread of infection. Personal protective equipment was provided so staff could use this to help ensure their own safety as well as the people they were supporting.
- The provider had contingency plans to ensure they were prepared during a recent health pandemic. They had made plans so staff could support people to help contain the spread of infection, if there were staff shortages due to illness or people became unwell.

- Staff responsible for preparing food and drinks had received food hygiene training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received training in medicines management and nutrition. Staff demonstrated a mixed understanding about people's needs. Some staff demonstrated a good knowledge about foods that should be avoided for those on a modified diet. We found concerns in relation to people who required a modified diet and fluids receiving food that was not in accordance with their assessed needs, as well as concerns about medicines management. This raised concerns about the effectiveness of the training staff had received.

When the issues found at the inspection were raised with the registered manager, they provided immediate assurances and explained staff would be required to undertake additional training.

- Staff who were new to health and social care had been supported to undertake an induction to enable them to develop the necessary skills and knowledge to support people appropriately. New staff told us they felt supported and were provided with training and guidance before being allocated to support people with specific needs.
- Staff had received training based on people's specific needs and this was considered when allocating and deploying staff. For example, only staff who had received training on Epilepsy and administering a specific medicine if the person was to experience a seizure, were allocated to support people living with Epilepsy.
- Positive behaviour support training had recently changed so this was provided by the provider's own positive behaviour support team. They would visit the home, to monitor staff's interactions and approaches with people and bespoke training and guidance would be provided based on people's specific needs.
- Staff told us they felt well-supported by the registered manager and other senior staff who they could go to for advice and guidance at any time. Supervisions enabled staff to reflect on their practice and identify learning and development needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- People's needs were assessed and planned for in accordance with best practice guidance. This included people's physical, emotional, social and mental health needs. Staff were provided with guidance about how to support people in an appropriate way and in accordance with their needs.
- Assessments and plans were person-centred and took into consideration people's diversity. People were supported as individuals and they and their relatives had been included in assessments and

communications about the support they received. A relative told us, "We do discuss the staff, they [registered manager] talks to me if they swap staff and they take on board my views."

- People were supported to use technology to assist them to be involved in their care. For example, one person was unable to verbally communicate their needs. They used an iPad and keyboard to share their feelings and views. When some people were unable to call for staff's assistance when they were in their rooms at night, technology had been used to alert staff when the person mobilised. For example, one person had a sensor on their chair and in their bed so staff were alerted when they moved and could go to the person's aid. Door sensors were also used which alerted staff of when people left their rooms so staff could support the person with their needs and ensure the safety of others.
- People received support from external healthcare professionals to help maintain their health. Health action plans had been devised for each person which identified specific health needs and provided guidance to staff about how to support the person. These showed people had access to a range of healthcare professionals who had provided support and care appropriate to their needs.

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

- Consideration had been made about the environment and people's changing needs. The registered manager told us when people displayed behaviours that had the potential to challenge others, the communal spaces had not always enabled them to spend time away from others if they wished, other than to go to their own room. In response, the communal space had been reconfigured so it better suited people's needs.
- People had been involved in the decoration of the spaces within the home and there were further plans to develop this. One person had a love of all things American and had decorated their room with this theme.
- One person displayed behaviours that challenged others and had previously broken items of furniture in their room. Specialist, robust furniture had been purchased and was screwed to the person's floor to ensure their safety. The registered manager told us the person's room was bare because this is how the person liked it. They had made plans with the person to purchase a lockable display board where photographs of the people important to the person as well as pictures, could be displayed. This was confirmed by the person's relative who told us they felt this demonstrated that staff were considerate of the person's needs and were working to ensure the person lived in a pleasant environment. They told us, "They're quite sweet in that respect."
- People had access to a large garden where they could socialise with others, receive visitors or spend quiet time alone.

