

Counticare Limited

Juniper

Inspection report

The Forstal
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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?

Good ●

Summary of findings

Overall summary

Care service description

Juniper is a service for up to three people with learning disabilities, that sometimes present with behaviours which could challenge. The service is a detached bungalow in a residential area close to local amenities. There were three people living at the service when we inspected.

Juniper is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Juniper accommodates three people in one adapted building.

Rating at last inspection

At the last inspection on 4th November 2016, the service was rated Good.

Rating at this inspection

At our inspection on 19 January 2018 we found the service was still Good.

Why the service is rated Good

The care 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 life as any citizen.

People and staff felt safe, safeguarding policies were in place to protect people from harm and abuse. People were supported by a small, consistent staff team, that clearly knew them well. Staff were recruited in line with legislation and best practice. Staff had received training and had regular individual meetings with the registered and deputy manager to ensure they were effective in supporting people. People were encouraged to be as independent as possible in managing their medicines. Risks to people and the environment had been assessed and action taken to reduce the risk where possible. Staff had effective training on infection control and the service was clean, tidy and without odour when we inspected.

People were actively involved in the way the service was run, and were consistently given every opportunity to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to make decisions about the food they ate, and staff supported people to maintain a balanced diet. People were supported to be as healthy as possible, and had regular reviews with the GP, dentist and the chiropodist. People were involved in the running of the service. People supported staff to redecorate their bedrooms, and in the day to day upkeep of the service.

People and their relatives told us they were treated with kindness and respect. Strong relationships had been formed between people and staff over time. We observed kind interactions between staff and people throughout the inspection.

People were partners in planning their care, which was done in a person centred way. There were no complaints since the previous inspection, and the registered manager had policies in place to ensure all incidents resulted in learning and improvement for the people living there. End of life care was not being delivered at the time of our inspection, but the registered manager had started to discuss wishes with people and their families.

The registered manager had been in post for several years, and understood their regulatory responsibilities. Where necessary they had submitted notifications to the CQC and the rating for the service was clearly displayed. There was a clear vision for promoting independence and a positive culture which people and staff confirmed and feedback was regularly sought. People, staff and healthcare professionals were united in their positive feedback about the registered manager. The registered manager regularly carried out checks and audits to ensure people were provided safe effective care.

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 ●

This 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.

Juniper

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 site visit took place on 19th January 2018 and was unannounced.

Before the inspection we reviewed previous inspection reports, notifications and any other relevant information we had received. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by two inspectors.

During the inspection, we spoke with the registered manager, deputy manager, care staff and three people that use the service. We looked at two care plans, risk assessments, one recruitment file, medicines records, quality assurance surveys and audits. After the inspection we received feedback from three family members and two healthcare professionals.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One relative told us they had, "No worries about (name) safety at all." The service had comprehensive risk assessments in place which supported the staff in managing behaviours that could have otherwise challenged. Lessons were learnt and positive changes implemented to ensure the best outcomes in the least restrictive way for the people that lived there. The consistency of staff and the caring relationships developed as a result helped to ensure people were safe.

The service had effective safeguarding policies in place to protect people from harm and abuse. Staff we spoke to were able to recognise different types of abuse and knew how to raise any concerns. One staff member told us, "You could recognise abuse by something like bruising on the arm or a change in a particular behaviour...I would inform my line manager. There is a whistleblowing number you can ring." A relative told us, "Staff seem to know what they are doing, they are always able to deal with any issues." The registered manager was aware of their responsibilities to act on safeguarding concerns, and had reported one safeguarding concern within the past year.

Staff supported people to keep themselves safe, risks were assessed and plans were in place to mitigate them. The deputy manager told us that situations were discussed with people, and risks were regularly discussed and reviewed. One person had a health condition which could lead to the risk of over eating, which was detailed in their risk assessment. Staff managed this risk by supporting people to maintain a healthy diet, involving them in food choices and ensuring they had access to food and drink when they wanted it.

People told us their home was safe and they enjoyed living there. Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People told us they knew how to leave the service in an emergency. One person said, "I have to go outside when the fire alarm goes off." People had a personal emergency evacuation plan (PEEP) and staff and people were regularly 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 an emergency.

The service was clean and well maintained. People told us they had a cleaning schedule to ensure their home was clean and tidy. Care plans detailed how people liked to be involved in the housework. We observed people tidying up after themselves, and cleaning the bathroom. One person told us "I am dusting, sometimes I also do the hoovering."

There were enough staff to keep people safe. One person told us, "There is enough staff. I never have to wait." Throughout the inspection staff spent time with people, chatting and laughing and there was always staff available if people required support. People were given the choice of going out shopping and for a walk or to remain at the service, and the staffing levels allowed for people to do their own, individual thing. The service was staffed by a small consistent team that had all worked for the provider organisation for over a year. People told us, "It is nice I have known (registered manager) for a long time."

