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Andelain

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

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

Andelain provides accommodation and personal care for up to seven people with learning disabilities. On the day of the inspection, four people were living at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People, their relatives and health care professionals all spoke highly about the care and support Andelain provided, one person said; “I love living here, I’m so happy.” A relative told us; “I can’t speak highly enough of the place.” A senior community officer commented; “They provide a friendly, genuine approach to care.”

Summary of findings

People appeared relaxed on the day of our inspection, there was a happy and friendly atmosphere. People had the freedom to move around as they chose. Staff assisted people as they needed but promoted and encouraged independence.

Care records were of a good standard and contained detailed information about how people wished to be supported. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People were supported to have choice and control over their lives. People were able to take part in a varied range of activities in the home and out in the community. These reflected their interests and hobbies.

Staff displayed a compassionate caring attitude towards people. People's preferred method of communication was taken into account and respected. Staff had developed strong relationships with people and people were supported to maintain relationships with those who matter to them. Staff were well supported through induction and on-going training, which was provided to improve their skills and continue their professional development.

There were effective quality assurance systems in place that monitored people's satisfaction with the service. This was used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home.

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. Staff were skilled and experienced to meet people's needs.

The Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards had been followed appropriately. Consent to care and treatment was sought in line with legislation and guidance.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Good

Is the service effective?
The service was effective. People received care and support that met their needs.

Staff received on-going training to make sure they had the knowledge and the skills to carry out their role effectively.

People were supported to maintain a healthy diet.

Good

Is the service caring?
The service was caring. People were supported by staff who promoted people's independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed.

People were actively involved in decisions about their care and support.

Good

Is the service responsive?
The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's experiences were taken into account in order to drive improvements to the service.

Good

Is the service well-led?
The service was well led. There was an open culture. The provider was approachable.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People were enabled to make suggestions about what mattered to them.

Good

Andelain

Detailed findings

Background to this inspection

The inspection was carried out by one inspector. We visited the service on 4 August 2014. The inspection was announced.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. At our last inspection in January 2014 we did not identify any concerns.

During the inspection we spoke with all four people. They were all able to express themselves through varying methods of communication. We spoke with a relative, the registered provider and one member of staff, who had newly been appointed. We also contacted one speech and language therapist (SALT) and a social care professional who specialised in behaviour management. Both had supported people who used the service. We also spoke with a business support and quality officer who worked for the Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) to discuss specific issues around staffing.

We observed people being supported in the home and looked at two records which related to people's individual care needs. We reviewed one staff file and looked at the policies and procedures associated with the running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People confirmed they felt safe. One person told us: "I feel safe, I'm really happy." A relative commented: "Safety is the prime concern of the staff." Health and social care professionals stated they felt people were safe. A social care professional said: "They have a transparency that brings an overriding sense of people being safe." A staff member commented: "I think the people here are safe."

There was a friendly relaxed atmosphere around the home. We saw affectionate, respectful interactions took place between staff and people. People were supported to take everyday risks and to move freely around the building as they wished. Risk assessments were in place to keep people safe in their home and the community. For example, one person had very fair skin and was assessed at a high risk of getting sunburnt if they went out in hot weather. In order that their freedom was not restricted due to this, staff, with consent, ensured they applied factor 50 sun tan lotion to all areas exposed to the sun, if the person chose to go out. This helped the person remain safe, whilst maintaining their independence.

The provider delivered the majority of support to people on a daily basis and lived on site. The only other member of staff at Andelain, had been newly appointed and was part way through their induction programme. Until their training was completed they were only carrying out domestic duties. The provider told us there were currently enough staff to meet people's needs. The provider had a contingency plan in place with another local provider who knew the people well and had developed a good relationship with them. This plan meant suitable agency staff cover would be provided in the event of any unforeseen circumstances. We contacted the local business support and quality officer, from Torbay and Southern Devon Health and Care NHS Trust (TSDHCT), and discussed the staffing levels at Andelain. We questioned if they felt there were enough staff on duty to meet people's needs. They confirmed they had contacted Andelain about their staffing levels and were satisfied people were safe based on the information supplied.

