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Upaya Ananda

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Upaya Ananda is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Upaya Ananda provides respite care for up to three people who live with a learning disability and/or autistic spectrum disorder and/or a physical disability.

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.

On the day of our comprehensive announced inspection on 23 October 2018, there was one person using the service. We gave 24 hours' notice of this inspection to make sure that people who used the service and staff would be available to see us.

At our previous inspection of 18 March 2016, this service was rated Good overall. We found the evidence continued to support the rating of Good overall. 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.

People continued to receive a safe service. There were systems in place designed to reduce the risks of abuse and avoidable harm. Where incidents happened, the service learned from these to drive improvement. Risks to people continued to be managed well. People were supported with their medicines in a safe way. Staff were available to support people and the systems to recruit staff safely were robust. Infection control systems continued to be managed well.

People continued to receive an effective service. People were supported by staff who were trained and supported to meet their needs. People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was well maintained and suitable for the people using the service.

People continued to receive a caring service. People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning.

People continued to receive a responsive service. There were systems in place to assess, plan and meet people's individual needs and preferences. People's had access to social activities to reduce the risks of

isolation and boredom. There was a complaints procedure in place.

People continued to receive a service which was well-led. The service provided was assessed and monitored to provide people with a good quality service. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result, the service continued to improve.

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 continues to be good.	**Good**
Is the service effective? The service continues to be good.	**Good**
Is the service caring? The service continues to be good.	**Good**
Is the service responsive? The service continues to be good.	**Good**
Is the service well-led? The service continues to be good.	**Good**

Upaya Ananda

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 announced comprehensive inspection took place on 23 October 2018 and was undertaken by one inspector. We gave 24 hours' notice of this inspection to make sure that people who used the service and staff would be available to see us.

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 reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the person who was using the service at the time of our inspection and the staff member on duty. We also observed the interaction between the staff member and the person. The registered manager was not working on the day of our inspection, we spoke with them on the telephone.

We looked at records in relation to two people's care, one was the person using the service during our inspection and the other was a person who regularly used the service. We looked at records relating to the management of the service and staff training.

Good

Is the service safe?

Our findings

At our previous inspection of 18 March 2016, this key question was rated good. At this inspection of 23 October 2018, people continued to receive a safe service.

We observed friendly interactions between the staff member and the person using the service. The person was comfortable with the staff member. We observed that the staff member supported the person safely when they were preparing lunch.

There continued to be systems in place designed to reduce the risks of avoidable harm and abuse. Staff received training in safeguarding and understood their responsibilities in keeping people safe. There were notices in the office which guided staff on actions they should take, including reporting to the appropriate authorities, if there were concerns of abuse. We reviewed the staff meeting book and saw that staff were guided in reporting concerns and allegations as soon as possible.

The service continued to manage risks well. People's care records included risk assessments which guided staff on how the risks in people's daily lives were reduced. Staff were trained in how to safely support people with behaviours that may present a risk to the person, staff and others. Where incidents had happened, the service had systems in place to learn from these.

Risks to people of injuring themselves or others were limited because equipment, including the hoist, portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken to ensure that staff were aware of the support that people needed should the service need evacuating.

There were sufficient staff numbers on duty to meet people's needs. The rota was flexible to make sure that when people were booked in to use the respite service, staff were put on shift to meet their needs. This ensured that there were staff available when people needed them and people could undertake their chosen activities. A staff member told us that if there were any issues with staffing, their colleagues could be called on from the provider's neighbouring service or domiciliary care service.

The registered manager told us that the provider continued to undertake checks on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. This was confirmed by a staff member.

The service continued to manage people's medicines safely. The staff member told us, and records confirmed, that when people arrived at the service for their respite care, their medicines were checked and booked into the service, and when they left they were again checked and given to the person's relative. When this was being explained to us by staff the person using the service agreed this happened. The medicines administration records (MAR) demonstrated that people had received their medicines as prescribed. Staff had received training in medicines and had their competency was checked by the senior team. Medicines were kept safely in the service. Regular checks were undertaken, these included stock

balance and audits. This supported staff to identify any shortfalls and take prompt action to address them.

The service was visibly clean. Staff had received training in infection control and food hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination.

Good

Is the service effective?

Our findings

At our previous inspection of 18 March 2016, this key question was rated good. At this inspection of 23 October 2018, people continued to receive an effective service.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs and protected characteristics relating to equality. People's needs were assessed prior to the person using the service. Before people started using the service they could attend visits to ensure a smooth transition. Discussions with a staff member and records showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included health care professionals.

Staff told us, and training records showed, that staff continued to receive the training that they needed to meet people's needs. This included training in safeguarding, fire safety, health and safety, and medicines. In addition, staff received training in equality, diversity and human rights, epilepsy, autism and understanding positive behaviour to meet the needs of people with specific health conditions. A staff member told us that they were undertaking a qualification relevant to their role, they added that most staff in the service had achieved or were working on a qualification in health and social care. This was confirmed in records. New staff received an induction course which included training and shadowing more experienced colleagues. A staff member told us that new staff were observed and assessed during their induction to ensure they were competent to work alone.

