

Kent County Council

Canterbury Adult Support Unit

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?	Good ●

Summary of findings

Overall summary

About the service

Canterbury Adult Support Unit is a respite service offering overnight stays for people with a learning disability and/or autism, who usually live with family members or carers. Their purpose is to offer carers a break whilst offering people new opportunities and to develop their independence in a supportive environment. The service also provides day services and people who use the respite services can choose to use these day services. The service can support up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

All feedback was highly positive from people, relatives, health and social care professionals, and staff for all aspects of the service. One relative had fed back to the service, "Respite is a life line to carers. The staff are always friendly and welcoming and work extremely hard to make the service users stay enjoyable and happy."

Staff were highly caring. People were truly respected, engaged in the service and involved in decisions around their care from choosing what they ate for dinner, what activities they did to the recruitment of new care workers.

People were happy staying at the service and with the support they received. People received person centred care and support from care workers who were well trained and competent. People enjoyed various activities and outings of their choosing and were enabled to have new experiences.

People were supported with complex health needs to stay well and have a good quality stay in line with their wishes and relatives were confident their loved ones were safe and well cared for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The quality and safety of the service was ensured by the provider. There was a positive, high quality and

caring culture in the service led by the registered manager which achieved positive outcomes for people. Care workers told us it was a good place to work and they were well supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Canterbury Adult Support Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Canterbury Adult Support Unit 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at completed surveys. We received feedback from seven professionals who were involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm.
- People told us they felt safe and would speak to staff if they had any concerns. One relative told us they believed their loved one was kept safe and they had no concerns at all.
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly. A health and social care professional confirmed the staff team had good insight and knowledge and had attended a safeguarding awareness session recently.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely. One care worker told us how they would go through people's risk assessments upon their arrival if there had been any changes.
- Risk assessments were in place to provide guidance to staff to reduce the risks to people and care workers could tell us how they kept people safe. For example, one person who was at risk of urine infections had a fluid chart in place to ensure they drank enough.
- All the necessary environmental health and safety checks, servicing and maintenance was completed.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- People, relatives and care workers told us there were enough staff. One care worker told us how they would have additional staff if needed, for example when a person with complex needs was staying for the first time.
- Staff were recruited safely as all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- People's dependency needs had been assessed and were reviewed before each stay at the service. There were enough staff to keep people safe as there was always at least two care workers on duty and rotas evidenced enough staff were deployed to meet people's needs in line with their dependency rating assessments.
- People were supported by a consistent staff team, there was no use of agency care workers. Health and social care professionals confirmed there was a stable staff team.

Using medicines safely

- Medicines were managed safely. Care workers told us they received training and competency checks to ensure they administer medicines safely.
- People received their medicines including 'as required' medicines as prescribed. There were appropriate systems in place to store and administer medicines safely.
- Daily checks and weekly audits were completed to ensure people received their medicines safely. Comprehensive annual audits were completed and showed no actions were identified for improvement.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "We have a cleaner come in every day and the home is well looked after."
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as wearing gloves and aprons. The service had a recent food hygiene inspection and was rated good.
- Guidance on how to prevent the spread of infection was present in the service and personal protective equipment was available for staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on.
- The registered manager had reviewed any accidents and incidents. Lessons were clearly learnt, as care plans were reviewed, and action taken to prevent reoccurrence. For example, an incident which occurred whilst care workers were driving led to changes to a person's care plan following reviews.
- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall.
- Learning from accidents and incidents was shared with the care workers through reflective practice agendas in supervision and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed for all areas of their lives and looked at their planned care and agreed outcomes. For example, a person new to the service had a percutaneous endoscopic gastrostomy (PEG). This is a tube used to enable people to maintain their nutrition when they are not able to eat via their mouth. Therefore, the registered manager arranged for bespoke training on this which involved the person and their carer to ensure their needs were met.
- People's compatibility needs were considered when planning their stays at the service.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support which takes a least restrictive approach to supporting people with behaviour that challenges. This helps care workers to identify the cause of the behaviour to help the person effectively. For instance, the person maybe communicating they are upset or in pain.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience

- All staff had received an appropriate induction and training in all the required areas. There was a training matrix in place so that when staff required a training update, this was arranged.
- Care workers were competent, knowledgeable and skilled and told us about training they had received which helped them to provide effective support and to ensure they could meet people's individual needs. For example, around a person's health condition.
- Care workers told us they were supported by the registered manager and received regular supervision, competency assessments and appraisals. The registered manager did this through an on-going conversation tool.
- New care workers were introduced to people before providing any support and were supported to learn about people's needs by familiar and experienced care workers. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was 'lovely'. One person said, "I had never tried cabbage and tried it when we had roast pork on Sunday. There's a weekly planner, If I didn't like it, I could have something else." Staff ensured people's dietary needs and preferences were met. There was information held in the kitchen about people's likes, dislikes and any food intolerances.