People received the support they requested in a timely manner and staff were not rushed. For example, we observed one person walk into the living area and make a sign at the member of staff present. The staff member was instantly aware this meant they wanted a drink. They communicated with the person in a way they could understand, to find out what drink they would like, and then produced it for them promptly.

The staff file evidenced that appropriate checks were undertaken before staff began work. For example, Disclosure and Barring Service checks (DBS) had been requested and were present. The staff member confirmed, this had been applied for and obtained before they started work.

The provider understood the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They demonstrated a good knowledge of their responsibilities under the legislation. We had a discussion around the recent supreme court ruling regarding when DoLS applications were now required. The provider confirmed they knew of the recent change in legislation and we saw evidence they were in communication with the local DoLS team regarding the submission of applications for all those who lived at Andelain.

The provider understood what was required in gaining consent to care and treatment from people, in line with the MCA. For example, one person was assessed as being unable to make a decision regarding taking prescribed medication and deciding if they wished to remain living at Andelain. The provider had contacted various health and social care professionals from TSDHCT, which included a speech and language therapist (SALT), a community learning disabilities nurse and a consultant psychiatrist. They had requested a best interests meeting be held. The MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. The meeting concluded it was in the person's best interest to remain at Andelain and take the prescribed medication. A SALT said: "The provider advocated for them very well, they attended all the meetings we held." A senior community officer told us: "When somebody showed signs of dementia they didn't give up on them. They were determined to support them,

Good

Is the service safe?

worked with the family and attended professional meetings to make sure the correct decision could be made. I was really impressed with them." This showed people's human and legal rights were respected.

The providers safeguarding policy had been updated in January 2014. The provider was able to identify signs of possible abuse and told us if they suspected abuse had taken place, they would investigate thoroughly and report any concerns to the TSDHCT.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. Comments included: "I really like living here, I'm really well looked after." and "I love it here, I like to stay in, I like that." A relative told us; "Staff had such knowledge and understanding it was amazing really, if something didn't work they found an alternative to meet the need."

Staff received a full induction programme to give them the skills they required to carry out their roles. A new member of staff told us they were in the process of completing their induction and thought it was comprehensive. The provider explained staff would not provide care for people until they had fully completed the programme and had developed a good relationship with the people they supported. We saw ongoing training was planned to develop the staff's knowledge further.

People were supported to maintain a balanced diet and were involved in decisions about what they ate and drank. Care records showed detailed dietary preferences. The PIR informed us, people were supported to assist with their own meal preparation and were given information to aid understanding about nutrition and the importance of healthy eating. One person's record stated, they liked to make their own food and wanted staff to monitor their weight and encourage them to choose alternative healthier food options. Weight charts evidenced their weight had been recorded monthly and the person told us they enjoyed making their food and having choice. A relative told us; "The home did everything they could for my brother, they provided varied healthy meals, nothing was too much trouble."

The provider knew the importance of people having sufficient to eat and drink. Each person had a daily diary which recorded food intake. This was monitored so signs of change in diet could be identified early, risk assessments were completed and if required professional advice was sought. For example, one person whose health had deteriorated was referred to SALT following a dietary risk assessment. The SALT carried out an assessment and advised a special high fat pureed diet, was required. Care records showed this advice had been followed. The SALT told us: "I have been involved heavily with Andelain over the past year, in particular over an assessment requested regarding a person's swallowing needs. The home did a good job carrying out my advice, they always followed my instructions."

Records showed people's day to day health needs were met so they could be supported to maintain good health. People had been supported to attend routine check-ups for eyesight, hearing and dental needs. These were all up-to date and demonstrated people received ongoing health care support. In addition to this, people had been referred quickly to health care services when needs had changed. For example, one person had a skin disorder which had deteriorated. Guidance had been sought to better manage the condition and recordings in the care record showed the person's condition had improved.

The provider explained how appointments were arranged to cause the least disruption to people's routine. They explained a day to day routine was important to people and changes could cause anxiety and stress. Therefore, if a person needed to attend a GP appointment, prior to it being booked, this would be discussed with the person as to their preferred day and time. For example, one person would prefer appointments to be made when they were not attending their day care service and during the afternoon. The person was reminded of their appointment in the days leading up to it, to reduce and manage their anxiety.

