

Counticare Limited

Anderida

## 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

### Care service description

Anderida is a residential care home for up to three people with learning difficulties. The service is a detached bungalow in a small village with local amenities. There were two people living at the service when we inspected.

Anderida 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. Anderida accommodates two people in one adapted building.

The 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 using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated 'Good.'

### Rating at this inspection

At this inspection we found the service remained 'Good'

### Why the service is rated Good

The service had robust systems in place to keep people safe. The registered manager assessed and mitigated risks, and ensured care plans were up to date to reflect people's needs. People received the medicines they needed in a timely manner, and their medicines were managed safely. There were enough staff to meet people's needs, and the necessary pre-employment checks completed to ensure people had the suitable skills to work in a care setting. People were supported by an experienced staffing team who knew them well, and understood how to safeguard them from any potential abuse. The service was clean and well maintained. Staff had received training in infection control and used personal protective clothing where required. Incidents had been reviewed and improvements made to improve the safety of the service.

People's needs had been assessed and treatment delivered in line with current legislation. Staff worked with external organisations to share best practice. Staff received effective training, and regular supervision and observations from the registered manager. The environment had been adapted to meet people's individual needs. People were supported to maintain a balanced diet and were referred to health care professionals when required. Staff had good understanding of the Mental Capacity Act and people made their own decisions.

People were treated with kindness and respect. Staff took the time to have meaningful interactions with people. Staff supported people to be as independent as possible, and encouraged them to make choices. Staff respected people's privacy and dignity, and supported people to maintain relationships with those who were important to them.

People received personalised care in line with their needs. Activities were planned around people's known likes and dislikes. The provider had systems in place to seek feedback from key stakeholders in order to improve the service. At the time of inspection the service was not supporting anyone at the end of their life.

Staff and healthcare professionals told us the service was well-led. Staff told us they were supported by the registered manager. There was a positive culture between staff. The registered manager understood and was meeting their regulatory responsibilities. There were robust processes in place to learn from accidents and incidents. The provider and registered manager regularly audited the service to strive for improvements. The registered manager attended a number of internal and external forums to learn and share best practice.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Anderida

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2018 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed previous inspection reports, notifications and any other relevant information we had received. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to 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 met two people, spoke with two members of staff, and the registered manager. We sampled records such as two care plans, medicine records, audits and daily notes. Following the inspection, we spoke with two health care professionals and two commissioners.

# Is the service safe?

## Our findings

People were protected from avoidable harm and abuse. Staff told us "I just want them [people] to be happy and contented and to never feel unsafe." Staff told us that people would indicate to them if they felt unhappy or safe, and staff knew people well enough to react to any changes in behaviour. We observed people appearing content in the company of staff. When we arrived at the service, people were relaxing in the lounge with staff.

There continued to be a robust safeguarding policy in place. There had been no safeguarding concerns since our last inspection. Staff had received effective training in safeguarding. Staff told us they knew how to recognise and respond to abuse and had confidence in the registered manager to deal with any concerns. One staff member told us, "I would speak to my senior, then a manager and a more senior manager. I would go to CQC if no one was listening, or the local authority, but I know [the registered manager] would not stand for abuse."

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and any behaviour that could be challenging. Each care plan explained how to manage these risks and ensured that people received the care they needed in a safe way to minimise the risks from occurring. Some people were living with a dual sensory loss (meaning they were both blind and deaf) and there was clear guidance for staff regarding how to manage the risks associated with this. We observed staff following the necessary guidance, and walkways were clear to ensure people were able to move around the service without the risk of falling.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly. Staff checked the water temperatures throughout the service to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There continued to be enough staff to meet people's needs and keep them safe. The registered manager told us staffing was flexible depending on the needs of the people living at the service. People were supported by a small team of staff who knew them well, some having worked with them for over 11 years. The registered manager was based at the service for a minimum of two days a week and was able to provide support when required. Staff told us that if they needed support they would ask the registered manager. The provider had employed additional staff to be used flexibly around all its services should additional staffing be needed. There were no staff vacancies at the time of our inspection, and no new staff had been recruited since our last inspection. The registered manager told us that staff retention was good within the service. Robust recruitment processes remained in place to ensure staff were suitable to work with people before they started.

Medicines continued to be stored safely and at the right temperature in locked cabinets in people's rooms. Policies and procedures remained in place to ensure people received their medication on time. Medicine administration records (MARs) were up to date and fully completed. Some people were prescribed medicines on an as and when basis, and there was guidance in place about when these medicines might be needed. Staff were trained how to manage medicines safely, and told us they felt safe administering medicines. Staff had received comprehensive training on medicines administration and practice assessments took place which were reviewed by the registered manager.

The service continued to be clean, smelt fresh and was well kept. Staff had received training in infection control and there was personal protective equipment (PPE) readily available throughout the service.