- People were involved in planning and cooking their meals and told us they chose what they ate. There was a menu plan on the wall with pictures of foods to support this.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from health and social care professionals in relation to these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans provided clear guidance for staff for all people's healthcare needs and included information about specific health conditions.
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, the service had referred one person with concerns around potential early onset dementia. Information and guidance from other agencies, for example people's GPs and speech and language therapists was available for staff.
- People had 'hospital passports' in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.
- The service supported people's carers. One care worker told us, "Families quite often come in with their concerns and we signpost them to the right place." The registered manager told us how families contact them in emergency situations and people would be dropped off and given a meal. For example, they had supported one family through a personal family bereavement.

Adapting service, design, decoration to meet people's needs

- The service was wheelchair accessible with a downstairs bedroom and en-suite wet room to meet the needs of people with a physical disability and promote their independence.
- The environment was comfortable and met people's needs. For example, there were communal areas within the service where people could spend time with other people.

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Only one person was subject to DoLS and the appropriate applications had been made and assessments completed.
- People were assessed as having the capacity to decide they wanted to stay at the service. They 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 supported this practice. Staff could understand people's vocalisations, body language, gestures and behaviours to establish whether consent to

care was given and their day to day choices.

- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff went beyond their duty to ensure people were happy and enjoyed their stay. For example, care workers had stayed on extra hours to enable a recent trip to Hastings; had supported events such as Christmas parties and special meals in their own time; had brought expensive ingredients for themed nights or brought people cake from their own pocket in a café so they weren't left out; had donated soft furnishings to the service or plants for the garden and used their own time to decorate bedrooms or cut the grass. Care workers told us how they had time to spend with people, would recommend the service and would be very happy for their own loved ones to be supported there.
- People told us staff were kind and caring and people were relaxed and happy in the company of care workers, and when talking to us about their care workers. Surveys showed relatives believed their loved ones were happy when staying. For example, comments include, "They love staying there", "Knowing they are enjoying themselves we can relax", And "They always enjoy their stay, feel comfortable with all staff members and love the room they use." One relative told us, "It's person centred, a nurturing environment, they talk to (name) kindly, there are no demands, it's a nice environment."
- The service was innovative in finding ways to support people in the way they needed. For example, for one person who needed lots of hugs, they devised the '88 hug' which was a sideways hug and therefore enabled appropriate touch which was important for the person. There were photos of what this looked like for staff and guidance in the persons care records.
- All interactions we saw were positive and respectful. For example, staff would ask people what they wanted in an open way and the cleaner waited for people to leave until hoovering in the lounge so as not to disturb people.
- One healthcare professional told us, "The caring and kind, empathetic nature of the staff team and the nice general welcoming feel of the home has allowed my patient to feel safe and cared for and they now have regular respite attendances." Another professional said, "It provides a warm, caring and safe environment for those in need. The service is sensitive and good at understanding how difficult it can be for an individual to be away from home. The staff do well to build relationships with clients and their families through 'tea visits' and incremental steps so all are confident to enjoy the break."
- People's needs around equality and diversity were identified and met, for example, around their disabilities. For instance, care workers had ensured people used facilities which were accessible for wheelchairs.

Supporting people to express their views and be involved in making decisions about their care

- One person told us, "The staff know me, they listen to me." People had 'respite agreements' in place which

informed them of their rights to make choices. One relative told us, "They ring up beforehand to ask what (name) wants, they are very correspondent."