The registered and deputy manager regularly reviewed staffing levels and staffed the service in accordance to the activities of the people that live there. Staff were recruited safely. There had been one new member of staff since our last inspection. The registered manager had checked they were suitable to work with people before they started and had carried out all necessary recruitment checks. Each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People were encouraged to be as independent as possible when managing their medicines. One person told us, "My medicines are in my room. It is better there. I know where they are and when I take them." They showed us the medicines that were stored in their room, opening the safe themselves with the key and pointing at their different tablets. They proudly showed us their medicines administration record (MAR), which they had signed alongside staff. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Medicines were stored safely and at the correct temperature and people's MARs were completed, showing people had received their medicines as and when they needed them. Some people were prescribed medicines on an as and when basis, such as when they had a migraine and there was clear guidance in place about when these medicines might be needed. Staff told us they were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. During the inspection we saw documentation to confirm medicines competencies for staff were up to date and was regularly reviewed.

The registered manager told us they learnt from each incident that occurred at the service. Staff knew people well, and incidents were rare, but when they happened, staff clearly documented them. The registered manager reviewed each incident and looked at ways of reducing the incident from occurring again. When people had become distressed and displayed behaviour that could be challenging the reasons why this behaviour was displayed had been analysed. Changes had been made to people's care plans and risk assessments as a result. A television rota had been introduced to pre-empt any disagreements between people about what they wanted to watch on television and ensure they all had the opportunity to choose what to watch. People understood the rota and spoke enthusiastically about their right to choose what would be on television.

Is the service effective?

Our findings

People told us staff had the knowledge and skills to provide effective care.

Where people's needs and likes changed, care plans were updated to ensure they reflected how people wanted to be supported, and to ensure staff had access to the latest information in line with current legislation and best practice. A relative told us their family member, "Gets bored of activities, and the staff always find new ones and aren't afraid to revisit previous activities." Staff and relatives told us it was important for people to have busy schedules, as it helped to manage behaviours which could have otherwise challenged. People also told us they enjoyed activities and keeping busy.

Staff received the training and support needed to carry out their roles effectively. Staff had received training in essential topics such as safeguarding, mental capacity and first aid and specific topics relating to supporting people with learning disabilities such as 'Maybo' training, which is a way of understanding and preventing behaviours that challenge. Staff had also received training in areas relating to people's specific healthcare needs such as Prada Willi syndrome and epilepsy.

Staff put their training into practice and talked with confidence about people's varying needs. They listened to people, and gave them the support they needed. One person with a specific food related healthcare condition had been supported to make a snack box to take with them when they went to their day service. Staff told us this helped minimise their anxieties regarding their condition, and helped them to enjoy their day.

New staff received an induction to the service and had an opportunity to shadow more experienced staff and get to know people. Staff received support during formal one to one meetings with the registered manager and deputy manager. They discussed issues that had happened in the service and reflected on their practice and any improvements that could be made. The deputy manager told us, "[We do our] best to make sure the team are happy." Each staff member had received an annual appraisal, where they had discussed their ongoing training and development needs.

People were supported to maintain a well-balanced diet and make choices in relation to what they ate and drank. People told us they had weekly residents meetings where they would organise the week, including what they want to eat. One person told us, "I plan what I am going to have [to eat] during the week." People checked the cupboards and a shopping list was completed during the meeting. People told us they were going to have spaghetti meatballs for dinner that evening, and this had been documented and chosen in the resident's meeting. People were supported to go food shopping and be as independent as possible. One person told us, "I made my own breakfast" and another, "I help the staff with the cooking when they are on shift."

Staff were responsive to peoples needs, and had made referrals to speech and language therapists and dieticians where necessary. Where people had health related conditions that could cause them to gain weight and be detrimental to their health, clear guidelines were in place to promote their independence

through highlighting healthy choices. The deputy manager said "(name) tries their best to choose healthy options, but ultimately can choose what they want."

Staff worked with external organisations to ensure people's health needs were met. People at the service were registered with a GP, dentist, dietician and chiropodist where necessary. People were assured that staff knew them well enough to respond if they were unwell. One person told us, "If I wasn't feeling well they know when I am feeling poorly." One person had developed a healthcare condition which could be made worse by certain types of food. Eating guidelines had been updated to ensure staff could support the person in the most effective way, and prevent them becoming unwell again. People were empowered to make decisions regarding the level of support they needed. One person had been supported to attend a GP appointment on their own. This was a big achievement for the person as they had always needed support from staff in the past.

People's individual health records were available for people and staff to access easily. People had health care plans in place. These gave clear examples of how to deal with specific conditions such as epilepsy. Information relating to what a seizure (for that individual) looked like, warning signs to look out for, how to escalate if necessary and how best to support people. Staff had a good understanding of what to do in these circumstances.