Accidents and incidents had been monitored and assessed for learning. There had been three incidents since our last inspection, and the registered manager was able to demonstrate that appropriate action had been taken to mitigate the risk of the incident reoccurring.

## Is the service effective?

### Our findings

The service continued to be effective, a healthcare professional told us "Anderida is a small, comfy clean home and (name) has gained new skills and independence." People were supported by a small, well trained staff team who knew them well and were responsive to their needs.

No one new had moved into the service since our last inspection. The registered manager and staff had regularly reviewed people's care plans to ensure they fully represented people's needs. Staff and the registered manager were aware of best practice relating to supporting people with learning disabilities, including person-centred planning (a way of helping people to plan their care) and positive behaviour support. Positive behaviour support involves understanding why a person may display behaviour that can be challenging and addressing the issues that trigger the behaviour. For example, one person could be distressed and may bite their hand when in pain. Staff had worked with the person and identified that their distress may be caused by pain, so knew they could administer pain relief after a set amount of time, even though the person could not tell them they were in pain.

Staff had identified people's needs and sourced ways of enhancing their life skills and communication methods. Staff had made referrals for people to explore increasing their communication by having one to one sessions with healthcare professionals to assist people in using electronic tablets. Staff told us people enjoyed these sessions and would demonstrate so by smiling.

Staff continued to receive effective training to ensure their skills were up-to-date. The registered manager had a training matrix to ensure staff completed their yearly training updates. Staff told us they received effective training which assisted them to provide high quality care and understand their responsibilities. The registered manager told us the staff team were good at sharing best practice with each other including training or how best to support people, and offering support to each other when needed. The provider's statement of purpose says "Our staff training helps colleagues to understand what they need to do in order to make a reality of our shared approach of care." Additional training needs were discussed by staff and the registered manager during supervisions and in staff meetings. We observed staff supporting people to ensure their dual sensory needs were met. Staff gave people the space to move around the service independently, but were always nearby to offer assistance if needed.

Staff had regular supervisions and observations with the registered manager, and told us they felt supported in their role. Details of the supervisions included knowledge checks that the registered manager would carry out, such as staff members understanding of safeguarding and whistleblowing. The registered manager would often work alongside staff due to the nature of the small service and therefore was able to regularly review practice.

There were pictorial menus in the kitchen, detailing the meals for that week and these were used to help people make food choices. Pictorial cards were used, along with staffs knowledge of peoples likes and dislikes to create menus. Staff had developed a good understanding of people, and gauged their likes by reactions to food. For example, staff were able to tell us of people's favourite foods based on reactions to



smell, and how much of the food was eaten Staff provided people with a varied nutritional diet and told us, "They love their food." People were supported to eat and drink enough in order to maintain a healthy weight. Staff offered people drinks regularly, and monitored their fluid intake. Staff offered people a choice of drinks. Staff told us, "A big part of my job is making sure they [people] are safe and looked after." People were encouraged to be involved with meal preparation, and had adapted utensils to support this. Mealtimes revolved around people and their activities. Health records showed people were weighed regularly to ensure they maintained a healthy weight.

People were supported to eat and drink safely. Everyone living at the service had been assessed by a Speech and Language Therapist (SALT) and staff followed their guidance to support people safely. People enjoyed their food. Staff told us people were never left unattended whilst eating, and supported people by cutting up their food to reduce the risk of choking. The kitchen was open and people were able to come and go as they pleased.

People were supported to live active and healthy lives. When people were unwell staff supported them to see a doctor and ensured they received the support they needed. One person had been supported to reduce their medicines to help them feel settled and calm. A healthcare professional had written, "The reduction went well...Staff noticed that they [the person] has become more orientated in a way of being more cheerful, more interacting and more happy."

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. Staff told us this was important to ensure people received continuity of care. People had health action plans in place detailing their health needs and the support they needed.

People's health continued to be regularly monitored, and staff involved health care professionals to ensure people's needs were met. The registered manager had been working closely with the SALT team to implement more communication tools to assist the people living at the service. One enjoyed regular reflexology sessions. All people at the service were registered with the GP and dentist and had regular health check appointments supported by staff. Staff responded quickly if people became unwell.

The environment of the service had been adapted to meet people's individual needs. One person liked to sit on the floor, so the provider replaced the carpet in their room installing a luxury carpet. There were different flooring types installed in each area of the house, to support those with dual sensory loss to navigate around the house independently. The hallway had 3D hearts on the wall which helped people to find their bedrooms. People were supported to access the garden.

Staff had planted specific herbs and plants in raised beds to provide stimulation for those with dual sensory loss. Staff told us "I tried to put things in that could be touched with different textures." During the summer months, staff told us people enjoyed eating lunch outside and relaxing on the swing. One person had a trampoline in the garden which staff told us, "They absolutely love."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 registered manager had applied for DoLS for people living at the service, but these had not yet been authorised.