People were involved in regular monitoring of their health and were given choice and control. People were supported to attend annual health reviews specifically designed for people with learning disabilities. Prior to the appointment each person was involved in completing a pre-assessment review document. This informed them, in a format they could understand, why the review was taking place and asked them questions about how they viewed their own health. Staff supported each individual to complete their own assessment. We saw evidence that people had control over what they did and did not want within their health check. For example, the PIR informed us one person chose not to have a student doctor present during their review. Another person's care record showed they had been informed of the benefits and reasons for a proposed test to take place and declined having the routine screening test carried out.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received from the staff. One person told us the provider was, "so caring and makes me so happy." We observed gentle compassionate exchanges took place throughout the inspection. A relative said: "They could not care for them more if they were their own family." and "Care was absolutely phenomenal, they go the extra mile." A social care professional told us: "I think what stands out as their best quality is their genuine approach to caring, they have a really strong caring element to the support they give and that is crucial."

There was an up to date advocacy policy in place which staff adhered to. People were supported to access services that could help them express their views and speak on their behalf. For example, records showed one person who had requested help, was supported to use an advocacy service with a legal challenge they wished to make. The provider assisted the advocate with specialist methods of communication to enable the person to understand each step of the process and make informed decisions as to how they wished to proceed. The provider explained to us this was a difficult time for the individual and staff provided additional comfort and reassurance when needed to relieve the distress they faced.

Both the PIR and the statement of purpose placed emphasis on the importance of respecting people's privacy and dignity. We observed staff followed the homes policies and procedures when supporting people. For example, knocking on people's doors and gaining their consent before entering rooms. The provider told us, people could independently attend to their personal care issues and staff respected that. Staff provided encouragement and prompting to complete certain daily tasks, but the person would be left in private to complete them unless they requested support.

Friends and relatives were able to visit without restriction. The provider told us people were encouraged to maintain relationships with people that mattered to them. For example, the PIR detailed how if relatives or friends visited during meal times, they were offered privacy so they could dine together if that was their choice. People told us they were supported by staff to have frequent contact with friends and relatives. A relative said; "We are always made to feel welcome, like part of the family, invited round for coffee anytime, when my brother could no longer get to my Mum, staff would take him to see her."

One person was unable to verbally communicate with us during our inspection. The provider did not want this person discriminated against because of this communication barrier and wanted the person to feel they mattered. The provider communicated with them to identify if they wished to share their experience with us. The person expressed they did want to and so the provider, having gained consent to be present, used pictures which enabled the person to relay their thoughts to us. The person conveyed they were happy with the care they received and all their needs were met.

The provider knew people well and had taken time to listen to people to understand their preferences and personal histories. For example, one person who had difficulty verbally communicating with us, showed us their room. They pointed at a series of photographs on their wall and pointed at the provider to tell us about them. The provider was able to talk us through each picture with the person's name, the relationship to the person and what they meant to them. The person smiled at each photo and held his thumbs up. A relative told us; "staff had built up such a relationship with my brother, they knew everything he liked." This demonstrated the provider had developed positive caring relationships with people.

Good

Is the service responsive?

Our findings

The service supported people to express their views and actively involved people in decisions about their care. Care records were written from the person's perspective and detailed individual communication skills, abilities and preferences. They evidenced how people wanted to be supported in all aspects of daily living. For example, one record under 'likes' went into detail about different styles and colours the person liked their hair to be and how they wished their nails to be painted. The person told us they liked to look nice and they were supported to have this need met. Another record detailed a person's gardening interest. The provider showed us an area of the garden that had been set aside for them to grow vegetables. The person told us, "I enjoy growing leeks in the garden, I enjoy that."

Each care record contained a section titled "Support self-assessment questionnaire". This was used by the person to clearly set out what they felt they could and could not do independently and where they required prompting by staff. It enabled people to say what their strengths were and the level of independence they sought. For example, one record noted how the person wanted to be supported to learn domestic skills such as polishing, hoovering and making beds. We spoke with this person who confirmed they enjoyed learning these skills and were supported to do so. Records were regularly reviewed to account for people's change in needs.

