

Leonard Cheshire Disability

Anton House - Care Home Learning Disabilities

Inspection report

11 Windmill Close
Holbeach
Spalding
Lincolnshire
PE12 7NX

Date of inspection visit:
28 December 2018

Date of publication:
20 February 2019

Tel: 01406426809

Website: www.leonardcheshire.org/what-we-do/disability-care-and-support/care-homes/anton-house

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: Anton House is a care home that provides accommodation with support for up to four people with a learning disability or autistic spectrum disorder. On the day of our visit there were four people using the service.

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.

People's experience of using this service: People we spoke with told us they were very happy living at Anton House. People told us they were encouraged to be independent and involved in developing their care and support plans. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

Staff demonstrated knowledge of how to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People were supported with their health needs, this included being supported for a specific learning disability annual health check. People were referred to other health and social care professionals when required and were supported with their emotional well-being. Staff we spoke with told us they felt supported by the provider.

People told us staff were caring, supportive and kind. We observed staff to treat people in a dignified manner and people told us they were given privacy within the home. Activities were arranged for people that suited their individual interests. Staff actively explored what other activities or community groups were available locally to ensure that people had opportunities to engage in their community.

Support plans were detailed and recorded what was important to the individual. People were involved in planning their own lives and agreeing future goals. Support plans were person-centred, meaning people were at the heart of how they wanted their care and support to be provided.

Staff told us they felt well trained and supported. The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

People, staff and visiting professionals told us they thought the home continued to be well led and spoke positively about the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into the local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good and the report was published in June 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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.

Anton House - Care Home Learning Disabilities

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 announced. We gave the service seven days' notice of the inspection visit because it is small and we needed to be sure that they would be in.

What we did: Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with four people who used the service.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager and a team lead.

We reviewed a range of care records for four people. We looked at one staff personnel file, in addition to a range of records in relation to the safety and management of the service. We also spoke with a visiting healthcare professional. After the inspection the registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people. A visiting health and social care professional spoke about the skill of the registered manager in identifying potential safeguarding issues. They told us, "The registered manager is really good and knows the service users really well. They picked up on some good issues that could have affected safety for people."
- People told us they felt safe. Comments included, "The staff make me feel safe and help me" and, "I feel safe living here, I like to get involved in doing jobs around the home."

Assessing risk, safety monitoring and management.

- Risk assessments were in place for people. These included environmental risks and any risks due to the health and support needs of the person.
- Risk assessments were considered while trying to maintain the independence of the person. When a change in need was identified, risk assessments were reviewed and updated for people.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.

Using medicines safely.

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- Medicine assessments were completed with all people to determine the level of support they required. People we spoke with told us they were happy with their support. One person said, "I don't manage my own medication as I'd forget when to take it, I prefer the staff to do this as they are more experienced than me. They [staff] are like a guide in a way."

Learning lessons when things go wrong.

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.

Staffing levels and recruitment.

- There were enough staff employed to meet the needs of people. People could access their local community when they wished and were supported to engage in activities of their choice.
- Staffing was provided by a stable and consistent staff team who knew and understood the needs of the people they supported.
- Safe recruitment procedures were in place. No new staff had been recruited to the service since the last inspection.

Preventing and controlling infection.

- People were protected from the spread of infection. The environment was clean, homely and had no malodours.
- Infection control procedures were in place which minimised risks to people. Personal protective equipment such as gloves were available for staff use.

Is the service effective?

Our findings

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

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.

- Records confirmed that an assessment of people's needs had been completed.
- Support plans were thorough and contained person-centred information which detailed what was important to the individual. Records were reviewed and updated when a change in need was identified for the person.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff understanding and skills were checked and monitored through supervision, observations and team meetings.
- Staff completed the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles.
- People told us of positive relationships with staff. One person told us, "The staff do a good job and they do look after everyone, it's like a family here. I think the way they [staff] support people is just the way they are, always really kind."

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

- Staff were knowledgeable about people's dietary needs and preferences. Staff had completed training in food safety and encouraged people to eat a healthy well-balanced diet. People had access to food and drink during the day when they wanted it.
- The meal time experience was relaxed and we saw people were encouraged to be involved in preparing their food. Staff engaged with people to make meal times a socially enjoyable experience.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. People received a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities when attending health appointments.
- We saw feedback from a monitoring visit from the local authority which said, 'Anton House is a superbly run home, the registered manager and support staff have an excellent understanding of people's need.'

