

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 

Overall summary

This inspection took place on 2 December 2015 and was unannounced. The previous inspection was carried out in June 2014 and there were no concerns identified.

Anderida is registered to provide accommodation and personal care for up to three people who have a learning disability. Anderida is in the semi rural village of Mersham which has a general store. Three people were living at the service, each had their own bedroom, one with an ensuite wet room. People had access to a communal

lounge, kitchen/diner, laundry room and a shared bathroom. There is a well maintained garden and outside area. There is off street parking within the grounds and easy access to public transport.

The service has a registered manager, who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted. They were waiting for the outcome from the local authorities who paid for the people's care and support. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people moved into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People were satisfied with the care and support they received. The care and support needs of each person were different, and each person's care plan was personal to them. People had in depth care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff spoke about people in a respectful way which demonstrated that they cared about people's welfare. Staff knew people and their support needs well. Established members of staff had built up relationships with people and were familiar with their life stories and preferences.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People could not communicate verbally. During the inspection staff anticipated or interpreted what they wanted and responded quickly.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and autism. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered

Summary of findings

manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. The complaints procedure was on display in a format that was accessible to people.

Staff told us that the service was well led and that they had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with the registered manager. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

Summary of findings

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 was safe.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

People received their medicines when they needed them and in a way that was safe.

Staff knew how to keep people safe and protect them from abuse.

There was sufficient staff on duty to make sure people received the care and support that they needed.

Good



Is the service effective?

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had regular one to one meetings with the registered manager to support them in their learning and development. Staff had received an annual appraisal.

People received care and support from a team of staff who knew people well.

Good



Is the service caring?

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family.

Good



Is the service responsive?

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

The service sought feedback about the service.

Good



Is the service well-led?

The service was well-led.

The registered manager was approachable and led and supported the staff in providing compassionate and sensitive care for people.

Good



Summary of findings

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate and up to date and were stored securely.

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 2 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about

important events which the service is required to tell us about by law. The provider was also asked to send us some further information after the inspection, which they did in a timely manner.

During the inspection visit, we reviewed a variety of documents. These included three care plans, staffing rotas, two staff recruitment files, medicine administration records, activities records, minutes from staff meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with the registered manager and two members of staff. After the inspection we spoke with two social care professionals who had had recent contact with the service. In addition we received feedback about the service from two relatives.

Is the service safe?

Our findings

People were not able to verbally express their views but indicated that they felt 'safe' being cared for by the staff, for example, people approached staff if they were unhappy or worried and staff reassured them. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. Staff knew people well enough so that they were able to respond quickly. Staff explained to us the different noises one person would make when they were content or unhappy with something. They took the time to find out what was wrong and took the necessary action to rectify the situation. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs. For example, one person led a staff member to their cup and the kettle to indicate that they wished to make a cup of tea.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. These records were held centrally by the provider. The registered manager interviewed prospective staff and sent a record of how the person performed at the interview to be stored centrally.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was one member of staff and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Staffing levels varied between one or two members of staff during the day, and one wake night staff overnight. The registered manager was available at the service five days a week offering additional support when required. We saw an on call rota on display in the office, the registered manager told us that this worked in conjunction with other local managers from the provider to ensure that there was always a manager available for the service to contact.

During the inspection we observed people receiving quality time with staff. At the time of the inspection there was one part time staff vacancy and the service used existing staff or the provider's bank staff to fill any gaps in the rota.

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns, such as contacting the local authority safeguarding team. The induction for new staff included safeguarding adults from harm and abuse and staff received annual training on this topic. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the service or in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in people's bedrooms. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. The supplying pharmacy had completed an audit of medicines on 4 September 2015 and there were no recommendations from this. In people's health care records assessments for self medicating had been completed.

Is the service safe?

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. Medicine audits were carried out by the registered manager, we saw clear records of the checks that had taken place.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that

these were reviewed by the registered manager to see if any action was required. We saw that this action was followed up by the registered manager. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and the registered manager reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Reports were then sent to senior management who monitored for patterns and trends. Copies were also kept on individuals care plan files.

Is the service effective?

Our findings

People's relatives told us that they received good care. They said that the staff knew their relatives well and gave them the care and support that they needed. One relative said "X has been so settled since moving to live at Anderida, he is happy, content and well cared for."

Essential training was provided and each member of staff had an e-learning account, some courses were provided in a classroom environment. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due, this showed that all staff were up to date with training. Training included numerous mandatory and additional training, such as Autism awareness and training relating to specific health conditions. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles. Seven of the eight staff members had a qualification in Health and Social Care and one new starter would be commencing after their induction.

Staff told us they felt supported by the registered manager and the staff team. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had individual supervision meetings and annual appraisals with the registered manager. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. One staff said, "We have staff meetings with the whole staff team and supervisions when we are able to talk one to one and say what we think and how we are feeling. We get yearly appraisals."

