

Counticare Limited Southlands

Inspection report

East Street
Harrietsham
Maidstone
Kent
ME17 1HH

Date of inspection visit:
20 December 2017
29 December 2017

Date of publication:
09 February 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Southlands provides accommodation for people who require personal care. Southlands is a large detached house providing support to six people with learning disabilities and/or autism. There were six people living in the service when we inspected.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service has been developed and designed 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 using the service can live as ordinary a life as any citizen.

At the time of our inspection there was a registered manager 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.

People received a personalised service which put them at the centre of their care and support. People took charge of the way they wanted to be supported by staff. Support plans contained specific guidance to inform staff how the person wanted to be supported whilst maintaining and increasing their independence. People were treated with kindness by staff who respected their privacy and dignity.

There were arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Risks assessments were individual to people's needs and aimed to minimise risk whilst promoting people's independence. People received their medicines safely. People were protected by the prevention and control of infection where possible. Accidents and incidents were monitored and recorded.

There were enough staff on duty with the right skills to meet people's needs. Staff received the training and support that they needed to carry out their responsibilities in delivering care and support that was effective and responsive. 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's needs and choice had been assessed prior to and following moving into the service. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. People were supported to have maximum choice and control over their lives and staff supported people in the least restrictive way as possible.

People had access to food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff supported people to meet their specific dietary needs. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Systems were in place to monitor the quality of the service being provided to people. They were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people.

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?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 checked 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 20 and 29 December 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific experience of caring for people with a learning disability.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with the registered manager, the provider's behavioural specialist, two care staff, the six people living at the service and two relative's about their experience of the service. We asked four health care professionals for their feedback of the service.

We reviewed a range of records. This included two peoples support plans and records including care planning documentation, risk assessments, positive behaviour support plans and medicine records. We looked at documentation that related to staff management and staff recruitment including three staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. One person said, "I feel safe here. The staff help me to keep safe." People told us if they were not happy or felt unsafe they would speak to the staff. One person said, "I speak to the staff, they are my friends, they help me." Another person said, "I will speak to staff." People were encouraged to raise any concerns they had with the staff at any time. People told us they had regular opportunities to speak with staff if they had any worries.

People continued to be protected from the risk of abuse or harm. Staff followed the provider's policy and procedure and received regular training regarding safeguarding adults. Staff gave examples of potential signs to look for and gave examples of what action they would take such as, reporting any concerns to the registered manager, the local authority safeguarding team, the Care Quality Commission (CQC) or using the provider's whistleblowing number. Information about raising any concerns was available to people and staff throughout the service, on notice boards or within the office.

Southlands learned from incidents and accidents and used the learning to make improvements. Records showed debriefing sessions were held with people and staff following an incident. This included recording information about any lessons that had been learnt, what could have been done differently and what actions had had an impact for the person.

People continued to be protected from the risk of financial abuse. People's ability to manage their own finances had been assessed. Procedures were in place to support people to manage their own money. This included maintaining a clear account of all peoples' money received and spent.

Potential risks to people within the service or out in the community had been assessed and recorded. People were involved in the development of their risk assessments and were encouraged with positive risk taking. For example specific tasks that had been assessed as a risk however, the person had made the decision to continue with the activity. Each risk had been assessed on an individual basis, control measures were then put into place with guidance for staff regarding the action to take to reduce the risk. Risk assessments were regularly reviewed with people and updated if required.

The provider employed a positive behavioural specialist who supported services within a geographical area. The registered manager of Southlands had requested support with people whose behaviour could challenge themselves or others. Detailed guidance and strategies were recorded within peoples positive behaviour support plans to inform staff how to support people. One person said, "[Name] helps me when I am not calm or happy." A relative said, "When my daughter has episodes of challenging behaviour they have managed well with this and worked with us as a family."

Health and safety checks were carried out to make sure the premises and systems within the service were maintained and serviced as required to meet health and safety legislation and make sure people were protected. The provider had an internal maintenance department who managed any day to day repairs to the building. Regular checks were carried out of the fire alarm system and emergency lighting to ensure it

was in good working order. The service had an emergency plan, which was reviewed regularly and each person had a Personal Emergency Evacuation Plan [PEEP]. People's safety in the event of an emergency had been carefully considered and recorded.

People continued to receive their medicines safely. One person said, "Staff help me with my tablets." All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. Staff were trained and had an observational competency assessment with the registered manager. An external pharmacy audit had been completed in March 2017, this had identified one action which had been completed. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Information leaflets regarding people's medicines were kept for staff's reference.

People were protected by the prevention and control of infection where possible. Staff received infection control training. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people, and the service provided staff with gloves or aprons to be used when needed. There was an infection control lead for the service that completed regular audits as part of their role, any actions would be highlighted to the registered manager.