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

- Since the registered manager had been in post, they had worked with people and staff to create a more healthy and balanced diet. Staff told us there was less-reliance on pre-prepared food and more emphasis on encouraging people to eat freshly prepared food of their choice. Records showed people were still able to enjoy takeaways or pre-prepared meals, yet these were in moderation to ensure they did not adversely affect people's health.
- Mealtimes were appropriately spaced and flexed to ensure all people's needs were considered and met. People were supported to eat their breakfast and lunch at times that suited their own needs. Main meals were provided to people during the evening and staff told us they would respect a person's choice if they decided to eat their meal at other times. People were observed to be provided with drinks and snacks throughout the day to ensure they had enough to eat and drink. We observed people were provided with choice and their preferences were respected.
- People could choose where they ate their meals. Most people were supported by staff to have this in the main dining area. One person preferred to eat in their room and staff respected their right to choose.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to specific decisions relating to their care was assessed. When people had been assessed as lacking capacity, discussions had taken place with others involved in the person's care such as their relatives, staff and external healthcare professionals. This helped ensure any decisions made were in people's best interests.
- Some people had Lasting Power of Attorneys (LPA) who were legally able to make decisions on their behalves. The registered manager had obtained copies of these to assure themselves those making decisions about people's care had the appropriate legal authority to do so.
- When restrictive practices were used to help ensure people's safety, for example, ensuring they received constant support and supervision or locked doors, appropriate applications had been made to the local authority to ensure any restrictions placed on people were lawful.
- Some DoLS that had been authorised had conditions associated to them. This meant the registered manager had to ensure staff complied with the conditions of the DoLS to ensure people's care was appropriate. The registered manager and staff had worked in accordance with any conditions associated to people's DoLS. For example, one person had a condition where staff were required to review the person's care plan before their DoLS expired. We saw the person's care plan had been reviewed to help assure the registered manager that a re-application was appropriate for the person's current needs.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence;

- People were supported by kind, caring and compassionate staff. People were comfortable in the presence of staff and were seen showing affection and seeking comfort and reassurance from them. One person enjoyed banter with staff and staff interacted and supported the person in an appropriate way.
- People's support plans contained a section which stated, 'What do people like and admire about me'. This had enabled staff to focus on the positive attributes of a person's character and staff had commented within one person's care plan they admired the person's smile and their sense of humour. Relatives told us their loved ones were cared for by kind and caring staff. A relative told us, "It's been a good place for them to be, they receive care from staff."
- When people displayed behaviours that had the potential to challenge others, staff demonstrated sensitivity. They supported people in a respectful and dignified way and provided people with privacy. For example, one person required one-to-one support from staff. The person sometimes disliked it when staff were too close to them. Staff ensured the person was appropriately monitored yet maintained a safe distance away from the person, so they did not feel their privacy was being invaded.
- When people required assistance with their personal care needs, staff demonstrated tact and understanding. They supported people discreetly and behind closed doors to maintain people's privacy.
- Some people displayed sexualised behaviours. Staff were mindful of people's needs and told us people were provided with time and space to spend time alone should this be something they indicated as needing.
- People were supported to be independent. Some people were involved in daily living skills such as gathering their laundry. One person sometimes chose to assist with preparing meals and drinks in the kitchen.
- Consideration was made to ensure that younger adults were treated as adults. Decisions were made in people's best interests and staff were mindful of ensuring people were treated in an age-appropriate way and with dignity when involving their relatives in any decisions relating to their care.
- People's right to confidentiality was respected. Conversations about people's needs were conducted in offices away from others. Information held about people was stored on password protected computers or offices.

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

- The provider and registered manager ensured staff were provided with time to spend with people. Staff rotas were designed to ensure people received their dedicated support hours so people could be supported

appropriately.

- People had allocated key workers. This enabled people and staff to develop bonds and trust which enabled people to raise any concerns or issues affecting them. Records showed one-to-one sessions had taken place between people and their key workers where people had been supported to communicate in a way that met their needs and enabled them to share their views and feelings. We observed people were involved in day-to-day decisions that affected their care.
- Relatives told us staff respected people's rights and people were supported in a way that met their preferences and needs. One relative told us that although their loved one was unable to verbally communicate their needs, they were able to make their feelings known and these were understood and listened to by staff that knew the person well.
- Relatives or people's paid representatives had been involved in decisions related to people's care. A paid representative provides representation and support to people in care homes who lack capacity to agree to the care being provided to them. Relatives told us they felt able to share their views and concerns with staff and the registered manager. They told us they had confidence that when they did this their views would be listened to and acted on.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had not always been provided with information that had been adapted to meet their specific needs or levels of understanding. This included support plans and the provider's complaints policy. The provider had recognised this was an area in need of improvement and was in the process of designing and implementing more user-friendly information for people to enable them to have access to information they could understand more easily.