During the weekly residents meeting, getting an exercise bike was discussed to support people to maintain a healthy lifestyle. One person told us that they now planned to get a rowing machine. People were supported to maintain a healthy weight and staff helped them to monitor this. Staff sought advice from medical professionals if there were any changes.

The service was adapted to meet the needs of the people. The kitchen was open and people were able to make their own food and drinks. There was a small conservatory with a dining room table in, meaning everyone could sit and eat together. We observed people eating when they wanted. People had chosen the colours of their bedroom walls and been involved in choosing the furnishings and decorations of their home. People's rooms were personalised with posters of their favourite musicians and the communal areas had photos of the people that lived there doing activities they enjoyed. The registered manager told us that the bathroom was due to be updated, but they were waiting until everyone was on holiday to minimise the disruption and inconvenience this may cause.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We checked if the service was working within the principles of the MCA.

Staff had a good understanding of the MCA. One staff member said, "Obviously here [they] all have capacity." The registered manager and staff understood how to apply the MCA to people living at the service. Staff discussed choices with people to ensure they were involved in all decision making, including important decisions such as medical appointments or treatment. People had access to advocate support to support them making big decisions, and the manager has assessed the need for best interest meetings. People who are unable to make big decisions, such as decisions about medical treatment are involved in best interest meetings with relatives, healthcare professionals and the service to ensure the best outcome for the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where there was a potential

restriction for a person, the registered manager had applied for a DoLs which was awaiting authorisation. This was in relation to locks on the kitchen cupboards. Staff supported people to manage their health conditions effectively, so the cupboard locks were not in use at the time of our inspection.

Is the service caring?

Our findings

People and their relatives consistently told us they were supported in a kind, caring way, by a reliable staff team, who knew them well. One person told us, "All the staff here are nice." People were involved in creating their care plans which helped staff to understand how best to support them.

People, their relatives and healthcare professionals told us they were happy with the service, and felt well cared for. A relative told us "We are extremely satisfied with how (name) is because they love it there so much." We observed kind interactions between staff and people, clearly showing staff knew people well. One person told us, "When I chat they listen to me." People's individual communication needs had been considered, and picture cards were available for people that required them, detailing food choices and the weeks activities, which staff told us were helpful. People were encouraged to take part in activities of their choice. We observed people being given options on activities, and suggesting activities themselves. For example, when one person was asked what they wanted for their birthday by the registered manager, they asked for a surprise. People joked and laughed with staff throughout the day which created a relaxed atmosphere.

People had an ownership of the service, which was encouraged by the staff. We were greeted by one person when we knocked on the door. They warmly invited us into their home, and clearly felt comfortable with where they lived. The registered manager said to one person, "You have done this (inspection) before, why don't you show them around?" The person then gave us a tour of the service. People spoke with us enthusiastically about the importance of keeping the house clean, and we observed people being involved with household tasks.

People were supported to be independent, one person took great pride in showing us the different recycling bins that were used in the service. They understood the difference between recyclable and food waste and explained where our different pieces of rubbish needed to go. Afterwards they told us, "I always use the recycling bins, it helps the planet." Relatives informed us people were happy at the service and they were keen to return to their 'home' after family visits. Throughout the visit we observed many positive interactions between staff and people.

People were supported to have a variety of friends and visitors were always welcome at the service. A healthcare professional told us, "[The service] has been proactive in maintaining and supporting (name's) relationship with a person they used to live with, which is important to them." One person told us they were planning their birthday party and they had invited all of their family. People had been supported to go on holiday with their friends, and retain important relationships when people had moved further away.

People showed us photographs of the holidays they had been on, recalling the activities they enjoyed whilst there. Photos of such events were displayed around the home creating a homely feeling. People's privacy, dignity and confidentiality was respected. In a regular feedback survey one relative said, "Every chance is awarded for being private."

People and their relatives told us staff respected their privacy, knocked before entering bedrooms, and promoted people to be as independent as possible. Staff spoke about the importance of enabling people to live the most fulfilled independent life as possible.

Is the service responsive?

Our findings

Healthcare professionals told us, "The service is really well run, is person centred and (name) is always happy and content when I see him... overall I feel the service is brilliant."

Peoples needs were consistently met through continued assessment and person centred care. The registered manager and staff promoted care which was personalised to the individual, taking into account how they wanted it to be delivered, and how they wanted to live their lives. One person told us about their birthday present the previous year. They said, "We went to a [spa hotel]. We had a good day all in all." They then discussed with the registered manager how they would celebrate their birthday this year.

People were involved in planning their care and support during monthly reviews. Care plans were clear and regularly updated, including changes in people's conditions and any health risks, how people should present, signs to look out for and what to do in those circumstances. Staff told us people met with staff on a monthly basis, to discuss goals and make short term plans. These usually revolved around holidays people wanted to plan, but also included discussions about health care and wellbeing.