The registered manager continued to ensure there were enough staff available to meet people's assessed needs. Rotas were planned in advance and based around the needs of the people using the service. Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

Is the service effective?

Our findings

People told us they felt the staff were well trained and knew how to provide the care they needed. One person said, "I like it here, there isn't anything that I would change. I like it here." People's relatives spoke in a positive way about staff. One relative said, "I have no issues and it is first class care."

Staff spoke passionately about their job and the enjoyment they received working with the ladies at Southlands. One member of staff said, "I love working here, I love my job, the ladies are brilliant, it's rewarding, I love it." Another member of staff said they enjoyed, "The atmosphere from the girls we support and the staff." It was clear from observation, speaking to people and to staff that they knew each person well and were familiar with their individual care and support needs.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we made a recommendation that staff were provided with their role and responsibility with regard to the MCA and DoLS, some staff lacked an understanding as to what this meant for people. At this inspection we found that the registered manager and staff had a good understanding of the MCA and DoLS and had been trained to use these in practice. Staff told us and we observed people being encouraged to make their own choices about their lives such as, what they wanted to do, eat and wear. During our inspection we observed staff respecting people's decisions regarding how they wanted to spend their time and what they wanted to eat. We observed staff seeking consent to enter people's bedrooms and prior to supporting people with their care.

People's support plans included detailed assessment of people's capacity to make specific decisions about their lives such as for medicines and accessing the community. People's consent and ability to make specific decisions had been assessed and recorded in their records. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People's needs and choices were assessed prior to moving into the service with involvement from the person, their relatives, health care professionals and the person's funding authority. The assessments took into account the persons mental, physical and social needs, and included details on how the person wanted to be supported. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment and staff had received training regarding Equality and Diversity and followed the provider's policy and procedure. Prior to moving into the service people were offered the

opportunity to meet the other people living there and spend some time at the service. This helped the person to decide if the service would be suitable for them. There had not been any new admissions since the last inspection.

People continued to be provided with the support that they needed to eat and drink enough to maintain a balanced diet and meet their individual dietary needs and preferences. One person said, "We have a menu and everyone chooses a meal." A weekly menu was in place and people took it in turns to cook the chosen meal. Information about healthy eating was displayed on the notice board and people were encouraged to eat a healthy balanced diet. Staff told us and we observed people making choices about their meals and staff suggesting healthier alternatives. People were weighed regularly to monitor any changes in their weight. Health care professionals were contacted if there were any concerns regarding a person's food intake. This showed the service ensured people's nutritional needs were monitored and action taken if required.

Records showed people were supported to maintain their health with support from external health care professionals such as, GP's, district nurses, mental health nurses, opticians, dentists and the psychologist. Staff maintained records about people's health care appointments, the outcomes and any actions that were needed to support people with these effectively. People also had an up to date hospital passport within their health file to share information when going into hospital. This showed people received additional support when required for meeting their care and treatment needs.

Since our last inspection, records showed and staff confirmed that they had undertaken the provider's mandatory and refresher training in subjects relevant to their roles. Additional training was provided to meet people's specialist needs such as person centred thinking for people with learning disabilities and Prader-Willi Syndrome, this is a genetic disorder due to the loss of function of specific genes. This helped staff keep their knowledge and skills up to date. Staff were given the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. One member of staff said, "I thoroughly enjoyed my training. The manager is really good at developing staff."

Staff continued to be supported in their role with regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff received an annual appraisal with their line manager to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised. Staff completed an in-house induction plan over a 12 week period and also completed the Care Certificate induction, which sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "All the staff are very kind and the staff care." Another person said, "Staff are nice. It's good living here."

We observed friendly interactions between people and staff. People were laughing and joking with staff, talking about what they had been doing and what their plans were for the rest of the day. People talked about staff as their friends and staff often shared things in common with people such as a famous singer or particular activity. One person said, "I like it here, the staff are my friends." Another person told us they had visited a theme park for their birthday, they proudly showed us their photographs taken on the rides saying, "I like her, she takes care of me. I scared her on the fast rides." When speaking about the member of staff who supported them.

People were given emotional support from staff when they needed it. Information was available to staff regarding how to meet any specific emotional need. One person said, "Staff try and help me and talk to me when I am worried." Each person had an allocated 'key worker', this was a member of staff who had responsibility for supporting people to update their support plans. People had a monthly meeting with their 'key worker', these meetings were called 'talk times' and enabled people to reflect on the previous month, plan for the forthcoming month and gave people an opportunity to speak with staff on a one to one basis. People took part in regular 'house meetings' where people were given the opportunity to provide feedback and make suggestions. One person said, "We have house meetings to talk about what we want to do, like swimming when the schools go back." People could be assured that their views would be listened to and acted on.