We recommend the provider continues to seek advice and guidance from a reputable source to ensure information is provided to people in a way that meets their needs and complies with AIS.

- People had differing communication needs. Staff were provided with information about people's needs and abilities and guidance about how they could support people's communication. Some people had been supported to participate in social stories both with staff at the home and through an external organisation. Social stories help people living with autism to understand certain situations. They are used to teach particular social skills, such as identifying important cues in a given situation, asking another's point of view and understanding rules, routines and abstract concepts. The registered manager was heard explaining how this had benefitted one person and their understanding of a situation.
- Some people communicated through Makaton. Staff had been supported to learn Makaton to help communicate with people to reinforce their verbal communication. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. We observed one person communicating with staff using Makaton. Staff understood and communicated with the person in an effective and positive way.
- Staff demonstrated a good understanding of people's communication needs. They were able to interpret people's communication to ascertain what the person wanted. Visual cues such as objects of reference, were also used to aid communication with people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's physical, emotional, social and mental health needs had been appropriately assessed and considered and staff were provided with clear guidance to inform their practice. People's life history, their preferences, interests and aspirations were not always included within their plans of care. This did not

support staff to get to know the 'person'. This was of relevance due to the volume of new staff and agency staff who supported people. The provider told us they were in the process of changing people's support plans to ensure these were more suited to people's communication needs as well as ensuring they provided more information about people's goals and aspirations.

- People, and their relatives had not been supported to plan for care at the end of their lives. The registered manager had identified this and had contacted people's relatives to seek their views and preferences. As most people using the service were younger adults, people's relatives had not wanted to discuss people's end of life care needs. The registered manager told us people's known preferences such as what colours they liked, what music they enjoyed listening to and who was important to them would be used to support people at the end of their lives.

We recommend the provider continues to seek advice and guidance about ensuring people's interests, goals and aspirations as well as their end of life care needs are appropriately considered and planned for.

- People, and their relatives if appropriate, had been involved in designing people's care based on people's needs, abilities and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are social and culturally relevant to them

- Staff knew people well and supported people to partake in interests and activities they knew the person liked. Staff told us they assessed people's response when supporting them so they could understand if the person had enjoyed the experience and was then supported to pursue it again. A relative told us, "It's a great community, lots of activities, my relative is always out."

- People were supported to have an active presence in the local community. People were supported to visit places that interested them and that they enjoyed. For example, people enjoyed attending external activities such as social stories, music groups, day services and other community groups. People had been supported to visit the local community and enjoy picnics as well as train journeys to shops. One person enjoyed showing staff a hat they had purchased during their shopping trip.

- People's religious and cultural needs were identified and people who wished to continue to practise their faith were able to. Staff told us about one person who loved hymns. They told us the person continued to visit their church and enjoyed listening and interacting with hymns when they were played on the television.

- Records showed people's right to change their mind had been respected. For example, senior staff completed shift planners. These ensured appropriately trained and skilled staff were allocated to support people's specific needs. They also provided a plan about how the member of staff could support the person that day, based on the person's preferences. We saw that shift planners contained suggestions for activities and outings yet these had not always happened, as people had indicated they wanted to do an alternative activity. Staff respected people's right to change their mind. One person often declined support from staff to access the local community. Staff were mindful of ensuring the person did not become socially isolated and balanced this with the person's right to choose how to spend their time.

- People enjoyed visits from their family who told us they were made to feel welcome and were involved in people's lives. Due to a recent health pandemic, one person's relative had been unable to visit. Plans were made to ensure the person was still able to see and interact with their relatives. The registered manager was heard ensuring there were arrangements for the person and their relative to use Skype to communicate with one another. Skype is a telecommunications system that provides video and voice calls between computers and mobile devices.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people were supported to raise concerns or views about their

care through regular key worker meetings.

