

Counticare Limited

Southlands

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 28 September 2015 and was unannounced.

The service provided accommodation for people who require personal care. The accommodation was a large detached house providing support to six people with learning disabilities. There were six people living in the service when we inspected.

There was a registered manager employed at 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for two people living at the service, with the support and advice of the local authority DoLS team.

Summary of findings

People's capacity to consent to the restrictions had not been assessed prior to the DoLS authorisations being completed. We have made a recommendation about this.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

People were treated with kindness and respect. People's needs were assessed before moving into the service with involvement from relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to meet people's needs.

People participated in activities of their choice within the service and local community. There were enough staff to support people to participate in the activities they chose.

People had access to the food that they enjoyed and were able to make their own drinks with the support of staff if required.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Quality assurance processes were in place to regularly monitor the quality of the service being provided to people.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. People were involved in the recruitment of their staff.

Staff told us they felt supported by the management team. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal, so they were supported to carry out their roles. People were supported by staff that had the skills and knowledge to meet their needs.

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.

There was enough staff to provide people with the support they required.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Recruitment procedures were in place and followed recommended good practice.

Medicine management was safe. People received their medicines as prescribed by their GP.

Good



Is the service effective?

The service was not always effective.

People's capacity to consent had not been assessed prior to a DoLS authorisation being completed.

People were provided with a suitable range of nutritious food and drink.

Staff were supported effectively through induction, training and supervision so they had the skills needed to meet people's needs.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Requires improvement



Is the service caring?

The service was caring.

People's privacy, dignity and independence were protected.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Records were up to date and held securely.

Good



Is the service responsive?

The service was responsive.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain relationships with people that mattered to them.

People were offered a range of activities to participate in.

Good



Summary of findings

People's needs were assessed, recorded and reviewed.

Is the service well-led?

The service was well-led.

The atmosphere is the service was relaxed, friendly and inclusive. The service was focused on promoting people's choices.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Incidents and accidents were investigated thoroughly and responded to appropriately.

The registered manager understood their role and responsibility to provide quality care and support to people.

Good



Southlands

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 28 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with six people about their experience of the service and two relatives of people using the service. We spoke with four staff including two care workers, a senior care worker and the registered manager to gain their views. We asked four health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 9 September 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “The staff are very nice and I feel safe living here.” The relatives we spoke with felt their family member was safe at the service.

The registered manager had taken steps to protect people from the risk of abuse. 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.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all peoples’ money received and spent. Money was kept safely and what they spent was monitored and accounted for on a daily basis.

Staff had up to date information to meet people’s needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to personal care, accessing the community, their health and the management of behaviour where people may harm themselves or others. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were reviewed at monthly meetings people had with their key worker. A key worker is a member of staff who has responsibility for ensuring people’s paperwork is reviewed and updated if necessary.

Medicines were managed safely. All medicines were stored securely and 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 clear and up to date and had no gaps showing all medicines had been signed for. Any unwanted medicines were disposed of safely. We saw that a lockable facility to store medicines was provided in each person’s bedroom, which helped to promote people’s independence. One person told us “I like my medicine being in my bedroom.” Staff were suitably trained and completed an observational assessment with the registered manager before administering any medicines on their own.

Clear guidance was in place for people who took medicines prescribed ‘as and when required’ (PRN). There was a written criteria for each person, in their care plan and within the medicine files, who needed ‘when required’ medicines. This gave people assurance that their medicine would be given when it was needed. Medicines audits were carried out on a daily basis by staff. We saw clear records of the checks that had taken place. The registered manager regularly checked the medicine administration records to confirm that they had been properly maintained.

There were enough trained staff on duty to meet people’s needs. Staffing was planned around people’s hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was the right number of staff on duty to meet people’s assessed needs and they kept the staff levels under review. The registered manager was available at the service five days a week offering additional support if this was required. Some people received additional one to one support which was clearly marked on the rota.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment 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. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited to

Is the service safe?

attend an interview at the service and people were supported to ask questions which were specific to them. This gave people the opportunity to meet potential new staff and give their opinion.