Staff understood the principles of the MCA and although people had complex needs, encouraged them to make decisions for themselves. Documentation showed the principles of the MCA were referred to in every staff meeting to ensure staff supported people to be as independent as possible. Staff told us, and we observed people being given a mug and glass and choosing if they wanted a hot or cold drink by choosing the cup. When important decisions had been made on people's behalf staff had taken part in best interest meetings. Staff had also involved advocates to support people to make their needs known.

# Is the service caring?

## Our findings

A healthcare professional said "Anderida is a unique home in so much as the staff have always been so warm and welcoming." Staff understood people well and were able to deliver personalised support to fit people's needs. Staff told us "The best thing about working here is the people that live at the service."

Staff continued to treat people with compassion and kindness. One person was going out for day, and being supported by staff from their day service. When they were leaving staff gently encouraged the person to leave, talking enthusiastically about what the person was likely to be doing that day. The person appeared comfortable and relaxed and walked out of the service, to get on their transport for the day.

Staff spoke with affection about the people they supported. We observed staff supporting people with visual and sensory impairments around the service. Staff were aware of the correct level of support needed to allow people to be as independent as possible whilst assessing and mitigating any potential risks and hazards. People's care plans continued to be detailed, with information relating to their life histories, their preferences, how they liked to receive support as well as communication tools. We observed communication systems staff had put in place to support people, which appeared to work well. When we arrived at the service the registered manager showed us how to introduce ourselves to people with dual sensory loss by giving them our hands and allowing them time to process new smells.

People were supported to have much choice as possible. The registered manager told us they sought to "Provide interaction, social skills and promote independence." People were given choices in relation to drinks, food and activities and likes and preferences were gauged on people's reactions. People's rooms had been decorated to suit their individual personalities and their preferences had been taken into account. There were photos of day trips decorating the service and a number of sensory items which produced different sounds and lights, available in communal areas. The service felt welcoming and homely.

Staff told us how they delivered personalised care to people. We observed staff taking the time to have meaningful interactions with people. Staff adapted their communication styles to meet individual preferences, which included bending down to speak with people at eye level and comforting people by placing a reassuring hand on peoples shoulder.

Staff continued to be responsive to people's needs, and people responded well to staff. Staff were able to tell if a person was in pain or distressed through changes of behaviour. Staff said "If (name) was in pain they would sit up and rock vigorously." Should such instances occur, staff told us they would continue to monitor people, administer pain relief in line with their process and inform the registered manager and GP if concerns continued.

People could have visitors whenever they wished and were encouraged to maintain the relationships with those who were important to them. People were supported to go for a meal with relatives over Christmas. Although staff were present to offer support if needed, they sat at another table allowing people privacy with

their relatives. Where complex decisions needed to be made, the registered manager and staff involved people's families and advocates.

People's privacy and dignity was respected and maintained. Staff knocked before entering people's rooms and one staff member told us this was important as "We are guests in their home." People shared communal areas comfortably and didn't enter other people's bedrooms as the different floor textures helped them distinguish which room was theirs. Staff understood signs to look for if people wanted to have private time in their rooms, telling us people would face the wall if they didn't want to be disturbed. Staff supported people in a meaningful way, and helped them to understand the world around them. Confidential information continued to be kept securely, in the registered manager's office, which was locked when not in use. Records we viewed including people's care plans and staff records were up to date and held securely.

## Is the service responsive?

### Our findings

Staff continued to have a good understanding of the people they supported, and spoke of them in a caring way. One healthcare professional said "The manager and staff are friendly, welcoming and extremely knowledgeable regarding their clients." People's needs and support had been assessed and reviewed in line with their changing needs.

Where people required support to make their needs known, advocates and family members were involved in care reviews and decision making to try to reach the best outcome for people. Any changes to people's preferences or conditions were discussed in the staff meetings and during handovers. Staff had a communication book which they reviewed daily, as well as a verbal handover. Staff made clear comprehensive daily notes that ensured any changes in people's needs were documented.

One staff told us, "It is important to have the person at the centre of everything we do. To guide and support them to have as independent a life as possible." Staff spoke with genuine affection about the people living at the service, and the importance of them being contented living together, whilst recognising age and taste differences. Staff told us people enjoyed socialising with each other, and although some people had complex dual sensory needs they were able to interact. Staff told us of these interactions and said "It is a joy to watch."

