Canterbury Oast Trust

Homelands

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The provider of this service is Canterbury Oast Trust and is referred to throughout this report as the trust.

This was an unannounced inspection carried out on 5 November 2014. The previous inspection took place on 13 August 2013 and there were no breaches of the legal requirements.

Homelands provide accommodation and personal care for up to eight people with a learning disability who have an autism spectrum disorder. At the time of the inspection there were eight people living at Homelands.

The service is run by a registered manager, who was not present in the service on the day of the 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. The management arrangements in place at the time of the inspection were satisfactory.

Summary of findings

People told us they received their medicines when they should. However we found shortfalls in some areas of medicine management. Where people were prescribed medicine "as required", there was a lack of proper guidance to enable staff to administer these medicines safely and consistently. Staff did not always record the detail of the amount of prescribed medicines that had been administered. You can see what action we told the provider to take at the back of the full version of the report.

The service was well maintained. There were systems and checks in place to help ensure that the equipment and premises remained in good condition and working order.

People felt safe living at Homelands. The service had safeguarding procedures in place, which staff had received training in. Staff demonstrated a good understanding of what constituted abuse and how to report any concerns.

People were protected by robust recruitment procedures. Staff files contained the required information. New staff underwent a thorough induction programme, which including relevant training courses and shadowing experienced staff, until they were competent to work on their own.

People were supported by sufficient numbers of staff on duty, in order to meet their needs and facilitate their chosen activities. Staff received effective supervision, training and appraisals as well as having staff meetings, although supervision was not in line with timescales within the provider's supervision policy.

Risks associated with people's health and welfare had been assessed and guidance was in place about how these risks could be minimised. Risk assessments did not restrict people, but were used to promote their independence. There were systems in place to review any accidents and incidents and make relevant improvements, to reduce the risk of further occurrence.

People had opportunities for a wide range of work and leisure activities that they had chosen. Staff were familiar with people's likes and dislikes and used different communication methods with people, to enable people to make their own choices.

People said they "liked" the food. They had a variety of meals and adequate food and drink. People were involved in the planning, preparation and cooking of meals.

People were supported to make their own decisions and choices. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), so were aware of the process, where people lacked the capacity to make their own decisions, to ensure these decisions would be taken in their best interests, although to date people had been able to make their own decisions.

People were involved in planning their care and support and some had chosen to involve their relatives. Care plans included people's preferred routines, their wishes and preferences and skills and abilities. They had regular review meetings to discuss their support and aspirations. People's health care needs were monitored; they had access to a variety of healthcare professionals and were supported to attend healthcare appointments to maintain good health.

People were relaxed in the company of staff, who listened and acted on what they said. People's privacy was respected. People told us they liked the staff. Staff were kind and caring in their approach and knew people and their support needs well.

The trust had various systems in place to obtain people's views including meetings, questionnaires and informal discussions. There were also systems in place to monitor and audit the quality of service provided. Trustees and senior managers carried out visits to the service and staff undertook various regular checks. People felt comfortable in complaining, but did not have any concerns.

Staff were aware of the vision, mission and values of the trust. They worked together as a team to support people to be as independent as possible, demonstrate respect and uphold people's dignity.

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?

Requires Improvement

The service was not always safe. There was a lack of guidance in place for some prescribed medicines. There was an absence of records about the amount of some medicines people received.

People felt the service was safe. There was enough staff on duty to meet people's support needs.

Risks to people's health and welfare had been assessed and measures were in place to keep people safe. Equipment and the premises were maintained and serviced regularly.

Is the service effective?

Good

The service was effective. People received care and support from trained and supported staff.

Staff knew people and their support needs well. Staff used different forms of communication in order to encourage people to make their own decisions and choices.

People liked the meals they had and were involved in planning menus and preparing and cooking meals.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and staff adopted an inclusive and kind and caring approach.

The atmosphere within the service was relaxed and people were listened to by staff who acted on what they said.

Staff supported people to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive. People were involved in planning their care and regular review meetings where they discussed their aspirations.

People did not have complaints, but said they would feel comfortable in raising any issues. A complaints procedure using pictures, words and symbols was displayed.

People had access to a variety of work and leisure activities that they had chosen.

Is the service well-led?

Good

The service was well-led. Staff were aware of the ethos of the trust. They worked as a team to support people with their independence, whilst treating them with respect and ensuring their privacy.

Summary of findings

People and staff felt the registered manager and acting manager were supportive and approachable.

The trust had systems in place to keep people informed, give them a voice and help ensure they received a quality service.

Homelands

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 5 November 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people who used the service. Other people present during the inspection were not able to communicate verbally with us to express their views. We spoke with the registered manager, the acting manager and two members of staff.

Some people communicated using Makaton, the use of signs and symbols to support speech a used by some people with learning disabilities. As we were unable to communicate using sign language, we undertook observations to help us understand the experience of people who could not talk to us. We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, one staff recruitment file, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

After the inspection we contacted four health and social care professionals who had had recent contact with the service and received feedback from two professionals from the local community learning disability team.