The provider had supported the people for a number of years, understood all their history's and knew their interests and hobbies. The provider explained having this in-depth knowledge of each person meant activities could be meaningful and designed around them. For example, people enjoyed going on holiday. They had all recently been on holiday and people we spoke with confirmed they "loved it". The provider told us, they all had an active role in deciding their holiday destination. Meetings were held and brochures of places they requested were shown to give them the information they needed to decide where they would like to go. Once the destination had been agreed, each person had time on their own with staff to discuss what activities they would like to take part in during the holiday. This was so the holiday could be designed to meet group and individual needs.

Individual needs were assessed so that care was planned to provide them with the support they needed but ensured people still had elements of control and independence. For example, one person liked to go to the local shop to purchase a paper. Their assessed needs were such that staff would need to accompany them whilst they were outside to keep them safe. However, when they reached the shop, staff could wait outside, so the person could shop independently. A relative told us how the home sought funding for a specialised chair for their relative, so they could still maintain a level of independence.

We spent time with people who received support, we observed how staff at times used pictures to understand what people wanted when they looked to staff for support. People told us they were free to express their interests. The provider told us people were encouraged to speak openly about things they would like to do or aspirations they had. They commented, if it was possible staff would ensure their choices or goals were met. For example, one person whilst out shopping saw a restaurant they would like to try, a staff member went into the restaurant with the person and supported them to book the meal. We saw in the PIR, and the provider confirmed, one person had requested a table to allow them to eat on their own. The provider had identified a specialist shop which could provide an appropriate table and supported the person to choose and buy one. A relative said, "Giving people choice is so prominent in staffs thinking, they couldn't do enough to make sure people have what they want."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. People enjoyed, picnics at the beach, cinema, bowling and meals out. One relative told us; "They always take them out places, anywhere they want to go."

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families and clearly displayed in the entrance hall. The PIR indicated and the provider confirmed, there had been no formal complaints made. Questionnaires were sent to people, their relatives and stakeholders such as GP's, dentist's and social workers. These contained a section on concerns and people were encouraged to feedback their experience and raise any complaints. The provider described how they were proactive in their approach and addressed any concerns

Good

Is the service responsive?

raised immediately to prevent escalation. People told us they would know how to make a complaint. A relative told us; " I knew how to complain, but gosh, I never had the need." A SALT said, "I have never had any concerns with any aspect of their care."

Good

Is the service well-led?

Our findings

The provider was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links were maintained between people, their families and health and social care professionals. A relative told us the provider was "Open and on top of every aspect of running a home, there was nothing they didn't know and they continually strived to achieve more." A social care professional said; "It was a very transparent and very open home."

The provider told us how people were involved when recruiting staff. People took part in the interview process, asked questions to the applicant and helped to decide who was successful. The provider explained people were included in a meaningful way, and they had choice in who supported them.

The provider sought feedback from people and relatives regularly to enhance their service. A relative told us they were asked their opinions and encouraged to make suggestions that could drive improvements. They said, the provider; "Would always be on the internet searching for new ways to stimulate people and provide better care, they would come to me with idea's and ask what I thought before implementing them. I felt my views were respected."

The provider worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A SALT said, "Communication was always very good, they will always call us to check things they are doing are right." A social care professional commented, "They welcome all professionals, I've always found an open door, anything I've asked for has been provided."

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. The member of staff confirmed they felt protected, would not hesitate to raise concerns to the provider and was confident they would act on them appropriately. The latest CQC report was available for people to view and service user guides contained easy to read guides that explained our inspection process and why we visited the home. People we spoke with knew why we were there.

The service inspired staff to provide a quality service. The one member of staff told us they were happy in their work, were motivated by the provider and understood what was expected of them. They said; "I love it here, I really love it, I really do." The staff member had not been employed by the home for long enough to have had any form of supervision. They told us they could discuss anything with the provider at any time and had a list of the training they had been asked to complete.

There was an effective quality assurance system in place to drive continuous improvement of the service. The provider carried out regular reviews which assessed the homes standards against the regulations and guidance. We saw evidence this had been recently completed and recommendations to improve practice had been identified and actioned.