People continued to be supported to be involved in a range of activities specific to their needs and likes. Some people participated in life skills, involving them in cooking, whilst others preferred to be involved by sharing the space whilst not participating in that particular activity. Although people needed support with communication, staff understood how to identify if activities were enjoyed by reviewing people's body language, mood and facial expressions. The registered manager told us "(person) has the best smile. You know how (person) is, and if they are happy from their body language." This information was used to ensure staff could support people well and documented in their care plans. Daily records documented people with dual sensory loss enjoying trips to department stores where they enjoyed the different textures available to feel, or for drives in the car. Other activities included going to a day centre, swimming, going to garden centres and having days out at the beach. The registered manager told us "(Name) loves swimming; it's a big part of their life." People's care plans continued to have detailed information reflecting people's life histories, guidance on communication and how people like to be supported. Likes and dislikes around food and drinks and preferred activities were detailed and regularly updated. Care reviews had been scheduled, and included people, care managers, relatives and the service.

There continued to be a robust system in place to monitor and review complaints, incidents and feedback received about the service. Since our last inspection, no new complaints had been made. The complaints procedure was accessible to people and created in an effective format so it was easier for people to use. Staff were aware of the complaints process, and were confident in raising complaints and concerns with the manager. Staff told us that whilst people needed support with communication, they made their feelings known through body language and facial expressions. Staff were asked on a regular basis if they had any concerns to raise during staff meetings.

The registered manager sought feedback about the service from people, relatives and healthcare professionals. Surveys had been sent out the previous year to gain feedback about the service, with the responses being positive about the service, and were due to be sent again within the next few months.

At the time of our inspection the service was not supporting anyone receiving end of life care. The service had previously supported people at the end of their life. The registered manager and staff were united in expressing how supportive the provider had been during this difficult time. Staff were offered counselling and regular meetings with the registered manager and provider to help them with the grieving process. Staff supported the person whilst in hospital, and during their final moments. Staff and the registered manager spoke of the importance of the person having a dignified passing. The provider, registered manager, and staff organised the funeral with basic knowledge of the wishes of the person. All staff were supported by the provider and staffing from sister units provided at Anderida to support people there, and enable staff to attend the funeral, which we were told was "an excellent turn out, including relatives of people (name) had previously lived with." Staff and the registered manager planted a memorial tree in the service grounds in memory of the person that passed away.

The registered manager has organised meetings with advocates, relatives and people to complete the 'my wishes' provider documentation for future use.

## Is the service well-led?

### Our findings

The service continued to be well led by a skilled registered manager, who was experienced in working with people with learning disabilities and mental health conditions. Staff told us "I can honestly say [the registered manager] and [senior member of staff] are the best managers I have ever worked with. You work as a team."

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 had a clear vision and culture, the values – 'person-centred' 'friendly' 'innovative' 'empowering' 'positive' were displayed on the wall in the office. Both the registered manager and staff were aware of the values and clear about the aims of the service. The provider's values formed part of the regular team meetings. The registered manager told us "My first goal is to ensure their [people's] happiness, ensure they are as happy and content as possible and encourage their independence." There continued to be a positive culture between staff and people. Staff treated each other with respect and spoke highly of one another. Staff told us the service was well-led and that the manager operated an 'open door' policy.

Staff and the registered manager spoke of the staffing team with high regard. The registered manager told us with pride of two staff that were recognised for their exceptional care in relation to when a person had died. The staff team at Anderida were also nominated for the 'team of the year' award as decided by the provider. Staff told us "The team are fantastic, we are a small team and work well together."

The registered manager and provider shared information, and were transparent about the future of the service. Staff, people, relatives and advocates were involved in discussions regarding long term plans for the service. Any issues staff had were discussed in their team meetings, supervisions, and staff told us they were confident to approach the registered manager with any issues. Staff told us "(The registered manager) warrants our opinion, we have a two way conversation. I am delighted with them. They are a people person and are very caring."

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's 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 judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

The registered manager had worked with the provider for 19 years and told us they were well supported by the provider and their line manager. The registered manager said "I receive excellent support from my line manager; they were on the phone daily following the passing away of (name)."

The registered manager held regular staff meetings. Minutes of these meetings evidenced the registered manager asking for feedback on improvement ideas for the service, sharing best practice, and highlighting exceptional performance. Yearly questionnaires were sent to relatives and healthcare professionals to gain feedback about the service. Feedback provided was discussed with the team and improvement plans implemented, such as the sensory garden staff suggested, planned and planted last year.

The provider held monthly managers meetings that the registered manager attended. These meetings were used as an opportunity to share lessons learnt as well as discussing best practice. The provider organised for external bodies such as the CQC to present at such meetings, and the registered manager shared knowledge gained during the regular staff meetings. The registered manager and provider continued to regularly audit the service to strive for improvements, creating and completing action plans as a result of the audits. Audits included learning from any accidents or incidents at the service. The registered manager was able to demonstrate learning from an incident where a person knocked their head on a door, and measures they had put in place to mitigate the risk it happening again.

The registered manager and staff worked in partnership with other agencies including health care professionals, care managers and commissioners. A healthcare professional said "I have a good communication network with the manager."