We contacted three relatives of people living at Homelands to gain their views and feedback on the service provided.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicine when they should. Relatives felt medicines were handled safely. However we found shortfalls in the medicine management. Where people were prescribed medicines on a "when required" basis, for example, to manage pain or constipation, there was insufficient guidance for staff on the circumstances in which these medicines were to be used and when staff should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

Medicine administration records did not always show that people received their medicines according to the prescriber's instructions. When the prescriber's instructions stated one or two eye drops there was no record to show how much medicine had been administered. This meant there was a risk that This could result in people not receiving the medicine consistently or safely.

Taking the medicines practice described above as a whole, this was a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had received training in medicine administration and their knowledge was tested annually with questionnaires. Staff were able to talk through the procedure they followed when administering people's medicines. Apart from the recording shortfall above this followed a safe practice for administration. Two people looked after and administered their medicines themselves. There were risk assessments in place to help ensure this was done safely.

People used homely remedies. These were stocks of medicines purchased at the chemist that the service kept for emergencies. For example, cold and flu medicines. Authorisation had been obtained from the doctor, to ensure these medicines were safe to give with other medicines people were prescribed.

There was an audit trail of medicines arriving at and leaving the service. Medicines arriving into the service were checked against prescribing instructions. Quantities were checked and recorded to ensure there was sufficient for the four week period. There was an auditing system for when people took their medicines in and out of the service, such as when they visited family. There was a system in place to make sure medicines were returned to the pharmacist when they were no longer required.

All medicines that were managed by staff were stored securely including where appropriate storage in fridges. Temperature checks were taken daily and recorded to ensure the quality of medicines used. Staff told us the prescribing pharmacist was booked to undertaken an audit of medicines, which was undertaken annually.

People's needs were such that they did not require much equipment. One person used a portable bath seat. There were records to show the equipment and premises received regular checks and servicing. There was no evidence of a valid periodical inspection report for the electrical installation available in the service on the day of the inspection. However this was sent to us following the inspection.

Relatives told us that equipment and the premises were well maintained and always in good working order. Where there were concerns about the premises or equipment, staff raised the issues to ensure they were quickly resolved. Staff told us how recently a fire door hadn't closed properly, but that it had been fixed on the same day by the maintenance team. During the inspection the maintenance person was back to ensure that the fire door was still working safely. A development plan for maintenance and redecorations of the environment was in place.

Accidents and incidents were reported and clearly recorded. The acting manager then reviewed these, to help ensure appropriate action was taken to reduce the risk of further similar occurrences. The acting manager told us that any accidents and incidents reports were sent to senior management and their health and safety department for review and they monitored events for trends and learning. They were able to give an example, following several incidents of the same nature; where senior management came out to go through the medicine procedures with staff at a staff meeting.

People told us they felt safe and knew who they would speak to should they have any concerns. Relatives also confirmed that they felt their family members were safe. One relative said their family member was "extremely safe, yes". During the inspection the atmosphere was relaxed and calm. There were good interactions between staff and people. Staff were patient and people were able to make their needs known, either verbally or by using Makaton (the use of signs and symbols to support speech). Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures

Requires Improvement

Is the service safe?

in place to report any suspicions or allegations. There was a safeguarding policy in place. The acting manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, risks associated with promoting people's independence, such as preparing or cooking a meal, making a drink or ironing were assessed. Other risk assessments were in place to enable people to safely access the local community by travelling independently, or going swimming or to the gym.

People had their needs met by sufficient numbers of staff. People and staff felt there were enough numbers of staff on duty. A health care professional confirmed that when they visited Homelands they felt there were the right number of staff on duty. During the inspection staff responded when people approached them and were not rushed in their responses when responding to their needs. There was a staffing rota, which was based around people's needs and activities. There was a minimum of two staff on duty during the day and one member of staff slept on the premises at night. There was an on-call system covered by management. The service used existing part time staff or the provider's bank staff to fill any gaps in the rota and very occasionally an outside agency was used.

People were protected by robust recruitment procedures. Only one member of staff had been recruited since the last inspection. Recruitment records included all the required information including application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employment. Staff undertook an induction programme and were on probation for the first six months.

Good

Is the service effective?

Our findings

People told us they were “happy” and “liked” living at Homelands. Relatives were satisfied with the care and support their family member received. One relative said, “I am happy, it is very professional”. A health care professional told us that the staff team was a stable team that were able to be consistent and had an in depth of knowledge of the people they supported.

People smiled and reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, what to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using some pictures. People had signed their care plans, stating “I have signed my care plan to say what is in my care plan is about me and the way I like to be supported”. Care plans contained clear information about how a person communicated and this was reflected during the inspection. Staff were patient and not only responded to people's verbal communication, but communicated with people using sign language.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which they told us included reading, orientation, shadowing experienced staff and attending training courses. They also completed a common induction standards booklet and had a six month probation period to assess their skills and performance in the role. A common induction standards booklet is competency based and in line with the recognised government training standards (Skills for Care). There was a rolling programme of training in place and staff received refresher training at least every three years. This included health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene. Some specialist training was provided, such as training on Spectrum Disorders and epilepsy awareness. Staff felt the training they received was adequate for their role and in order to meet people’s needs. However they felt a refresher and more staff trained in Makaton, the use of signs and symbols to support speech, would benefit people.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. However the frequency was not in line with timescales within the provider’s supervision policy. Staff said they felt well supported and had the opportunity to attend regular staff meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us that to date any decisions that had needed to be made, people had had the capacity to make and when they chose they were sometimes supported by families. No one living at the service was currently subject to a DoLS.