People were active members of their local community. One person had a job, and was employed by the local parish council. They told us how staff supported them in their job. They said, "They go litter picking with me" and that, "It' is important to me, I don't want to lose that job" and, "I make friends when I go litter picking and when I go to the pub." The person had received positive feedback for completing the job from members of the local community. They told us, "They [people in the local community] sometimes stop and tell me they appreciate me keeping the village clean."

People chose activities they regularly participated in and told us they appreciated the regular routine. Activities were discussed during residents meetings on a weekly basis, and people were given choices of individual activities they could take part in. During the inspection, one person went to a day service, where they told us they would be gardening. Other people chose to go to the shops, and out for a walk. People were supported to have social media and email accounts to interact and stay in touch with their friends and family. They were supported to stay safe whilst using the internet and people were aware of the risks of speaking with people they had not met before. Throughout the inspection we observed people being given choices in relation to activities. A relative told us "[The staff] are a great help to me, I wouldn't ever want (name) to leave [the service]".

The registered manager told us there had been no complaints since our last inspection. People told us they knew how to raise any concerns. One person said, "If I wasn't happy I would tell my staff and they would do something about it." A relative had commented, "I can rely on staff to listen to my opinions." The service promoted collaborative working with people and their family, relatives told us "Nothing is ever hidden, we work together." The deputy manager told us, "They (people) know their rights and they know what they want and they will make it very clear if they are unhappy about something."

The service has not supported anyone receiving end of life care. We spoke with the registered manager who

showed us evidence of discussions they were exploring with people and family regarding end of life care to ensure people's wishes were respected.

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection. 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, their relatives, staff and healthcare professionals all told us they continued to feel the service was well led. During the inspection one person said to the registered manager, "I think you all are good and you look after me well". A member of staff said, "They are good, very approachable if I have any problems. I know I can talk to them".

The registered manager was skilled and experienced at providing person-centred care. They had worked at the service for over 20 years, and knew people extremely well. People commented on the length of the time the registered manager had worked with them and that they felt well supported by them. People greeted the registered manager warmly throughout the inspection, and regularly went into the office to have a chat or talk to them about the day. A relative told us, "We think the world of (the registered manager), they are an amazing manager."

The visions and values of the service were to deliver high quality care and support in a strongly person centred way. The registered manager told us, "It is about making sure people are happy. We are continuously looking for new ideas...and encouraging them to be active members of the community." A staff member echoed these thoughts and described their vision, "To help give the guys the best lives. To give them as much independence as possible so they can enjoy their lives."

The registered manager worked alongside staff so they could observe and support them. Staff worked together to provide the best support possible and understood their roles and knew what was expected of them. There was an open and inclusive culture. People were involved in every decision about the service and told us they were pleased to live at Juniper, a relative said, "I wouldn't ever want (name) to leave." The registered manager said, "Our motivation is to give people a good quality of life. The guys are really involved in the running of the home." One person had gone out shopping the day before the inspection for new mugs for the service and served us hot drinks in the mugs. They spoke excitedly about having been shopping, and asked if we liked what they had chosen.

People went to Church and were supported to practice their faith and staff told us people were well known and liked in the local village. One person told us, "I go to the shop to get my paper, crisps and a drink...they [the local shop] always save it for me."

People had detailed care plans, risk assessments and communication tools and guides in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them. Documents and records were up to date and readily available and

were stored securely.

The registered manager completed a range of checks and audits to ensure staff were providing safe, effective, compassionate care. Medicines were checked monthly and there were regular checks completed on the environment to make sure it was safe. An area manager for the provider completed a 'service development plan' with the registered manager each quarter, and this identified 'what good looks like' for the service. When actions and areas for improvement had been identified, such as the suggestion that the registered manager completed more observational supervisions or updated people's care plans this were completed and signed off as required. Any incidents that occurred were used to drive improvement and the registered manager looked at ways of preventing them from happening again.

The service worked in partnership with other agencies. People had care managers, who were responsible for overseeing their care package, and regular reviews had taken place, with people's involvement. A care manager told us they were, "Really pleased with the care provision" and that the service was "Responsive to any issues and managed very well." The registered manager was open and transparent and shared any potential safeguarding issues with the local safeguarding team to ensure they were dealt with appropriately.

People, their relatives, staff and other professionals had been asked their views on the service. All feedback seen was positive and comments included, 'The manager is always accessible' and, 'I feel staff give the best care.' Weekly service user meetings were used to gather informal feedback from people, and any suggestions, such as a change to the menu or activities for people to do were acted on. People chose specific staff members to complete 'talk time' with, which was an opportunity for them to speak with staff on a one to one basis.

Staff meetings were held monthly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again.

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.