Active Care Homes Ltd

Cantley 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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 14 and 15 October 2014.

Cantley House was last inspected in August 2013 and we found they were meeting the regulations we looked at.

Cantley House provides accommodation and personal care for up to three people with learning disabilities and autistic spectrum disorders. On the day of the inspection three people were living at the home. The home had a 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 were relaxed and happy on the day of the inspection. We saw staff talking with people in a friendly manner. We saw staff assisted people as they needed whilst encouraging people to be as independent as possible.

We saw care records were of a high standard and contained detailed information to guide staff who were

Summary of findings

supporting people. Risk assessments were completed and regularly reviewed. We found people were supported to live full and active lives and access to the local community.

People were able and encouraged to take part in activities which reflected their individual hobbies and interests. Staff demonstrated a caring attitude towards the people living at Cantley House. People were supported to maintain strong relationships with their families.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to develop their independence. We saw the service was organised to suit the needs of the people who lived there.

People were supported by sufficient numbers of staff on duty. The manager and staff told us that staff numbers were always one to one but could be increased to address changes in risk or changing support needs.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MARS). Arrangements were in place for the storage of controlled drugs if required. We saw from training records, all staff had received medicines training.

The service was not consistently well-led. Some policies held outdated or incorrect information. Annual training for staff in mandatory areas was not up to date. You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was safe. It had appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

Staff were recruited following a robust process which included application, interview, references and a Disclosure and Barring Service check.

We found the service managed risk well whilst ensuring people led a full life.

Is the service effective?

Good

The service was effective. In addition to training essential to the service, staff received additional training in areas specific to the people they supported. Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

People had access to a wide range of healthcare services which helped ensure their day to day health needs were met.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected .

Is the service caring?

Good

The service was caring. There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy. This showed people's dignity was protected and respected.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively. This helped staff to respond to people's individual needs.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported and this was respected.

People had access to a wide range of meaningful activities and were supported to be involved in their local community.

Staff were aware of what mattered to people and ensured those social needs were met.

Summary of findings

Is the service well-led?

The service was not always well-led. Some policies held outdated or incorrect information. Annual training for staff in mandatory areas was not up to date.

The provider did not always notify CQC of reportable accidents or incidents.

Quality assurance systems at the home were not comprehensive and required improvement to ensure risks were identified and quickly rectified.

We found there was an open and positive culture within the home. Staff told us the manager was approachable if they had any concerns or suggestions and relatives written comments supported this.

The views of people connected with the service were actively sought out and people told us they felt listened to.

The service had positive links with other health care professionals.

Requires Improvement

Cantley 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 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.

This inspection took place on 14 and 15 October 2014 and was unannounced. The team consisted of one inspector.

On the day of the visit we spoke with the two people who were living at Cantley House, three care staff and the registered manager. We observed people being supported in the home and saw a range of records including three care plans, policies and procedures, staff records and records of the homes quality assurance systems.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report..

Following the inspection visit we spoke with the manager of a day centre, independent of Cantley House. The day centre also provided regular support and life skills to people who used the service at Cantley House.

Is the service safe?

Our findings

We observed people who used the service were relaxed and at ease in each others company. We saw that people readily turned to staff for assistance without hesitation. One person who used the service told us, “I am happy and safe here, I enjoy being here.”

Staff we spoke with told us they had received updated safeguarding training although this was not apparent in all the five staff records we looked at. We asked three members of staff about safeguarding and what they would do if they suspected abuse was taking place. All three told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on and they would be supported. They all said if they were not satisfied their concerns were being dealt with they would report their concerns elsewhere. This showed staff were able to identify signs of possible abuse and knew how to act on any concerns which helped protect people from the risk of abuse.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding signs of anxiety were recorded in people’s individual care plans. This meant staff were guided as to what signs might indicate when someone was becoming agitated or upset. All the staff we spoke with gave a consistent account of the support to be provided to individuals at times of challenging behaviour. During our inspection visit we did not observe any incidents of inconsistent support.

The manager of a day centre used by people who reside at Cantley House spoke positively about Cantley House. They told us, “We definitely work in partnership in the interest of service users.” And, "Communication is good between us.”

