

Aitch Care Homes (London) Limited

Sheringham House

Inspection report

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Date of inspection visit:
28 January 2020

Date of publication:
24 February 2020

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

About the service

Sheringham House provides accommodation and personal care for up to 10 people aged between 18 and 65 years, who have a learning disability and autism. At the time of our inspection, the service was full. Sheringham House is one of several small homes owned by Aitch Care Homes (London) Limited.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 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, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

People were safe at Sheringham House. Staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed well so people received their medicines as prescribed.

The provider continued to operate robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. Staff received training, support and supervision to enable them to carry out their roles safely.

People's support plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed support plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices. People received the support they needed to stay healthy and to access healthcare services. These were reviewed regularly. Staff supported people to maintain a balanced diet and monitor their nutritional health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed people's rights, their dignity and privacy were respected.

People knew how to complain and felt confident any concerns would be listened and responded to by the provider.

There was a positive leadership in the service. The service was well led by a management team who led by

example and had embedded an open and honest culture. Effective governance systems to monitor performance continued to be operation in the service.

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

Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sheringham 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 carried out by one inspector.

Service and service type

Sheringham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This 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 used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with two people with limited verbal communication. People who lived at the service had complex needs and were not able to tell us about their care and support. 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 also observed staff interactions with people and observed care and support in communal areas.

We spoke with two support workers, two senior support workers, the deputy manager, registered manager and the regional manager who supported staff with the inspection.

We reviewed a range of records. This included three people's care records and health care records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received and reviewed the training data, annual quality survey, minutes of meetings and copy of risk assessments.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Our observation showed that people continued to be safe in the service. People were comfortable and relaxed around staff. One person said, "I feel safe here."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "It is about protecting people from harm or abuse. If I suspect an abuse, I will inform my manager or I can go to social services." Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff had access to the updated local authority safeguarding policy, protocol and procedure. The safeguarding procedure was on the notice board.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "I will whistleblow if I report something to my manager and nothing was done about it. I will report it outside the company to such bodies like the police."

Assessing risk, safety monitoring and management

- Staff continued to understand people's individual risks, and how to support them to maintain their safety. Staff supported people to take positive risks so they could lead as full a life as possible. For example, one person liked to go to the local shop. We saw staff supported the person to the local shop during our inspection. The person told us they were happy going to the shop with the staff member.
- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence. Individual risk assessments included risks related to; going out in the community, nutrition and hydration and health needs such as epilepsy.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place and staff were aware of what to do in the event of an emergency.

Using medicines safely

- People's medicines continued to be handled safely. Staff were guided about people's allergies to ensure safe administration.
- People were supported to understand and be involved in their medicine administration. We observed medicine being administered to one person. Staff reminded the person what the medicine was for and

supported them with it appropriately.

- Medicines were stored safely in a temperature controlled room.
- The registered manager and staff followed safe protocols for the receipt, storage, administration and disposal of medicines. PRN (as required) protocols were in place and staff followed them. People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Staffing and recruitment

- Staff continued to be recruited safely, and checks were completed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References had been received by the provider for all new employees.
- There continued to be sufficient numbers of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed staff had time to spend individually with people and knew everyone very well.

Preventing and controlling infection

- There continued to be effective systems in place to reduce the risk and spread of infection. Staff were trained in infection control and food hygiene.
- Personal protective equipment, such as gloves and aprons, were used by staff to protect themselves and people from the risk of infection.
- We observed the environment was clean, spacious and uncluttered during our inspection. The service continued to be redecorated by the maintenance staff.
- The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Learning lessons when things go wrong

- Staff continued to maintain an up to date record of each person's incidents, so any trends could be recognised and addressed. A record was made of how these had been resolved.
- All incidents were reported to the regional manager who reviewed and actioned. The system used showed incidents were clearly audited and any actions were followed up and support plans adjusted accordingly. This meant that people could be confident of receiving safe care and support from staff who knew their needs.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to carry out an initial holistic assessment with people before they moved into the service.
- Records showed the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support. For example, people were asked about their sexual needs in their support plans. For example, one person answered they do not show any sexual interest in the opposite sex or the same sex.'
- Support plans were kept under review and amended when changes occurred or if new information came to light.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, guidance on how people with epilepsy should be supported were documented and followed by staff. People's oral healthcare needs were assessed and supported with visits to the dentist based on their assessed needs.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local authority professionals. The provider sought advice from appropriate professionals where the service needed further support in meeting people's needs. This included the local GP and the local speech and language therapist (SALT) team, demonstrating the provider promoted people's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's preferences, likes and dislikes and made sure these were available.
- Staff told us a referral would be made to healthcare professionals if they had any concerns about anyone losing weight. The registered manager continued to work with healthcare professionals in meeting people's nutritional needs.

