

St. Anne's Opportunity Centre Limited

Kestrels

Inspection report

84 Hambridge Road
Newbury
Berkshire
RG14 5TA

Tel: 01635522814

Date of inspection visit:
18 December 2017

Date of publication:
17 January 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 18 December 2017.

Kestrels is a residential care home which is registered to provide a service for up to five people with learning disabilities. People had other associated difficulties such as behaviours that may cause distress to themselves and/or others and some people were on the autistic spectrum.

At the last inspection, on 16 December 2015, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service remained good in four domains and outstanding in the responsive domain. This meant the service remained overall good.

Why the service is rated good.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and visitors were protected from harm and the registered manager ensured the service remained as safe as possible. Safety was maintained and promoted by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. People were also involved in this training as far as possible.

Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

People benefitted from adequate staffing ratios which ensured there were enough staff on duty to meet people's diverse, complex, individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff. They were encouraged to take some responsibilities for their own medicines, as was safe and appropriate.

People continued to be supported by well-trained staff who were supported to make sure they could meet people's varied well-being and complex needs. Staff worked very hard to deal effectively with people's current and quickly changing health and emotional well-being needs. The service worked closely with health and other professionals to ensure they were able to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People continued to be supported by a caring and committed staff team who continued to meet people's needs with patience and kindness.

The service was extraordinarily person centred and responsive to people's needs, wishes and aspirations. Staff had made very positive impacts on people's independence, self-esteem and overall well-being. Activity programmes were exceptional and designed to meet the outcomes people wanted from their care. Support planning was highly individualised and regularly reviewed which ensured people's needs were met and their equality and diversity was respected.

The registered manager was highly respected and ensured the service was well-led. She was described as open, approachable and supportive. She knew people's needs and supported her staff team to provide excellent care. The registered manager and her team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was constantly assessed, reviewed and improved, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

People were offered highly individualised care that met their needs, in the way they wanted.

People's needs were discussed with them and they were supported to take control of their own reviews and support plans.

People were supported by highly skilled and experienced care staff who assisted people to access rewarding and interesting activities which greatly enhanced their lifestyle.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified, as necessary.

Is the service well-led?

Good ●

The service remains well-led.

Kestrels

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.

Kestrels is a care home (without nursing). People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Kestrels accommodates up to five people in one adapted building. The service is run 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 can lead as ordinary a life as any citizen.

The inspection was unannounced and took place on 18 December 2017. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the service. This included support plans, daily notes and other documentation, such as medication and financial records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with four people who live in the service and observed the other person who did not wish to speak with us. We spoke with three staff members, the registered manager and the team leader. We requested information from five professionals including the local safeguarding team. We received responses from four of them, all responses were exceptionally positive.

Is the service safe?

Our findings

People remained safe and continued to be protected, as far as possible, from any form of abuse. Staff continued to receive safeguarding training and were able to describe how they would respond to any safeguarding issues. They told us they were confident the management and staff team kept people as safe as possible. People told us they felt safe living in the home and that staff helped them, stay safe. One person said, "I feel very, very safe. I have risk assessments to help me with public transport." Another person told us the staff help them to keep themselves safe. The local safeguarding authority told us they had no concerns about the service.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Health and safety training was provided regularly. The staff member responsible for the design and delivery of in house workshops for staff, had designed pictorial workshops for people living at the home, and invited them to attend. This had raised awareness and understanding of the health and safety checks that the staff undertake. Three people attended 'fire Safety', 'moving and handling' and 'what to do if someone becomes unwell' and received certificates of attendance. They were currently designing food hygiene, infection control and equality and diversity courses to deliver. Maintenance and safety checks were completed at the required intervals. There was a robust fire safety policy and procedure and a fire log book which recorded fire maintenance checks and drills which were completed regularly and were up-to-date.

Other safety systems included generic health and safety safe working practice and individual risk assessments. People had individual risk assessments which were incorporated into support plans. These included areas such as making hot drinks, locking bedroom doors and trampolining. Additionally there were detailed risk assessments to cover specific health conditions. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

The service supported people with behaviours which may cause distress or harm to themselves or others and/or increase their vulnerability to abuse. Detailed behaviour plans were developed by the management team and other behavioural specialists, as necessary. Care staff were trained in managing challenging behaviours. The training taught staff ways of intervening early in situations to try to avoid and de-escalate distressing behaviours. The service did not use physical interventions.

People were supported to take as much control of their finances as they were able. People had a financial capability assessment, any risks were identified and a financial passport was in place. There was a system in place to ensure people's finances were checked regularly.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested annually. The service continued to use a monitored dosage system which had been reviewed by the supplier in March 2017. The four recommendations made had been implemented immediately. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when needed. One medicine administration error had been reported in the previous 12 months. This was identified quickly and dealt with

effectively.