Relatives questionnaires suggested they were happy with the support their family member received and believed it was a safe environment. One commented; “He’s always happy.”

We looked at the care records for all of the people who lived at Cantley House. We saw they contained risk assessments which were specific to the care needs of the individuals who lived there. For example risk assessments regarding the environment in which they lived or visited. The assessment identified who might be at risk, described the risk and gave clear guidance on how to minimise it.

We spoke with the registered manager and staff who told us whilst they were aware of the need to assess and monitor risk they adopted an approach which allowed people to take informed risks and try new experiences which might otherwise be closed to them. For example we were told one of the people who used the service enjoyed visiting a wildlife centre. Other people had taken holidays abroad. One person who used the service told us, “I like to go on holiday, I have been to the seaside in England and I have been to Spain.”

People were supported by sufficient numbers of staff on duty. The manager and staff told us that staff numbers were always one to one but could be increased to address changes in risk or changing support needs. Staff rotas we looked at supported this. We saw people received care and support in a timely manner and staff were not rushed. The manager told us the home was fully staffed and people were supported according to their needs. Staff told us there were always enough people on duty to support the people living at the home effectively. We saw that before staff commenced employment the provider had undertaken all of the required checks to ensure their suitability in this post for example references and a Disclosure and Barring Service (DBS) check had been sought.

The registered manager had dedicated administration hours. This meant they were able to carry out their management duties effectively. It also meant they were available to cover shifts in case of an unexpected emergency. Relatives questionnaire responses demonstrated that they thought there were enough staff to meet people’s needs.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. We checked the medicines for two people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MARS). At the time of the inspection no-one at Cantley House was prescribed controlled drugs, however safe arrangements were in place for their storage if required. We saw, from the service’s training records, all staff had received medicines training.

Is the service effective?

Our findings

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprviation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with demonstrated an understanding and knowledge of the requirements of the MCA and DoLS legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The manager had recently met with the Local Authority to discuss the requirements of the Deprivation of Liberty Safeguards. At the time of our inspection there was not a need for applications under DoLS to be made.

We looked at training records for the staff team and saw all staff had received training in the MCA and DoLS. Staff told us they had a basic understanding of the principles underpinning the legislation. This helped ensure staff would know what the legal requirements were if someone's freedom was restricted.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. The manager told us that not all training was up to date, this was evident in the records we looked at. Some staff had last undertaken annual training in mandatory topics in 2011. This meant that staff may not be up to date with current legislation or good practice. The manager told us that updated training was planned in the near future. We saw confirmation of training courses to be held for staff. Further training in areas specific to the needs of the people using the service was provided. For example one person who used the service had their mobility reduced following an operation. As a consequence staff had training in tissue viability awareness.

Staff we spoke with said they had enough training to do their job properly. We spoke with one member of staff who had no previous experience of working within care. They told us the induction and training was, "Comprehensive" and covered a wide range of topics. There was a period of shadowing more experienced staff prior to working alone. They told us they had felt confident and competent to start supporting people when the induction period was completed.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

Staff told us they were supported by management to develop their skills and were able to request additional training if they felt they would benefit from it. One member of staff told us they had been encouraged by their manager to apply for a more senior position within the organisation. They had subsequently done so and achieved a promotion. This demonstrated the provider supported staff in their personal career development which could help them become more effective when carrying out their roles and responsibilities.

We spent time in the kitchen whilst one person ate their lunch. We saw the food was appetising and nourishing and the person was involved in choosing their lunch. Staff said people had access to good quality food and there was plenty of choice. One staff member told us that for one person whose weight was being monitored, they always prepared bacon by grilling. They told us that other staff members fried the bacon. Therefore, some staff did not believe there was a co-ordinated approach in preparing food in the healthiest manner.

We saw the fridge and cupboards were well stocked with a range of foods. We were told by the registered manager and staff that people chose their own meals each day and on

Is the service effective?

Sundays there was usually a roast dinner. If people did not like what was offered or did not want it they were offered an alternative. Fresh fruit was also available and people could access snacks and drinks throughout the day.