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 fire fighting 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. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the 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. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded via an online system called Acoura. Staff completed a paper version of the incident form which was then recorded online by the registered manager. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager showed us a summary and the total number of accidents and incidents for each person which tallied with other reports. The registered manager was able to see, at a glance, whether accidents and incidents were decreasing or highlight any trends.

Is the service effective?

Our findings

People who lived at Southlands were happy with the service provided. One person told us “It is good fun living here.” A relative told us “People are well looked after and the staff work well as a team.”

Staff were not aware of how to protect people's right to make decisions. We spoke with staff about their knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and their knowledge varied. For example, a member of staff told us that the people living at the service were able to make all of their own choices. An internal audit carried out by the Locality Manager showed 78% of staff were up to date with MCA and DoLS training, other staff had completed this training but were overdue with the yearly refresher as per the provider's policy. People had a decision making profile within their care plan, this informed staff how people would make decisions regarding certain aspects of their care and support. Staff we spoke with described how they supported people to make their own decisions, for example what to wear that day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe and were unable to leave the service without the support of staff. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations for two people. The registered manager had taken advice from the local authority DoLS team regarding the other people living at the service. However, the DoLS application forms had been completed and sent to the local authority without giving regard to people's capacity to consent to the restrictions. DoLS authorisations would only be needed for people who lacked capacity so staff were not clear on the requirements of MCA and DoLS.

We recommend the provider ensures all staff are clear about their roles and responsibilities with regards to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were involved in planning the menus, buying food and preparing meals. Meal times were a social occasion when everyone came together around the large dining room table. People were supported to choose their meals using photographic picture cards of meals. We observed people planning their weekly menu by looking through the pictures and choosing one meal each. People were given a choice of when to eat their main meal, at lunchtime or dinner time. One person told us “We can have drinks when we want to and we choose our own food.”

Staff knew about people's specialist dietary health needs and supported people to maintain a healthy diet. The meals looked appetising and fresh ingredients were used. People were offered condiments with their lunch and had a choice of drinks. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice from health care professionals. Staff monitored and recorded the temperature of cooked food. Fridge and freezer temperatures were taken and recorded on a daily basis. These checks reduced the risk of people becoming unwell due to food not being cooked at the right temperature and from the risk of food poisoning.

Staff told us they were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training and on line training. The provider had a training department based at their head office which tracked and arranged training for staff in conjunction with the registered manager. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan. Staff were trained to meet people's specialist needs such as Epilepsy awareness, Autism and Alternative Communication. A health care professional told us that the registered manager and staff team were trained and identified any concerns about people very quickly and dealt with them appropriately.

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings with the registered manager and observational assessments with senior care staff in line with the provider's policy. These meetings provided opportunities for staff to

Is the service effective?

discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff had recently sent a referral to the dentist for an individual who had moved in. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's

health were acted on quickly. A health care professional said the registered manager and staff team were able to recognise changes in the needs of people quickly and said "Communication is excellent from Southlands."

People had clear communication plans which detailed the individual support people required from staff. The plans included for example, "When I do this, This is what it means and This is the support I require from staff". People that had behaviour which could challenge themselves or others had detailed plans for staff to follow. These behaviour support plans included the headings, known triggers to behaviours, how to reduce possible triggers and the support people required following an incident. Staff had sought the advice from health care professionals to develop these plans in conjunction with people or their relatives.

Is the service caring?

Our findings

People told us that the staff employed at the service were “Lovely and friendly” and “Very nice.” They told us they knew and liked all of the staff who worked at the service. A relative said, “They’re a nice blend of staff and we always feel welcome.”

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people’s privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. One person told us “Staff always knock on my bedroom door before entering.” People’s bedrooms were personalised with photographs of people who were important to them and their interests such as jigsaw puzzles, pop stars, pet fish and their favourite football club. People had equipment like televisions, radios and music systems.