People were involved in the planning and delivery of the service they received. Support was planned with the person at the centre, informing staff how to meet their care and support needs. Formal reviews of the persons' care needs took place each year, which also included health care professionals involved in the persons' care such as care managers or other health professionals. People were encouraged to maintain and increase their independence. One person said, "Staff encourage me to do things for myself like, cleaning my room and my washing. When I moved in the staff helped me to learn to catch the bus into town as I wanted to do this, I now do this on my own." During our inspection we observed one person being supported with staff to clean their bedroom. This person asked us to look at their bedroom when they had finished, they said proudly, "Do you like it, it's clean, look."

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. People had created a one page profile titled 'About Me' this contained information about what people appreciated about the person, what was important to the person, how the person wanted to be supported and places where the person felt good. Staff used this information to get to know people and understand what was important to that person.

People were supported to maintain relationships with friends, family and other people who were important

to them. Staff made arrangements that enabled people to visit their family members. One person told us they regularly video called their family member which they enjoyed doing. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. A relative said, "I have always been made to feel welcome and I stay and have a cup of tea."

People's records were stored securely within the office. Staff understood the importance and legal responsibility relating to maintaining confidentiality.

Is the service responsive?

Our findings

People told us that the care and support they received was responsive to their needs and preferences. People told us they enjoyed living at the service comments included, "I get on with everyone that lives here and I have a good friendship with [name of other service user]" and "I like it, they are my friends."

The registered manager and staff team felt proud to have been nominated for the LaingBuisson awards November 2017. Southlands were finalists for the Social Care Personalisation award within the awards.

Support plans continued to be person-centred and explained how people liked to be supported. People's support plans included details of how staff were to support them with the care they needed in a range of areas, including personal care, communication, medicines and support with finances. People's support plans were up to date, personalised and regularly reviewed. Staff were knowledgeable about how people liked to be supported and used this information to meet people's needs. One person told us they used a mobile phone whilst out in the community to know what time their bus was due to arrive. They said, "The staff set an alarm on my phone which helps me to know when my bus is going to be coming." This enabled the person to independently be aware of when their bus was due.

People received care and support which was personalised to their needs and preferences. Each person's support plan included a goal and dreams page, this recorded the person hopes and aspirations. One person had written that they wanted to attend a theme park; this had been fulfilled with staff support.

People were supported to take part in a range of activities 'in-house' and out in the local community. People told us they participated in activities such as horse riding, exercise classes, having pamper days where staff painted their nails and accessing the local town centre. Some people attended a skills development day centre, where people learnt skills such as cooking and photography. One person told us they enjoyed a new gardening group which had been set up by the registered manager and held at the service.

Information continued to be 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. Information was available to people and displayed around the service. There had been one formal complaint made since the last inspection, this related to conifer trees in the front garden. Records showed the procedure had been followed in relation to responding to and resolving the complaint.

Is the service well-led?

Our findings

People told us they knew who the manager was and thought the service was well-led. Staff spoke highly of the registered manager who had worked at the service for over two years, one member of staff said, "The manager is very supportive and very approachable." Another said, "The registered manager shows us clear guidance and is always communicating with us." A third said, "There is always someone there to support you and the registered manager is very hands on."

There was an open and inclusive culture in the service. The service was person centred and each person was supported according to their own needs. Staff and people confirmed that there was an individualised approach to peoples' care. The registered manager and staff were passionate about providing people with a person-centred service and ensuring people led the lives they wanted to.

Staff said they understood their role and responsibilities and said this was also outlined in their job description. 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 made sure that staff and people 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 feedback. 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.

Systems continued to be in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the locality manager on a regular basis, including health and safety, medicines management and a systems audit. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits was used to make changes and improve the service provided to people. The provider had an internal 'quality compliance department' who audited the service on a yearly basis. The last inspection took place on 20 December 2016; the action plan had identified some people's support plans required reviewing, this had been completed by the registered manager.

The registered manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had an accident. All incidents have been reported correctly. The registered manager managed the service with support from senior support workers and the provider's senior management staff including a regional locality manager. The registered manager told us they felt supported by the locality manager and said, "She is always at the end of the phone." The registered manager attended managers meetings with other registered managers within a geographical area. These meetings enabled managers to share best practice and be updated about the wider organisation.

The service worked in partnership with other agencies to ensure care was provided in a joined up way. Feedback we received from professionals showed there were effective working relationships. One professional wrote, "The home has demonstrated that they have the staffing and the skills to support an individual with complex needs." Records showed that advice from health care professionals had been transferred into people's support plans and were followed.