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Adisham House

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 11 January 2019 and was unannounced.

Adisham House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Adisham House is registered to provide accommodation and personal care for up to 10 people. The home specialises in providing care to people with learning disabilities and the registered provider was working within the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there were nine people living in the service. Accommodation is arranged over three floors.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager at the service. The provider was also the registered manager. 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 felt safe living at Adisham House with the support from the staff. Accidents and incidents, including safeguarding matters were recorded, investigated and reported in a timely manner to the local authority or CQC as necessary.

People experienced a service that was safe. Staff and the management team 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 people were supported to take positive risks. The premises were maintained and checked to help to keep people safe.

The service was extremely person-centred and staff were proactive in making sure that people were supported to live fulfilled and meaningful lives. Person centred means that care was tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the staff.

The provider had an excellent oversight of the service and knew the staff well. Staff told us the registered manager and head of care were approachable and they were confident to raise any concerns they had with them. Staff were supported to fulfil their role in meeting people's needs. The complaints policy was accessible to people using the service.

There were enough staff employed to meet people's needs. Staff were recruited safely and recruitment processes were robust. Staff training was up to date, and the team had a mix of skills, knowledge and experience. Staff had opportunities to enhance their skills and knowledge and all were qualified in health and social care.

The registered manager supported staff through supervision and appraisals which were held regularly and recorded. Competency checks were carried out to ensure staff remained competent in their role.

People were given their medicines safely and when they needed them. Policies and procedures were in place so that people took their medicines when needed. People were supported to remain as healthy as possible and they had been given access to specialist healthcare professionals who could support people with a learning disability.

People had access to the food and drink that they enjoyed. People were supported to choose what they wanted to eat. People's nutrition and hydration needs had been assessed and recorded.

Staff knew people well and we observed they treated people with respect and ensured their privacy and dignity were maintained. People and a relative told us staff were kind and caring.

People were central to the support they received. Care and support was planned with people and their relatives and reviewed to make sure people continued to have the support that they needed. People were encouraged to be as independent as possible.

People took part in activities of their choice within the service and in the local community. People could choose what they wanted to do each day. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor the quality and they regularly asked people for feedback about the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall and this was displayed on their website.

Further information is in the detailed findings below.

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 Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Good ●

The service remains Good.

Adisham House

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.

The inspection took place on the 11 January 2019 and was unannounced. The inspection was carried out by one inspector.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We spoke to 5 people living at the service. Some people living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We observed interactions between people and staff.

We spoke with three support workers, head of care and the registered manager of Adisham House.

We looked at care records for three people receiving a service. We looked at 4 staff files and the records that related to how the service was managed including training, staff recruitment and some quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at Adisham House with support from the staff. One person said, "I do feel really safe." People who were unable to communicate verbally expressed that they felt safe living at the service. A relative told us they felt their family member was safe living at the home.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. The provider protected people from financial abuse and supported people to manage their money. Where appropriate some people had their money managed by guardians to ensure their finances were protected.

Staff had the information they needed to support people safely. Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. Care plans and risk assessments had been reviewed and contained up to date information about people. These assessments were aimed at enabling people to maintain their independence, they covered such aspects as road safety, managing money, environmental risks and supporting behaviour that challenged.

The provider had taken steps to ensure people were kept safe in the event of an emergency. Fire equipment such as extinguishers, fire blankets and smoke detectors were seen throughout the building and these were regularly checked and maintained. Each person had their own individual evacuation plan which included information about what was needed to support a person in an emergency. Staff had received fire safety training and there were regular fire drills involving staff and people living at the service to make sure they knew what to do in an emergency.

People received care from an experienced and consistent staff team. The provider told us that staff had worked with people for a number of years and knew them well. Staff told us that there were enough staff available to support people with all their needs, including going out.

Staff recruitment was safe. The provider's recruitment processes made sure that relevant checks had been completed before staff started to work with people. This included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. There were enough staff available to meet people needs.

People received their medicines safely and when they required them. Staff followed procedures to ensure the safe ordering, storage, administration, recording and disposal of medicines. Medicine administration records were well maintained and up to date. Medication audits were carried out to identify possible errors or problems. Staff who gave medication had been trained in the safe management of medicines. Only qualified staff administered medicines. We saw that regular competency checks were carried out during supervisions to make sure the qualified staff remained competent with this task.

People were cared for in a safe environment. The service was clean, tidy and maintained to a good standard.

Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had the appropriate professionals in place to deal with these. There were systems in place to learn from risks, significant incidents or accidents at the service and learning points were discussed at staff meetings and staff handovers.

Is the service effective?

Our findings

People continued to receive effective care from staff who were supported to gain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve national recognised training certificates. People told us that staff supported them to do the things they wanted each day.