When staff first started working at the service they completed an induction over 12 weeks, this included a four day initial induction programme to prepare them for working with people. Staff told us that new staff shadowed an experienced staff to get to know people and their

routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

The staff team knew people well and understood how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting one person to make decisions in their best interests. The registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people and these were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The

Is the service effective?

Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The registered manager actively sought support when they needed it. When specialist support plans were developed by professionals, the staff implemented them and fed back on whether they were successful or not. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them. People had health action plans which were written in easy read and picture format. These

explained to people about the health and dental checks that were available to them and gave them a better understanding about how to keep healthy. The health action plans explained about the checks they would need, what would happen and how they would be supported.

People were involved in planning the menus, buying food and preparing some meals. There were pictorial menus in the kitchen. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection people were offered regular drinks and snacks by staff and were supported to make drinks with staff. Some people liked to eat in restaurants and local cafés. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible.

Is the service caring?

Our findings

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible.

People and staff worked together at the service to do daily tasks like laundry, tidying up and preparing drinks. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke.

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting in a way with people that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. People's preferred names were recorded in the care plan and we heard staff using these during the inspection.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend

time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives. Relatives said they were always made welcome when they called or visited the service.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People were moving freely around the home, moving between their own private space and communal areas at ease. One staff told us "Each person has their own space". Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care. Rooms were decorated to people's choice, they were individual and reflected people's interests.

People's care plans contained detailed information about their life histories. Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. People's care plans told us how religious needs were met by those who wished to practice.

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

When a person moved into the service an assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Communication aids were used and people were present during assessments. Information was gathered about people's interests and about what was important to them. There was a pen picture in each person's care plan folder, explaining their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to organise people's care around.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I follow the care plans and guidance to help support people". Within people's plans were my life story/life histories, consent to administer medicines/ self-medication assessment form, detailed guidance on communication and personal risk assessments. In addition there was "How to support me" describing how the staff should support the person with various needs, and there was planning for the future. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Pictures and photographs had also been used to make them more meaningful. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had six monthly and annual review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, as well as staff they had a good relationship with, were named in the care plan. This included their contact details and people were supported

to keep in touch. Some people went home to their families and families also visited the service. Relatives said they felt welcomed when visiting the service and were complimentary of the care given to their relative

People were supported to attend a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. During the inspection one person was at a day centre, and two people were being supported at the service. On other days people took part in activities such as hydrotherapy, swimming, shopping, Jacuzzi sessions, exercise groups and attending walk and talk groups. People were transported in the service vehicle with staff escorts. Staff told us they sometimes linked up with other local services for activities, this helped people maintain relationships externally from the service. Daily records detailed trips to wildlife parks, seaside resorts and a miniature railway. Collages of photos from these visits had been put together by staff for people to remember.

Some people had specific behavioural needs and these were well documented in their care plan. Staff showed that they were very clear about these needs and how to support them. People were able to say what they wanted in different ways, using gestures and behaviours to indicate what they wanted and some people used signs. Staff were responsive to people if they became unsettled or unhappy about something and soon found what the issue was and put it right.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. Relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

The service had an established registered manager that was supported by a senior and care staff. Staff felt able to approach the registered manager with any concerns they may have, they said “We are encouraged to raise concerns and new ideas”. Staff told us that the registered manager was available, accessible and gave practical support, assistance and advice. One professional said, “I find the Manager extremely efficient and she will contact me when appropriate. She also works in the best interest of people”.

One staff member said, if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. The registered manager demonstrated a good knowledge of people’s needs and spoke with passion when talking to us about supporting people. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

The registered manager audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Fridge and freezer temperatures were taken and recorded on a daily basis.

The registered manager had support from the locality manager who regularly visited the service. They also contacted registered managers from other local services in the organisation for advice and support. People were able to interact with the registered manager freely throughout our visit and the registered manager had a good rapport with people. Throughout the day the registered manager responded to people in a personal way. Whilst working shifts, the registered manager told us that they informally monitored staff performance, and discussed performance during supervisions.

Systems were in place for quality checks, which the registered manager and locality manager had completed. Recent quality assurance surveys from relatives and health care professionals gave positive feedback. The registered manager told us that the organisation was in the process of putting into place a more robust system for seeking feedback, this would provide the service with increased feedback and opportunity to evaluate and improve.

The registered manager made sure that staff were kept informed about people’s care needs and about any other issues. There were regular meetings for people and staff. The minutes of these meetings showed that there were opportunities to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice.

Staff handovers, communication books and team meetings were used to update staff regularly on people’s changing needs. Staff told us, “We have a handover for each shift so we can pass on information about what has happened, how people are feeling and other important information. We also record things in the communication book and on people’s daily logs”. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager. One staff told us “The registered manager is very supportive and easy to talk to.” One Care Manager said, “Their communication has been good, keeping me informed of concerns and medical interventions with my client.” and a relative told us, “The registered manager keeps us up to date with what is happening.”

The visions and values of the service were to support people as individuals by offering a personalised service. The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The registered manager knew people well, communicated with people in a way that they could understand and gave individual care.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way and had done so.