Staff continued to be supported in their role and received supervisions and appraisals. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

The person using the service told us that they were provided with a choice of meals and that they got enough to eat. During lunch we saw that the person chose what they wanted to eat, they said that they had been shopping the day before and selected the items they wanted for their respite stay. There were drinks available to people when they wanted them to reduce the risks of dehydration. People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff understood people's specific dietary needs and how they were met.

People continued to have their health needs met and they were supported to see health professionals if needed. A staff member told us, and records showed, that the service contacted health professionals when they were concerned about the person's wellbeing, with their and their relative's consent. People's care records identified their health needs and how they were met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The

service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty.

People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. Training records identified that staff had received training in the MCA and DoLS. One staff member was able to explain a DoLS referral which had been made appropriately and how this reflected on the support provided. The staff member asked for the person's consent for us to look at their care records and discuss their needs.

The person using the service allowed us to see the bedroom they were using. They said that they had chosen this bedroom when they arrived. The environment had communal areas that people could use, including a lounge/dining area. Records showed that where repairs or new furniture was needed, this was done promptly. The environment was suitable for the people who used the service, each bedroom had an en-suite bathroom, one of these had wider doors and a wet room which was accessible for people who needed to use mobility equipment. There was a secure garden which people could use. We saw that the person freely moved around the service. They had access to all of the communal areas.

Good

Is the service caring?

Our findings

At our previous inspection of 18 March 2016, this key question was rated good. At this inspection of 23 October 2018, people continued to receive a caring service.

There was a relaxed and friendly atmosphere in the service and the person using the service and staff member clearly shared positive relationships and knew each other well. The staff member interacted with the person in a positive and caring way. The person responded well to the staff member and they chatted and laughed with each other.

People's care plans guided staff to ensure their privacy, independence and dignity was respected. During our inspection we saw that the person prepared their own lunch with encouragement from the staff member. The person's privacy was respected, when they went into their bedroom the staff member knocked on the door before entering.

The person using the service told us that they chose what they wanted to do and their choices were respected. This was confirmed in our observations. People's records showed that they made choices about their daily lives and the staff acted in accordance with their wishes.

Good

Is the service responsive?

Our findings

At our previous inspection of 18 March 2016, this key question was rated good. At this inspection of 23 October 2018, people continued to receive a responsive service.

A person told us that they enjoyed their time at the service. People's care records demonstrated that they continued to receive care which was tailor made to their individual needs. The records clearly identified how people's needs had been assessed, planned for and met. Some people who had conditions which may affect their wellbeing. We saw that their care plans identified how their conditions affected their daily lives and any warning signs staff should be aware of, such as signs and indicators of becoming unwell associated with their condition. The daily records identified the support provided to each person every day and their wellbeing.

There were no people in the service receiving end of life care. The service provided respite care and it would be unlikely that people would be using the respite service if they were at the end of their life. However, there was a protocol in place should an unexpected death happen.

The person using the service told us that they chose what activities they wanted to do. They had gone out for a meal at a local pub and food shopping the day before our inspection. On the day of our inspection they were doing colouring with a staff member and decided that they wanted to go to a nearby seaside town for fish and chips later in the day. Records showed that other activities people had participated in included going out for walks, to the cinema, and an art exhibition. People's records identified what they enjoyed doing and their interests were supported during their stay in the service.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. There had been no formal complaints recently made. However, a staff member told us that the comments and concerns from people and relatives were listened to. An example of this was a person's relative had said that they wanted the person to be supported with healthy eating. As a result, this was incorporated into their care records and this support was provided.

Good

Is the service well-led?

Our findings

At our previous inspection of 18 March 2016, this key question was rated good. At this inspection of 23 October 2018, people continued to receive a well-led service.

There was 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 persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement.

There continued to be a programme of checks which were used to monitor the service provided. This included in care plans, medicines, and the environment. There were actions in place where shortfalls had been identified, to improve. This included replacing furniture and furnishings in the service.

People and relatives continued to be involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires and discussions with staff when they visited the service. People's suggestions were valued and used to improve the service. An example of this was when a person said that they would like more items to use in the garden and these were then purchased.

Several of the staff had worked in the service for many years. The staff member told us this was because the service was well-led and the registered manager was supportive. Staff meetings were held where they discussed any changes in the service and in people's needs. Following the house staff meetings, there were meetings held with the senior teams from the provider's other services to share good practice and improvements.

The staff member told us how they had links with the community and how people who used the service were supported to access the community. The service was in the town centre so people could access it easily, including shops and restaurants.

The service continued to work with other professionals involved in people's care, this included health and social care professionals.