

Active Care Homes Limited

Cantley House

Inspection report

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Cantley
Doncaster
South Yorkshire
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Tel: 01302537622

Date of inspection visit:
05 January 2017

Date of publication:
15 February 2017

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

The inspection took place on 5 January 2017 and was unannounced. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Cantley House is registered to provide accommodation and personal care for up to three people who have a learning disability or autistic spectrum disorder.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment.

Staff had completed training in how to protect people from harm and abuse and understood the different forms and potential signs of abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a disclosure and barring service (DBS) check.

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people with their medicines. Medicine records were up to date with no gaps or inaccuracies.

People had opportunity to participate in a wide choice of activities. People were regularly involved in a range of activities on the day we visited. People were able to attend centres locally, which offered a range of activities.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management. They were sure the correct action would be taken if they made a complaint.

Audits and checks were carried out to monitor all aspects of the service. An action plan was developed to highlight any areas which required improving.

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.

Risks to people were managed in a safe way without restricting people's independence.

There were enough staff to make sure people had the care and support they needed.

Staff knew how to recognise and report abuse.

There was a clear system in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported to have enough to eat and drink in line with their needs and preferences.

Staff received appropriate training to ensure they had the skills and knowledge to support people effectively.

Staff felt supported and confident to care for the people who used the service.

The provider worked in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff that treated with kindness.

Staff communicated with people in a way that helped them to understand their care they received.

People were treated with dignity and staff respected their choices, needs and preferences

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service.

People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

Good 

The service was well led.

Audits and checks were carried out to monitor all aspects of the service. An action plan was developed to highlight any areas which required improving.

Staff were very positive about working for the provider and felt able to raise concerns with the registered manager .

There had been no notifiable events or changes at the service of which the provider had needed to inform CQC.

The registered manager created an open culture and supported staff.

Cantley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection. This inspection took place on 5 January 2017 and was unannounced. Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Also at the inspection we spoke with two people using the service, the registered manager and a support worker. We reviewed the care records for three people using the service, including their support plans, risk assessments and medicines management records. We also reviewed two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe here, staff look after me." Another person told us, "I always feel safe, staff help me feel safe."

The service had a safeguarding adult's policy in place. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. A member of staff told us, "I would report any concerns immediately. I understand about whistle blowing."

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications, photographic proof of identity and background checks. These included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Risk assessments were in place for each person. For example, to help people access the community safely, to participate in various activities, medicines, helping people to communicate and specific staff support for example if people were anxious. Risk assessments were regularly reviewed monthly and updated as necessary.

There were systems in place to support staff when the registered manager was not on duty, such as access to on-call senior staff out of hours for support and guidance. There was a business continuity plan to guide and support staff in an emergency situation such as a power failure. If the service needed to be evacuated in an emergency, procedures were in place to relocate people to another local service run by the provider.

People received their medicine from staff that had received training in medicines management and had been assessed as competent to administer them. We looked at medicine administration records (MAR) for three people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a recent photograph of the person for identification purposes and any allergies and special instructions for the storage and how to administer the medicines were recorded.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries or pay for items of their choice. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded.

There were enough staff on duty to meet people's needs. A staff member told us, "I feel there is enough staff." And, "There's always enough staff for residents." Historic staff rotas showed there was always an appropriate number of staff on duty during the day and evening. At the time of the inspection staff appeared not to be rushed and attended to people's needs promptly.

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service they spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts. One staff member we spoke with told us, "My induction was very thorough."

The registered manager said they were aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said all new staff complete the Care Certificate unless they have completed a level 3 or level 4 Diploma in care before starting working at the service.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about autism, epilepsy, de-escalation and diffusion (if people were acting in an aggressive manner), and mental health awareness. Staff who administered medicines, and who handled food had received suitable training. One staff member told us, "I think we get a lot of training. There is mandatory training but they (the provider) also respond well to specific requests."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. A supervision and appraisal planner was in place so the management team could monitor and plan when these were due. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

We looked at how the provider protected people's rights under the Mental Capacity Act. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider had assessed each individual's care and support arrangements and had made DoLS applications for all of the people who used the service where appropriate.