The registered manager and head of care worked with staff to carry their duties daily and were part of the rota. The registered manager told us they had no concerns about the ability of the staff team. Competency checks were carried out to corroborate this in areas such as safeguarding adults, medicine administration, fire safety and infection control.

The provider told us in the PIR that learning was an important part of the work they did. Records we looked at during the inspection reflected this. All staff repeated mandatory training yearly to keep them up to date. Staff were encouraged to develop their skills by taking on additional training such as the team leadership course and NVQ qualifications. New staff had a full induction and worked with experienced staff during their induction. Staff received regular supervision to discuss their performance and training needs and had a yearly appraisal. The provider told us, "Provision of quality training allows more effective ways of delivering care."

People's health and wellbeing needs had been assessed. Care plans contained guidance for staff on how to support people with their needs in the way they wanted. Nationally recognised assessment and management tools were used for things such as pressure wounds and pain management

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. The provider told us that people were supported to have access to advocates if required to help them with important decisions about their care. People's rights were being protected.

People were supported to eat and drink enough to maintain a balanced diet. Meal times were social occasions when people and staff sat together. During the inspection there was a lot of laughter around the table at mealtimes. Staff knew what food people liked and disliked. People were supported to do a menu for the week and then staff supported people to go shopping to buy the food.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs and specialist nurses. The provider told us people were supported to

attend health appointments as required and that people had regular health reviews and medication reviews. During our inspection we saw that one person living at the service was being supported to attend hospital appointments in London.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms which had been individually decorated the way people wanted them. Further adaptation were due to be completed during 2019. For example, the addition of a lift to support people to continue to live at Adisham House if their mobility deteriorated. One of the values of the service was to provide 'a home for life' and this would support this. People also had access to a large garden, with raised beds and vegetable patches.

Is the service caring?

Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships and were relaxed in each other's company. People either told us or indicated with a 'thumbs up' that they were happy living at the service.

Staff were motivated to deliver a high quality, caring service. Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Each person had a keyworker who worked with them to review their care needs and how they wanted to be supported.

We found a person-centred culture within the service. Staff were keen to make sure people had choice and options over their life and could build on their independence. People were continuously given choices as to what they ate, where they sat and what they did. Staff patiently awaited people's responses before assisting them. Staff adapted their approach depending on people's communication skills, for example by spending a little extra time with a person who was slower and less clear as to what they were asking them to do.

Staff engaged with people in a respectful manner. During our inspection we saw staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service.

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. A relative told us, "I am always made to feel welcome and I am able to see [relative] whenever and wherever I like." One person was supported to video call their relatives to maintain regular contact. We observed this during our inspection.

People were treated with dignity and respect and their diverse needs were also supported. Staff addressed people by their preferred name. One person living at the service enjoyed going to church and were supported to attend the local church every Sunday. We saw that people's privacy was respected and staff asked permission before entering their rooms.

Records were stored securely, staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

The service continued to demonstrate that they were offering an exceptional level of care. Providing responsive and personalised support and had continued to go the 'extra mile' organising meaningful activities and events for people. The service continued to support people to live their life how they wanted and their care and support was designed to support this.

People continued to be provided with highly personalised, tailored care and supported to live active and fulfilling lives. Staff took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes. The registered manager, head of care and staff team had continued to show innovation and an excellent understanding of people and their individual needs to ensure they received a high standard of person centred care that enabled people to move forward in their lives and increase their independence and wellbeing.

Staff encouraged people to be as independent as possible for as long as possible. During our inspection we saw one person being encouraged and supported to do regular exercise throughout the day, this helped the person stay well. Staff encouraged them to be part of the routine and got them to write down results of the exercise, for example, the amount of time they had been able to stand. The person showed these to us during the inspection and appeared proud that they could continue to do them and they that each day they were achieving the same or better than the day before.

People were supported to prevent ill health and promote good health. One person living at the service had a pacemaker fitted, this was supported by a monitor that would send daily information to the hospital about the pacemaker and how it was working. The service had put Wi-Fi boosters into the persons room to make sure. The provider had recognised that one person's long term illness would stop them from being able to communicate verbally. The service had provided the person with a tablet and were working with them to identify suitable communication apps for the future. They had also supported the person to use emails and they were now communicating with family members in this way and understood that this would be a method that they could continue to use in the future.
that the monitor had a signal and could send the necessary information.

Since the last inspection the garden had been adapted to allow wheelchair access. One person living at the service had started to use a wheelchair since the last inspection and the adaptations that had been carried out had allowed them to continue to enjoy the garden and they were able to access the space without support.