- Relatives told us they felt able to approach the registered manager and staff at any time. A relative told us they had some concerns about their loved one's care and had raised these with the registered manager. They told us they were listened to and the concerns were acted upon.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager had devised care plans based on people's assessed needs. These provided detailed guidance to staff about people's needs and how they should be supported. Systems and processes to assure the quality of the care people received, were not always effective. The registered manager, senior staff, the locality manager and the provider's own dedicated quality assurance team undertook quality monitoring audits. These were not always effective as they had not always identified the concerns found as part of this inspection. For example, it had not been recognised that two people were not being supported in accordance with their assessed needs when being supported to have a modified diet and fluids. Neither had it been identified that medicines management was not always safe or that known risks to people's health had not been identified and acted upon.
- There had been a lack of oversight of one person's DoLS application and authorisation. One person had not had their DoLS authorisation reapplied for in a timely way which had resulted in the person not having a valid DoLS in place for five months.
- Records, to document the care people received were not always well-maintained. For example, one person was prescribed topical creams to be applied to their body. Staff had been provided with clear guidance about where the creams should be applied but had not documented to state these had been administered. It was not evident if the person had received appropriate support or if staff had failed to document their actions.
- Some records had not been completed accurately or in their entirety. For example, staff had not recorded dates making it unclear which date the records related to. Some staff had used nicknames for themselves when documenting their actions. When this was fed back to the registered manager, they agreed with our findings and told us this would be raised with staff to ensure improvements were made.
- Two people were assessed as requiring modified diets. Staff had not always recorded the types of food people had been provided with or how these had been prepared. For example, some records were incomplete whereas others had documented people had eaten Chinese takeaway or a Kebab, yet staff had not recorded how these were prepared or served to the person to provide assurances they met the person's assessed needs.

The registered manager had not assessed, monitored and improved the quality and safety of the service or mitigated known risks. They had failed to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was receptive to our feedback. They took immediate actions and provided assurances that the concerns found as part of the inspection would be acted upon and people's care would be improved. They reminded staff of the guidance to support people according to their assessed needs. Staff were booked to attend training in medicines management to ensure their skills and competence remained current.

- The provider had a set of values that staff worked hard to implement in practice. These were featured around making things happen for people, having fun, being brave and valuing everyone. People were supported in accordance with these.
- Since the last inspection, the management of the service had changed. A new manager had applied to be registered in June 2019. They told us since this time they had worked hard to change the culture within the service to ensure the correct staff, with appropriate values that aligned with the providers, supported people. Staff and relatives told us they felt the service was well-led and they had confidence in the management.
- The registered manager had a visible presence throughout the service. It was evident people knew the registered manager well and felt comfortable in their presence. One person demonstrated affection towards the registered manager by giving them a hug and telling them about their day. One member of staff had to leave their shift earlier than planned. The registered manager was supportive of this and changed roles to provide support to one person in the member of staff's absence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others;

- The registered manager explained there used to be larger, group meetings for people to communicate and share their views about the home. They explained this did not meet all people's communication needs as the meeting would often be dominated by one person who was more able to communicate with staff through Makaton and using some spoken words. People had been supported to share their views and concerns in a manner more suited to their own needs and personalities. For example, one-to-one communication took place between the person and their keyworker where the person could be supported at their own pace and in a way they best understood. Records showed people had been supported to share their views about how they were supported. There was an informal and relaxed culture within the home where people were freely able to express their feelings and views through their reaction to how they were supported as well as through their behaviour. Staff respected this and adapted their support to meet people's needs.
- Relatives told us they were fully involved in discussions about their loved one's care. They told us there was regular contact with either the person's key worker or the registered manager, who updated them about any changes in people's needs, decisions that were being made in relation to their care and any incidents that had occurred.
- The registered manager had notified us of incidents that had occurred to people using the service, to enable us to ensure appropriate actions had been taken in relation to people's care.
- They had worked with external healthcare professionals to ensure people were appropriately assessed in relation to their health and social care needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users. They were not doing all that was reasonably practicable to mitigate risks. Neither had they always ensured the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service</p>

users and others who may be at risk which arise from the carrying on of the regulated activity.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and any decisions taken in relation to the care and treatment provided.