- House meetings were held with people, records of these showed they were involved with menu planning and planning activities or outings as well as asking for their feedback on the service. People were involved with choosing new furniture and with interviews for new care workers.
- Feedback from people was used to plan their activities. For example, people had been tobogganing after they said they wanted to do this whilst watching it on the Olympics. Another person had said they wanted to do more shopping, so this was planned for their next stay.
- Staff showed an excellent understanding of people's needs and preferences. One care worker said, "You have to deal with each person differently, it's the relationship you have with them and the way you go about it...it's not rigid here, for example people go to bed when they want, it's very relaxed."
- People were asked about their views within assessments and were engaged in everything they did. For example, one care worker described how they were completing the 'All about me' care plan with people. Satisfaction surveys were completed with people for each stay and the information used to plan their next stay. For example, one person said they would like to go to the zoo, so this was considered for their next stay.
- No-one was using advocacy services at the time of our inspection. However, the registered manager informed us they supported people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. People's confidentiality was supported and information about people was held securely.
- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. One care worker said, "It's in everything we do, we don't talk in front of other people, we don't leave doors open, we don't discuss medicines, everyone is given choices, whether around food or where we are going out, people choose to help with cooking, clearing tables and housework."
- One person told us, "If I want a bit of my own space, they respect that."
- People were encouraged to maintain and develop their independence where possible. For example, feedback from people showed they were involved with daily tasks such as laying the table and emptying the dishwasher. One health and social care professional said, "People are supported to access lots of opportunities in the community and develop their skills."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a range of complex needs. However, they were supported how they wanted and were given choice and control of the care and support they received. For example, care workers hired a wheelchair to enable one person to go out as they were unable to walk following an operation. People also chose their bedrooms for future stays.
- One healthcare professional described how responsive the service had been to meet a person's needs for support with a shower within a day service and how through providing this care the person was able to remain living at home with their relative. Another health and social care professional told us, "The management collects lots of information on the service user prior to their stay, enabling the care and support plan to have a good pen picture of the persons likes and dislikes and how staff can positively support them to have a successful stay. Having a clear understanding of the persons needs enables the staff to be responsive in a person-centred way."
- Care records described the support people needed in person centred ways. For example, people had 'Distress passports' which showed how people are when they are content and when they are distressed. This helped care workers to know if a person was distressed or experiencing pain. Peoples likes, and dislikes were recorded to ensure staff supported them in the way they liked. People's hopes and dreams were recorded in 'all about me' plans.
- People's care and support was reviewed and updated to reflect their changing needs before each stay and annually with their care manager.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, staff used different methods to communicate with people such as pictures, signs and objects of reference. Information was shared with people in easy read formats.
- The service had a sign of the week to practice the use of sign language between people and staff. This meant staff were ensuring they maintained these skills for when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were enabled to participate in activities within and outside of the service to meet their individual needs and interests. There had been various trips to local towns, London, the science museum, the zoo and sea life centre along with bowling, golf and meals out. People either choose to go to their usual day centre or decided what they wanted to do within the service or the community. For example, people had chosen to go the cinema on the day of our inspection to avoid the extreme hot weather.
- The service promoted people developing friendships by introducing them to networking forums and clubs. They also planned peoples stays to match people with similar interests.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. The service had their own vehicle which enabled this.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were provided with information about how to make a complaint. Any complaints had been logged and appropriate action had been taken. There were minimal complaints as people were happy with the service. The service had received lots of compliments.
- People and their relatives told us they had no complaints and would talk to staff if they had. Likewise, care workers told us they had no concerns and could talk to their manager if they had any.
- The service responded quickly to any concerns or feedback. For example, one person asked for a bedside lamp to be changed in their bedroom as they struggled to use it, and this was resolved within the day.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- People's choices, wishes and arrangements for the end of their life, where known were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a caring culture in the service and the providers values clearly showed. All people, relatives, care workers and health and social care professionals were highly positive about the registered manager and said they were supportive and approachable.
- One care worker said, "People are at the heart of everything we do. We aim to promote their independence the best we can and to give everyone a good time and do what they want to do."
- One health and social care professional said, "There is a clear understanding of protocols and procedures, staff are supported by management in a no blame culture, encouraging an open and supportive way of working." Another said, "(Name) is a strong leader who places the clients and families central to the service. There is an open-door policy to professionals who can pop by to see a client."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and sought feedback during our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. Care workers were knowledgeable in their roles and had easy access to the provider's policies at all times. Record keeping was of a high standard and included good monitoring records.
- Staff morale was clearly high, and all staff feedback was positive. One care worker told us, "(Name) is a brilliant boss, we really are a good team, we all have a good bond and look after each other. We are very transparent with each other."
- The registered manager had a regular presence in the service to ensure the quality and safety of the care provided. They worked closely and hands on with the care workers to monitor the care provided. They reported on any performance issues regularly to the provider to ensure good oversight of the quality of the

service and monitored action plans to ensure any improvements needed were made. A health and social care professional told us, "The manager is proactive on seeking advice and has always responded effectively to recommendations made."

- Quality assurance systems, such as audits and checks were used effectively. For instance, provider audits had been completed on finances, environmental and health and safety. Any actions identified were completed or in progress. A new audit team has been implemented by the provider to drive up improvement. This meant provider audits will be completed alongside the existing self-auditing and peer auditing across services.
- Registered managers are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.
- 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 judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. A relative told us they received a newsletter to inform them what's going on and that they were confident they would be informed quickly if there were any incidents or their loved one was unwell. The service had also held an event for people, carers and staff to provide a forum for feedback and how to improve their services.
- Annual quality surveys were completed and reviewed by the provider with people, relatives and staff to gain their feedback. These all showed positive feedback. Staff told us they felt involved and listened to. Team meetings were held to share information.
- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, one health and social care professional said, "The service has excellent leadership, is very approachable and accommodating when looking at emergency respite placements. They always consider compatibility with others and work well with MDT (Multi-Disciplinary Team) professionals where there may be risk assessments/contingency plans in place which need monitoring." Another said, "The service welcomes collaborative practice and shares information appropriately."
- The registered manager attended various management meetings and a registered managers network to ensure they remained up to date and shared best practice.