- The kitchen and dining area were spacious and fully accessible to people. People had free access to a large garden and all areas of the service.
- The service was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement.
- People's rooms were personalised to suit their tastes and needs. For example, one person liked trains. Staff supported the person to decorate their room with trains which was their choice.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role.
- Staff had attended training considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. Specialist training was provided for staff. This included how to provide positive support to people by increasing their communication techniques and coping strategies.
- Newly recruited staff received an induction and worked alongside experienced staff. New staff were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff continued to have regular supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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. We found that they were.

- People's consent and ability to make specific decisions had been assessed and recorded in their support plans.
- Where people lacked capacity to make certain decision such as healthcare, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.
- Staff had received training in MCA and DoLS and understood their responsibilities under the Act. People who lived in the service had been assessed and DoLS had been appropriately applied for and authorised.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The provider and staff respected people's decisions.

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 the same. 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

- Our observation confirmed people were well treated. Interactions between people and staff were kind, caring, positive and appropriate. The staff chatted with people in a friendly way. One person said, "I like it here and like the staff."
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. Staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff continued to help people to stay in touch with their family and friends.
- Staff promoted equality and diversity. For example, they ensured one person who's support plan stated they liked to attend Church, attended Church whenever they wanted.

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

- People were supported to express their views throughout our inspection. People who could not communicate verbally would gesture to the staff, or go to where they wanted to be, such as the toilet, kitchen to make tea or any other place they would like to go. Staff responded quickly and appropriately to their needs.
- People's support plans contained 'communication passports' which provided personalised information on how people communicated and how staff should communicate with them. For example, some people used key words as a means of communicating.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they promoted people's independence in all they did. People's independence was promoted by managing their own laundry. We observed a staff member supporting a person to take their items from the tumble dryer. The staff member calmly encouraged the person with this task. The person was happy with this.
- Staff understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first

knocking to seek permission to enter.

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to have support plans in place, which reflected their current needs. People and their relatives were regularly involved in writing and reviewing their support plans. People had regular reviews with the healthcare professional and funding authority.
- Support plans covered all aspects of people's daily living, care and support needs. Support plans were personalised and each person's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves. For example, development of daily living skills, such as house keeping and cooking.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities.
- People told us staff continued to encourage them to pursue their interests and participate in activities that were important to them. One person said, "I like to go the shop. I like shopping and I went to [X] today and I loved it." Another said, "I like swimming and I go regularly." People attended colleges nearby. Other activities included, hydrotherapy, lunch out, cinema, use of the sensory room and day trips.
- People had access to the community facilities such as the local parks. For example, people were supported to go swimming whenever they liked.

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's support plans were in easy read or pictorial formats and people were able to understand them.
- Activities for people were written in pictorial and user-friendly form. This included, posters for cooking, going to the shop, visits to healthcare professionals, and college. This meant that information was provided to people in a way that complied with the Accessible Information Standard.
- Support plans contained information about how people communicated and things that would make them anxious. All staff knew people well and made sure that people were supported to have a good day. We observed staff communicating with people in their preferred manner.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

- The service had not received any complaints since our last inspection.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager continued to complete regular audits for all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. Areas audited included number of staff on shift daily, weekly rota auditing, infection control, support plans, health and safety and medication. The improved staffing audit had ensured improved consistency in staffing levels in the service.
- The provider and registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- A member of staff said, "It has been lovely working here. We receive good support from the manager. We work as a team"
- Staff told us that the management team continued to encourage a culture of openness and transparency. A member of staff said, "I suggested redecoration of the communal area and this was done."
- There was a positive culture and atmosphere between management, staff and people. Both staff and people told us the registered manager was approachable. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I do get enough support from the manager. They are organised, approachable and efficient." Our observation showed that staff interacted in a friendly and supportive way with each other, from the regional manager who came in for the inspection, to the deputy manager, registered manager, seniors and staff who were on duty on the day.
- There was a positive focus on supporting people to communicate and express their views. A member of staff had been supporting one person with sign language to help communication. We observed that the person had responded in a positive way to the use of signing. The member of staff said, "We use flash cards, sign language and body language to communicate."

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

- There were a clear management structure at Sheringham House. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.

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

- Staff told us that they were able to share their ideas and felt listened to. We observed this throughout the inspection.
- Communication within the service was facilitated through staff meetings and management regional meetings. Areas of discussions were medication, documentation and staff training. Feedback from the meetings continued to be used to improve the service provision.
- The provider had systems in place to receive feedback about the service, including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, one healthcare professional wrote, 'You are absolutely lovely, very accommodating and helpful and very open to ideas. Just wanted to appreciate your willingness to work as a team.'

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. The management team had built strong links with other local registered managers and providers who they gained support and advice from.
- The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the speech and language therapist team to ensure people received joined up care.
- The provider, management and staff worked well with other agencies and services to make sure people received their care in a combined way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect.
- According to the PIR, the provider had accreditation for Investors in People Status. This is an accreditation scheme that focuses on the provider's commitment to good business and people management excellence.