People's diverse and complex needs continued to be met safely by staffing ratios that met people's assessed needs. There were a minimum of one care staff during daytime hours and one sleeping in colleague. People were trained in the action to take if a staff member fell ill. Care staff were supported by administration and management staff during the day time and there was an on-call system when management were not available in the service. The service continued to check the safety and suitability of staff prior to their employment. However, there had been no new staff appointed for three years.

Is the service effective?

Our findings

People's individual identified needs continued to be met by a highly effective staff team. Good quality support plans provided staff with all the necessary information to meet people's needs. Information was up-to-date and relevant.

People were supported to meet their health care and well-being needs. Support plans included all aspects of healthcare and well-being needs. They included a health action plan agreement and a health booklet which described all of people's health needs, in detail. People were supported to have regular health and well-being reviews by appropriate professionals. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. The annual satisfaction survey sent to people showed that they were all 'happy' or 'very happy' with the support they received to attend healthcare appointments.

People were supported by the registered manager and staff team who fully understood the issues of mental capacity and consent. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The people who lived in the service had capacity to make their own decisions and people were not deprived of their liberty at this time.

Staff continued to be proactive in supporting people to take control of their lives and make as many decisions and choices as they could. For example people were encouraged to self-administer medicine and take responsibility for their own finances.

People continued to be fully involved in making food choices and developing appropriate menus. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and advice was sought from relevant professionals as necessary. People were encouraged to take part in the purchase and preparation of food. One person had had great success in improving their health and well-being because of the support and encouragement provided by the staff team with healthy eating.

People were supported effectively by staff who continued to receive relevant training and who were encouraged to develop the skills, knowledge and understanding needed to carry out their roles. The training identified by the service as mandatory was completed by all staff at the required intervals. Specific, additional training was provided, as necessary, to meet people's individual diverse needs. Nine of the 11 staff had a qualification in health and/or social care. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was in place ready to be used when new staff were appointed.

People were supported by staff who continued to receive regular supervision and guidance to ensure they

continued to fulfil their roles and provide appropriate care to individuals. Staff felt they were exceptionally well supported by the registered manager and the rest of the staff team.

Is the service caring?

Our findings

People were supported by staff who remained kind and caring when delivering support. On the annual satisfaction survey family and friends comments included, "Whenever I visit Kestrels I'm impressed with the warm welcome and hospitality I receive and always seems upbeat". "There is a happy atmosphere in the home and all staff are very helpful". Another family member commented, "What more could I ask for. I know [name] is treated with the kindness and respect that anyone could ask for. Thank you all so very much".

People told us that the staff were kind to them. People said they were treated with dignity and respect. In the annual satisfaction survey people said they were 'happy' or 'very happy' that they had privacy. One person commented, "Yes I am really happy having my own privacy in my home." Additionally staff supported people to maintain their own dignity and respect themselves. For example they were advised on appropriate social behaviour and positive relationships.

People continued to be supported by staff who had worked in the service for many years. The newest member of staff had been in post for three years. Staff had consequently developed strong relationships with people and others who were important to them. People were supported to develop and/or maintain important relationships. Support plans noted how people were to be supported to maintain and build appropriate relationships. The service provided escorts and transport, as necessary to ensure people could keep in physical contact with relatives and friends.

People were able to verbally communicate but methods of non-verbal communication and the ways people expressed their feelings were clearly noted in support plans. People had monthly house meetings where their views and opinions were asked for and their responses were recorded.

The service remained exceptional at supporting people to maintain and develop their independence. Support plans included information about how people were to be supported to control their lives and make decisions. They were involved in all the daily living tasks in the home and encouraged to take daily responsibilities for their environment. Detailed risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included accessing the community, finances and medicines.

People's diverse physical, emotional and spiritual needs continued to be met by staff who knew, understood and responded to each individual. The service continued to have a strong culture of recognising equality and diversity. The registered manager and staff team were very aware of people's sexuality and preferences. Staff were trained in equality and diversity and were committed to supporting people to meet any specific special needs. Individual care plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

People's records were kept securely and the staff team understood the importance of confidentiality which was included in people's support plans and the provider's code of conduct.

Is the service responsive?

Our findings

The service remained exceptionally responsive to meet people's complex and changing needs. Staff were trained to intervene quickly if people were showing any signs of anxiety or becoming distressed. People were comfortable to ask staff for attention or support throughout the day of the inspection. Staff responded immediately to people's requests and explained why if people had to wait for a staff member's full attention.

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. Exceptionally people were encouraged to 'chair' their own reviews and invite the people they wanted to be present. A relative/friend commented in the annual satisfaction survey, "The person I know prepares and takes responsibility in her 'Annual Review'. I have been party to conversations when care needs and plans have been discussed. Staff listen." In response to people's complex and quickly changing needs additional reviews were held as necessary. Support plans showed that staff responded quickly to people's changing emotional and well-being needs.