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. Staff responded quickly to people’s health needs, for example, one person complained they had a toothache, staff offered pain relief which was accepted. The person told us this had helped their pain.

People were actively involved in making decisions about their home and support at monthly meetings and review

meetings. Staff were in close contact with people’s family and friends who were all involved in helping people to achieve their goals and aspirations. People were confident that their views would be listened to and acted on. For example, four people had requested to go on holiday together which was arranged by the staff. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to listen to music in the kitchen and in their bedroom which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. One person told us “I can see my friends and family when I want to.”

People looked comfortable with the staff that supported them. The provider had a personalisation strategy for the people they supported, colleagues and for the organisation, these included the headings, ‘What success looks like’, ‘How we deliver success’ and ‘How we know how well we are doing’.

Records we saw were up to date, held securely and were located quickly when needed. The registered manager had spent time with people updating their care records since joining the service at the beginning of the year.

Is the service responsive?

Our findings

People told us they received the care and support that they needed when they wanted it. Staff worked around people's wishes and preferences on a daily basis. A health care professional told us "The staff provide safe care which promotes personalisation and independence building."

Information was available to people on how to make a complaint if they were unhappy or concerned. The information was accessible and detailed who people could speak to and the procedure which would be followed. One person told us whilst we were looking at the complaints information "This is about if you are happy or sad, if I was sad I would tell the staff and they would listen." Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. The provider had a complaints policy and procedure in place which was available to people and given to relatives. This included the procedure people could follow if they were not happy with the complaint response. Relatives we spoke with were confident that any complaints they raised would be listened to and acted upon. There had been a complaint made since the last inspection regarding the garden from a relative. A formal procedure was followed. The locality manager had responded to the complaint following the policy with all contact and actions fully recorded.

The service also kept compliments which had been received from relatives, these included a card from a relative which read "Southlands is a lovely environment, it is warm, welcoming and has a lovely atmosphere."

People were supported to take part in regular service user meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make. Staff recorded people's answers and body language. This meant people could express their views and were involved in making decisions in the way the service was delivered.

People's needs were assessed before moving into the home with involvement of the person, their relatives, health professionals and the person's funding authority. The registered manager told us and records confirmed that prior to a person moving in they were offered the opportunity to visit the service and spend some time there for a meal, to meet the other people living there and stay overnight. This helped the person to decide if the service would be suitable for them. It also gave the other people living at the service the opportunity to discuss their views on the potential new person moving in.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any behaviour support information. Relatives told us they had been involved in the planning of their family member's care and support.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved in the development and review of their care plans.

People were encouraged and supported to engage in recreational activities and to access courses for lifelong learning which they enjoyed. One person told us "I go to college one day a week which I enjoy." People were encouraged to maintain and increase their independence, for example, washing their own clothes and making drinks. People were supported to plan and complete a weekly activity planner listing the activities people wanted to participate in during that week. Activities included an exercise class, discos, church, food shopping and household tasks. People's weekly planners were individualised and specific to their own interests

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by two senior support workers. Between them they managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to and told us “Katherine (registered manager) is lovely and always listens to me.” Relatives and health care professionals spoke highly of the registered manager and said, “The registered manager is positive” and “The registered manager is excellent at communicating with health care professionals.”

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Staff told us “The registered manager is very supportive and approachable” and “The registered manager is very open and keeps the staff fully informed.” A health care professional said the registered manager regularly liaised with health services. The registered manager made themselves available and was visible within the service.

The registered manager and locality manager completed regular audits, such as, medicines, infection control and staff training. When shortfalls were identified these were addressed and action taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed and recorded who

was responsible for taking the action. Actions had deadlines for completion and were signed off once they had been completed. For example, an audited highlighted that the outside trampoline required safety netting and a risk assessment. This had been followed up by the locality manager to ensure it had been completed within the time scale set.

The registered manager made sure that staff were kept informed about people’s care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover’s between shifts highlighted any changes in people’s health and care needs, this ensured staff were aware of any changes in people’s health and care needs. Staff told us the registered manager ensured good communication between staff and people.

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.

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.