One person who used the service prepared their own meals. Some of these meals were important to them as they saw it was in keeping with their cultural heritage. Staff understood that this person valued this activity and ensured they were supported to source and purchase specific ingredients. Their care plan contained up to date associated risk assessments, for example the use of kitchen implements.

We saw people had access to healthcare services. Care plans contained contact details for other professionals such as optician, chiropodist and GP. Care plans also contained details of other professionals to be contacted without delay when required for example a learning disability nurse.

Is the service caring?

Our findings

During our visit we observed staff and people who used the service interacting together, for example preparing food and making preparations to go out. We saw the atmosphere was calm and friendly and there were relaxed conversations taking place. We saw staff were gentle and unhurried in their approach. People who used the service were given time to process information and communicate their response.

We observed staff relationships with people living at Cantley House were strong, supportive and caring. One member of staff told us the best thing about their work was, "Seeing people's independence and character develop."

We looked around the home. Staff asked people if they would mind showing us their rooms. This demonstrated staff respected people's privacy. Rooms had been decorated to reflect people's personal taste and choices. There were photographs of people taking part in various activities and other personal items on view.

We observed people were involved in making day to day decisions. For example we saw one person choosing items from the fridge to make their lunch with. During the day we saw people arriving back at the house from various places and choosing either to go to their room or spend time in communal areas. This demonstrated people had control over their day to day lives.

We saw people were supported to maintain their independence and the registered manager told us they encouraged staff to, "Do with" people rather than, "Do for". For example, we saw people were encouraged to carry out various chores. One person's care plan stated they were able to cook some of their own meals with support. There was detailed information for staff on how to support the person to prepare the meal.

People's privacy and dignity was respected. People chose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. They showed pride when describing people's achievements. For example we heard how one person had taken a holiday abroad and how well they had coped with flight and travel disruptions. One staff member said, "It's a great achievement."

People who used the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, "We talk about things, I tell them (staff) what I like and don't like. They do what I want them to."

The three support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. All of the staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw it was documented that one person enjoyed certain types of foods.

Regular meetings were held between the people who used the service and the staff. These were called 'house meetings'. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of one these meetings, that trips and activities were discussed and planned.

Is the service responsive?

Our findings

People who used the service led active social lives that were individual to their needs. We found that people had their individual needs assessed and consistently met. We saw people leaving the service during the day to attend day centres or go for a walk. People were able to take part in individual activities based on their preferences, one person who used the service had regular visitors pass to a wildlife centre. Another person who used the service showed photos of a previous outing to the coast that had been arranged. They told us, "I had a good time, I enjoyed the ice cream." They also told us, "I like to go to town, I like shopping."

In addition to formal activities, people who used the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to visit their family members and maintain social networks.

The service responded when people's needs changed. One person, whose needs had changed following a hospital admission, was provided with extra support and appropriate equipment following multi disciplinary assessments.

The manager and staff informed us that the registered manager was responsible for reviewing people's care records annually or sooner, if people's needs changed, however the Service User Guide specified that care records would be reviewed every six months. We spoke to the manager about this. They told us that the service user guide was incorrect. This did not have an impact on the people who received the service but showed that the provider did not regularly review the content of this document in comparison to working practices.

Staff told us that they kept people's relatives or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews or to annual reviews with healthcare professionals. One staff member told us, "It's important to have input from relatives and staff from the day centre."

We looked at care records for three people who used the service. These contained a number of records to enable staff to support people. Care records included risk assessments, support plans, person centred plans, personal care support plans and a health plan. We found that these were person centred and an effort had been made to support people to contribute to them. Some of these records were developed with input from the key worker, social worker, and other healthcare professionals such as the learning disability team.

In some cases we found that record keeping was not always up to date or completed fully. For example, one person's last recorded person centred review on file was dated in 2012. Care records contained a list of personal belongings, these were not signed or dated by the person completing the form. It was therefore not possible to determine how old this information was or when items had been replaced or renewed. The manager accepted these findings and agreed to improve them.

Other records such as support strategies had some signature gaps. Although not all the record keeping was up to date, this did not have an impact on the care that people received.