The service presented examples of excellent responsive work. Examples included, the building of a nature pond to provide a tranquil place to sit, and a haven for the wildlife in the area, which has had a positive impact on the people living at the home. Recently, two hedgehogs had taken up residence under the summer house. Their arrival had been especially empowering for one person whose knowledge of their habits acquired at the Hedgehog rescue centre, presented the opportunity for them to advise staff and house mates on safe food and drink for the hedgehogs. This increased their feeling of self-worth and self-esteem. The person was animated, proud and positive when discussing their work with us.

One person was supported to understand the possible course of decline of a close relative's health and helped to understanding what they might expect to see in the hospital and hospice. Sensitive bereavement support from a trusted vicar was arranged. Plans were being made to facilitate a purchase and planting of a memory tree to aid the individual's acceptance of their loss, thereby supporting their emotional recovery.

One person's health and wellbeing had improved through her participation in local health walks, having a positive impact on her balance and coping with different terrains. The person was now able to access multi-storey car parks which they had not been able to do in the past. They had been embraced by the group, being invited with a second person living at the home, for lunch at the sports centre which they reported to greatly enjoy. This activity enhanced their social and relationships skills in addition to having a positive impact on their health.

The service provided exceptionally person centred care. A professional described the service as "person centred". People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs.

Discrimination was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with

regard to the protected characteristics. Staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had detailed communication plans tailored to their individual needs. There was excellent communication between staff and people who understood each other very well.

People continued to be given opportunities and encouraged to participate in highly individualised, flexible activities. Arrangements for activities were innovative and met people's individual and complex needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. People's preferences, needs and abilities were considered when providing all activities. The activities plans were developed with individuals. People told us they had plenty to do and were busy all the time. People participated in work experience, attended college and were involved in community activities. Some activities such as local 'health walks' and charity work fully integrated people into the community. One relative commented on the quality satisfaction survey, "[Name] certainly seems to lead a varied and happy life at Kestrels and tells me about what she is doing either verbally or by text!"

Examples of highly personalised activities included, one person participated in a charitable event and had collected food items for the local food banks. This was immensely important to them and gave them a sense of achievement when delivering the many bags to the food bank. This activity impacted positively on their dignity, self-respect and emotional wellbeing. The person was observed organising their visit to the charity with staff supporting them in a sensitive and responsive way.

Everyone who lives in the service participated in some form of work experience/volunteering in the local community. This had improved and developed personal autonomy/empowerment, social interaction and self-advocacy skills. Two people living at the home expressed a wish to find work experience placements relating to their specific interests. They were supported by staff to research, contact and access work experiences with a graduated support plan. This work resulted in one person being able to volunteer independently in a Lunch Club for older people and the second person volunteering independently in an animal charity. Both people had developed community, social and relationship skills as a result.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints since the last inspection. People told us they could talk to the manager or staff if they weren't happy. Relatives/friends commented (via the satisfaction survey) they had, "absolutely no concerns" and that they were, "Most definitely" sure that any concerns would be resolved in a timely way. People told us they could talk to any of the staff and the registered manager about any concerns or worries they had.

Is the service well-led?

Our findings

People continued to benefit from exceptionally good quality care provided by a well-led staff team. The registered manager was registered with the Care Quality Commission as the nominated individual for the service in 2010. She has been registered as the manager since 21 August 2014 whilst still retaining responsibilities as nominated individual for the service. She was supported by an experienced and knowledgeable staff team. Three team leaders shared responsibilities and day to day management of the service. The registered manager was in the service during the week and covered shifts, as necessary.

People who live in the service and staff continued to speak highly of the registered manager. People said they were happy to approach the registered manager at any time. People approached the manager confidently throughout the inspection visit. Staff told us the management team were, totally supportive, approachable and open.

People were provided with consistently good quality care. The quality of the service was monitored and assessed by the registered manager and the staff team to ensure the standard of care offered was maintained and improved. People told us they were very happy with the care they received.

The service continued to have a variety of auditing and monitoring systems in place. For example regular health and safety audits were completed at appropriate frequencies. Weekly and monthly audits of various aspects of the service took place. These included highly detailed weekly medicine reviews. Additional audits were completed by external organisations such as the local authorities who commissioned services. The last check completed West Berkshire Council was completed in July 2017 and no issues of concern were identified. Action plans were developed as necessary in response to internal or external audits. For example an action plan had been developed and actions completed in response to a pharmacy audit in March 2017.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their annual reviews and at monthly meetings. Staff meetings were held regularly and minutes were kept. People were empowered to be involved in all decisions about their home, as far as they were able and/or chose to be. A quality satisfaction survey was to all relevant people annually. The results were collated and any necessary action taken to address any identified shortfalls. The 2017 survey had all positive responses.

Actions taken as a result of listening to people and the various auditing systems included planning to include more people in relevant training courses and increasing the range of specialist training such as loss and bereavement.

People's records remained of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was knowledgeable about new and existing relevant legislation. For example the accessible information standard and the duty of candour.