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

- The home and garden were designed to meet the needs of all people living at the service.

- People told us they were involved in decisions about the decoration of the premises and could personalise their bedroom with furniture and belongings of their choosing.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
- People we spoke with told us that staff were caring. Comments included, "The staff do a good job, it's like a family here. I think the way they [staff] support people is just the way they are, always really kind."
- Throughout the inspection we observed staff treating people with warmth, compassion and kindness.
- Staff knew people very well, including their personal history and preferences. Care plans recorded people's preferences to be supported by male or female staff and staff respected their choices.

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

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people well and understood when they wanted help and which communication strategies worked best.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence.

- Staff worked in ways which maintained the privacy and dignity of the people they cared for. Staff treated people with respect and always sought consent before carrying out any personal care support.
- People were given privacy and time alone when they requested this. Arrangements were in place for people who had requested to spend time at the home by themselves.
- People were encouraged to be independent. Positive risk management plans were developed to support people to remain independent. One person said, "I make my own hot drinks and we take it in turn to do jobs such as the loading the dishwasher, washing the floors and the hoovering."
- People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved.
- Care plans were developed with the involvement of people. They were empowered to share their views when planning care. Staff encouraged people to have choice and control in their lives to maximise opportunities to be independent.
- Staff considered the least restrictive ways of working and supported people's wishes and choices through positive risk taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether. This positively impacted on people's wellbeing. For example, care plans were in place for people to access the community independently.
- People were offered a range of activities that were specific to their needs, likes and dislikes. Staff explored what opportunities were available within the local community to promote inclusion and supported people to attend social events. Comments from people included, "They [staff] are very entertaining. They sometimes do theme nights and like to entertain us, sometimes we have a movie night."
- Visitors were welcomed into the home. Staff supported people to maintain relationships with their partners, family and friends.

Improving care quality in response to complaints or concerns.

- People told us they knew how to complain or provide feedback to the registered manager about their experiences. There was a range of accessible ways that people could do this. One person told us, "They [staff] tell me if I've ever got a complaint about anything there's a book with phone numbers in where I can ring to talk to someone. I've never had to make a complaint but in a good way I think if I did they would look into it for me."
- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to. No complaints had been received.

End of life care and support.

- Staff had spoken with people regarding their wishes for their end of life care. These conversations had not been formally recorded in care plans. The registered manager told us they had contacted social care professionals to request their involvement to develop care plans with people.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager worked effectively and promoted high-quality, person-centred care which achieved good quality outcomes for people. Care plans considered the physical, spiritual and social aspects of a person's life. Opportunities were available to enhance people's well-being and links were established within the local community.
- People and visiting professionals told us the service was well managed. We saw the registered manager to be kind, caring and they knew everyone's needs extremely well. One person said, " I think [name of registered manager] is 100% fantastic. I think what they [staff] do is just tremendous."
- The culture of the home was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.

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

- The registered manager understood their responsibilities in what had to be reported to the Commission and relevant notifications were submitted without delay.
- Staff understood their roles in how to provide care to people. A key worker system was in place. This meant a member of staff was allocated to work with an individual to ensure their care was coordinated.
- Responsibility and accountability was demonstrated through the use of electronic audits which were thorough and questioning.
- Systems were in place which were highly effective in providing oversight of what was happening in the home. The registered manager told us, "The service improvement database is a system I use on a weekly basis. These tools are essential to my job role."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- House meetings were held to give people the opportunity to discuss day to day issues which were important to them.
- People, relatives and staff were encouraged to share their opinions about the home; the provider sought the views of people annually using surveys.
- People and staff told us they felt supported by the registered manager and by the provider; Staff received supervision and appraisals in line with the providers policy.
- Feedback was responded to and relevant actions taken to continuously improve the home.
- The provider had systems in place to recognise and reward staff. One member of staff told us they had

received a gift after working at the home for 10 years as recognition of their long service.

Working in partnership with others.

- Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs.
- External health and social care professionals were complimentary of the service and the care provided. One said, "[Name of registered manager] is really good and knows the service users really well. I would be happy for a relative of mine to live there [Anton House]. I would rate them highly."