Staff received training in relation to the requirements of the MCA. We also saw written guidance on the use of

mental capacity assessments, best-interests decision-making and how to support individual's choices in people's care files. The registered manager and staff we spoke with demonstrated an understanding of the implications of the MCA for their work with people who used the service. Staff understood the need to support people to make their own decisions and the role of best-interests decision-making. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities.

Staff prepared meals for people using the service. We saw there was a menu which we were told included people's favourite dishes. The menu aimed to encourage people to eat fresh healthy produce. Staff recorded what people ate. This enabled them to monitor if people had any problems with the meals or showed changes to their usual eating habits.

Is the service caring?

Our findings

The manager and staff that we spoke with knew the people living at the service well. On the day of our visit, the atmosphere was friendly and easy going, with meaningful interactions observed between staff and people. It was clear to us staff cared about people, and were doing whatever they could to help them have a good day. We observed staff as kind, patient and caring. Comments from people who lived at the service received included, "I'm happy here, and I like it a lot," and "It's very good here."

The service had received feedback from relatives of people who used the service. Comments included, 'Excellent,' and "Very happy with all aspects of the service."

Staff told us about 'positive risk taking' and how important it was to encourage people's independence while ensuring they were safe. For example, staff told one person liked to cook their own meals. Not all aspects of food preparation were safe for the person to undertake, such as using a sharp knife. Staff supported the person to undertake this task safely with as little impingement as possible on their independence.

Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, or closing bedroom doors when people were getting changed. Staff knew people well including the exact support people needed in various situations. For example, one person needed reassurance and focused attention when crossing the road.

There were arrangements in place for people to access advocacy services if required. An advocate is a person who supports the rights and decision making process for another person, should they need support to make their voices heard. At the time of our inspection no one had required the use of the advocacy service.

Is the service responsive?

Our findings

Care records showed people's needs were assessed and determined before the service was provided. The registered manager explained that when a referral was received by the service, an assessment was carried out to ensure staff could meet the needs of the individual concerned.

People's care records provided detailed information for staff to ensure they were supported in their preferred way. For example one person's records stated that they liked bacon for breakfast which we saw when staff offered them a choice of breakfast and the person confirmed they wanted bacon.

We looked at support plans for three people. Support plans were detailed and personalised. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had an 'about me' document completed which provided a person-centred snapshot of the individual and a good level of detail. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. Care records also contained risk assessments which were detailed and specific to the person. This meant staff had access to information about how to support people in the right way.

People's care records also included information on how they spent their time during the day. The records showed staff supported people to take part in activities in the service and the local community and outings that staff knew each person enjoyed. People enjoyed a range of activities, such as listening to music, going out for a drive and holidays. Staff confirmed people went on holidays either alone with staff or in small groups, whichever they preferred.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. For example one person told us, "I would tell staff I was not happy and they would listen." People said they felt confident appropriate action would be taken if they raised a concern.

Is the service well-led?

Our findings

Staff told us that the service was a good place to work and that they found the registered manager approachable, supportive and knowledgeable and said they could go to them at any time. One staff member said, "It's a great place to work." Another member of staff told us, "We have a very good staff team."

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be dealt with immediately by the registered manager. Staff members said morale was good within the staff team. Staff told us that if they had any concerns they felt confident addressing these with their colleagues. They said concerns were addressed appropriately by the registered manager. Staff also said communication was good within the team. We saw documents of formal handovers each day which helped ensure people received consistent care. Staff told us, "We really work well together and excellent communication helps that."

Staff meetings were held regularly and staff could add to the agenda at any time. Records of these meetings showed they were used to discuss people who used the service and to address issues within the service. Staff told us they had plenty of opportunities to provide feedback about the service. The registered manager told us, "Staff meetings are an open forum and minutes are made available for those unable to attend."

The registered manager told us they held regular house meetings so people who used the service could be consulted about key decisions.

The registered manager monitored the quality of the service by completing audits of care records, medicines, finances, health and safety, training provision, accidents and incidents. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. One relative had written, "Perhaps more physical activity." We noted that the provider had increased activities such as regular walks and bowling for this person with the care plan reflecting the changes. This showed the provider had taken action following feedback from people with an interest in the service.

A director of the provider carried out "Regulation 17 Governance Visits." We read their latest visit report which had been undertaken in December 2016. This looked at all areas of the service relating to people, staff and the management of the service.

There had been no notifiable events or changes at the service of which the provider had needed to inform CQC. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.