People told us that if they were not happy they would speak to staff and were confident they would receive any support necessary. Relatives of people had filled out questionnaires and sent letters which were held in peoples files. Comments about the service were positive, for example, "I have never had anything to complain about."

Staff told us that they could use one to one meetings to discuss any concerns that people had. One staff member told us "If someone complained to me, I would record it and speak with the Manager."

By speaking to people who used the service, staff and the registered manager we could see that concerns and complaints were always taken seriously, explored thoroughly and responded to in good time. We saw a log for concerns although none had been recently received.

Is the service well-led?

Our findings

Although the manager monitored the service and planned improvements there was little formal quality assurance process in place. This could mean that the service was not appropriately monitored to ensure good care was consistently provided and planned improvements and changes may not be implemented in a timely manner.

All accidents in the home were recorded and all accident records were seen by the provider. We saw that appropriate action had been taken following an accident to minimise further risks. We saw that one person had several falls in the previous few months. Some of these falls had resulted in bodily injury. The person had received appropriate immediate attention from staff or a healthcare professional and their falls risk assessment had been up dated. Whilst this ensured people received care that took account of their up to date needs and any significant changes in their required support these incidents were not notified to the CQC as required. The fact that the service had not made the required notifications following these incidents was not picked up as part of an effective quality monitoring system.

Overall there was a lack of quality assurance and audit processes, as the problems we found during the inspection had not been identified prior to our visit. For example, whilst medication tallied with the MAR sheets, there was no formal medication audit taking place. Care records were not always up to date, for example one person's last recorded person centred review on file was dated in 2012. Other records such as support strategies and a register of personal belongings had signature gaps. This showed us that quality assurance systems at the home were not comprehensive and required improvement to ensure risks were identified and quickly rectified.

Policies and procedures were dated as reviewed in January 2014 however a number of policies, for example the "aggression towards staff" policy, names the Commission for Social Care Inspection (CSCI) as a point of contact. CSCI was a non-departmental public body and the single, independent inspectorate for social care in England. CSCI was abolished on 31 March 2009.

We saw the cleaning rota determined the freezer should be defrosted on a quarterly basis. The records showed that this had last been done in March 2014. This had not been recognised by any of the monitoring systems used in the home. Annual staff training in mandatory areas and care records were not always up to date. This showed us that the monitoring of these areas was not part of an effective quality monitoring system.

Not all expected quality assurances systems were in place to guide practice, plan improvements or implement changes. Of those that were in place not all were up to date.

This was a breach of Regulation 10 (1a) (1b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager gave a clear sense of direction about the care and support given. Everyone we asked said the manager and provider were open and approachable. People who used the service and staff said they would not hesitate to discuss any issues or concerns with them. One person said: "The manager is always available." Professional stakeholders said they felt there was a very open culture and they had a positive relationship with all at Cantley House.

Throughout the inspection we saw people were very comfortable and staff had an excellent knowledge of everyone they supported . If the manager was not in the home there was always a senior member of staff on duty to make sure there were clear lines of accountability and responsibility. Either the provider or a nominated senior carer provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

The home was managed by the registered manager who worked alongside other staff to provide hands on care to people. The manager led by example to provide a service which was tailored to each person's individual needs and wishes. Throughout the day we observed the manager chatting to people and responding to their individual requests for advice or support. One person who used the service told us, "All the staff are nice, they always have an answer if I need it."

There were open and transparent methods of communication within the home. In addition to day to day contact with people who lived at the home the provider held regular meetings for people and for staff. Staff told us meetings at the home were an opportunity to share information and ideas. Staff received on the job supervision

Is the service well-led?

and there were formal appraisals in place to give feedback on performance and identify and plan any areas for professional development. Staff told us that everyone worked as a team and communication was good.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required.

Before our inspection we reviewed the information we held about the home and reviewed the previous inspection reports. We requested a Provider Information Record (PIR) from the provider prior to the inspection. A PIR is information given to us by the provider to enable us to ensure we are addressing potential areas of concern and those that had not been reviewed for a while. The provider did not return the PIR prior to the inspection. The registered manager told us that the provider had not made them aware of the PIR or the requirement to return it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. How the regulation was not being met: Regulation 10 (1) The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to (a) Regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and (b) Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.