The staff demonstrated a good awareness and understanding of individuals they supported with complex needs. Since the last inspection one person had moved into the service, who, on arrival displayed complex behaviours. The service had worked closely with healthcare professionals to identify if the medication that they were taking was the most effective for the person. It was identified that they were on high levels of sedative medication which was stopping them from carrying out daily tasks or participating in activities. The service worked to decrease the medication and find alternative ways to decrease behaviours. Through

talking to the person and understanding their needs they recognised that outside space was important to the person but that the person was not able to share this space. A dedicated area of the garden was identified and turned into a garden for them to spend time in. The person was involved in the design of the space as well as ordering furniture to go in the space. The provider spoke to other people living at the service and explained why the space was being fenced off. The person uses the space regularly and is now able to recognise when they are feeling anxious or frustrated and take themselves to their garden. The person was proud to show us their garden during inspection.

Staff had a detailed knowledge of people's needs, and preferences and used information about what people have enjoyed in the past to provide activities that were suitable for them. One person living at the service had a real passion for cars. During our inspection we saw a number of remote control cars in their bedroom and they spoke to us about their love of cars. The person had a specific love of the mini car and the head of care had made arrangements for the person to take regular trips out in a mini as well as visiting the mini factory. We spoke to the person about this and they told us how excited they were to be doing these things. The provider and head of care were also arranging a driving experience for the person at Brands Hatch.

There was a strong person-centred culture which had been embedded into assessments, support planning and reviews. People's care plans included a personal history. People were actively involved in writing their care plans and risk assessments. Staff understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely positive with much laughter between staff and the people they supported.

One person living at the service wanted to adopt a guinea pig from a local sanctuary. Having a pet was very important to this person. The staff were working with the person to make sure that they understood how to care for and look after an animal. They had provided the person with a toy cat that looked as though it was breathing. They were supporting the person to recognise the needs of the cat such as feeding it and providing water for it. This was helping the person to make an informed decision about owning an animal.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives.

The service is located in a small village. Staff and people living at the service play a key role in the local community. People visited the local garden centre regularly and the provider was working with them to provide volunteering opportunities. People were involved in the local church and was part of the choir. One person told us, "I love going to church, I can sing and be happy."

The service provided people with the opportunity to have experiences many people took for granted such as holidays, developing their own independent living skills, learning to travel independently and making new friends. During our inspection one person told us that they were going on holiday the following week. They told us, "I love going away, I can still be independent but know I have staff there with me."

The service gave effective emotional support to people at times of bereavement and loss. Although no one was at the end of their lives when we inspected, staff explained to us how a person they supported had recently died. This had affected people as they had been close friends. Staff had supported people to attend the funeral and the wake. Staff had supported people to grieve and understand loss and how best to

remember their friend.

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised. People and relatives told us that they knew how to make a complaint and that their concerns were listened to and addressed.

Is the service well-led?

Our findings

The provider was also the registered manager at the service, they were supported by a Head of Care. A provider is a person who has registered with the Care Quality Commission. 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.

Relatives and staff told us they thought the service was well led. One relative told us, "The whole service is run expertly and with great care and consideration."

Staff shared the providers vision for the service that people had the best quality of life possible and were able to stay at Adisham House for their lifetime. One member of staff told us, "We want to provide people with a home for life."

The provider understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data protection regulations. We found peoples information was kept secure and confidentiality was maintained. The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgements.

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the provider and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and had regular staff meetings to discuss the running of the service and any improvements that could be made. We saw evidence of these meetings during our inspection. Staff were always able to contact the provider or head of care should they need support. People were being cared for by staff that were well supported in their role.

The service had been developed as a small family home in the middle of the community. The provider told us the home was inclusive in the local community and that they had built relationships with local people and businesses. The provider went on to say people were well known in the local shops, garden centre and the church.

The registered manager used a number of audits to monitor the quality of the service. This included observing staff practice, reviewing the accuracy of record keeping and seeking the views of people and their families. Where action was needed it was taken, and learning from the quality monitoring was fed back to staff in team meetings. Staff told us they had the opportunity to raise concerns or suggestions in these meetings, and records showed suggestions were explored by senior staff.

Staff could access policies and procedures and these were reviewed annually by the registered manager. Records were stored securely to protect people's confidentiality. There were regular staff meetings and monthly supervision meetings when staff discussed their performance and personal development needs.

Staff said they could make suggestions about the day to day running of the service, that they were listened to.

The service worked with other professionals such as SALT (Speech and Language Therapy), Mental Health teams, Care management teams, physiotherapy and the local hospice to ensure positive care outcomes for people.

The provider and head of care spoke knowledgeably and passionately about people they supported. They were proud when they told us about improvements in people's health and well-being and shared stories with us about people who had previously been supported at Adisham House. They supported people to do as much as possible for themselves to promote and maintain their independence.