People had access to adequate food and drink. During the inspection people helped themselves to drinks as they wished. People told us the food was “very good” and they were involved in helping to choose the meals. One relative told us that the food “always looks good and there are always cakes available”. There was a varied menu, which was planned each week and staff told us this was done with the aid of pictures and recipe books. A “today’s menu” was displayed in the dining room. However this was written with no pictures and not everyone could read. This meant some people would have to ask staff what was on the menu each time. Lunch was sandwich or light meal with the main meal being served in the evening when people returned from their activities. On the day of the inspection lunch was a jacket potato with cheese and/or coleslaw. People’s weight was monitored and staff talked about how they encouraged healthy eating and they had obtained advice and guidance about healthy eating.

People’s health care needs were met. Good health was promoted and people had an annual health check-up and a review of their medicines. People told us they had access to appointments and check-ups with dentists, doctors, chiropodist and opticians. People told us that if they were not well staff supported them to go to the doctor. Relatives told us that any health concerns were acted on “straightaway”. Appropriate referrals had been made to health professionals. For example, the community learning

Good

Is the service effective?

disability team, who were working with a person in relation to a relationship. A health professional told us that staff worked with them and any advice and guidance they provided was adopted by staff and incorporated into the care plans. They felt staff were very good and motivated to sort out issues as they arose.

People's health needs were monitored. Information about people's specific health conditions, such as attention deficit hyperactivity disorder was available for staff to use, to help staff understand people's support needs. People had been supported by being given clear information through discussions with relatives and health professionals when more complex decisions needed to be made regarding their health.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said. During the inspection staff took the time to listen and interact with people so they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or sign language. Relatives were very complimentary about the staff. Their comments included, they are “absolutely fantastic, of the highest calibre” and “committed and have empathy” and “excellent”. Relatives said, “the staff work hard” and “the residents like the staff and they all get on”.

People’s care plans had details of their life history and family life. This helped enable staff to understand people and what was important to them. Care plans contained a list of family and friends birthdays, so people could be supported to remember these dates and send cards or buy a present.

People were involved in discussions and review meetings to plan their care and support and made choices about their care and support. Staff talked about how they encouraged everyone to make their own choices and how, when necessary facilitated this by offering a choice. For example, of two items, such as clothing or food or by using pictures. Where these approaches were used they were reflected in people’s care plans.

People were able to choose where they spent their time. During the inspection people accessed the house as they chose. For example, one person was playing music in their room and another was given the choice to stay in, or go out for a drive or an activity and they chose to stay in for the afternoon. People chose to eat their lunch in the dining room with staff.

People’s independence was promoted. People talked about choosing meals they liked to have on the menus and helping to prepare and cook meals. One person had expressed a wish at their review meeting to cook their own individual meal, which had been facilitated. People made their own drinks, cleared away their plates and loaded the dishwasher. Staff had supported some people to do travel training and they were now able to use public transport, such as buses and trains independently. Each person had a house day and people told us that during this day they cleaned their rooms and did their laundry. For some people this was independently and others had staff support depending on their skills and abilities.

People’s family and friends were able to visit at any time. People had their privacy respected. People told us they had a key to their room, which they used. Staff knocked on doors and asked if they could come in before entering. Relatives told us that people’s privacy and dignity was always respected. Health care professionals told us that people were treated with dignity and respect and that staff were very people focused.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. One person had asked during their review for staff support to lose weight. Staff had obtained a diet, weight and exercise information booklet from a learning disability organisation to help with this and the person had started to attend a local gym regularly. Relatives told us they attended six monthly review meetings. At reviews people, their relatives and care manager usually completed a quality assurance survey to give their feedback about the service provided. This was confirmed by relatives. The surveys contained positive comments and responses.

No one had moved into the service since the last inspection. When people had previously moved into the service, the registered manager had carried out a pre-admission assessment. This included obtaining assessments from professionals involved in the person's care, to ensure that the service was able to meet their needs. Following this the person was able to "test drive" the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments. Care plans contained details of people's choices and preferences, such as food and drink.

Care plans contained details of people's preferred daily routines, such as a step by step guide to supporting the person with their personal care, what they could do for themselves and what support they required from staff. Care plans were regularly reviewed and reflected the care provided to people during the inspection.

People participated in a monthly residents meeting where they had the opportunity to voice their opinions about their care and support and any concerns they may have had. People were asked about any preferences for special trips or outings. One person had wanted to go out on their birthday to a favourite fast food restaurant and they had been supported to do this. Another person had said that they wanted to help more with the evening meal and staff told us they were now peeling the vegetables.

People had a programme of leisure and work based activities in place, which they had chosen, to help ensure they were not socially isolated. Staff talked about how one person wanted to do a different activity and staff were trying to fit this into their programme. Work based activities included working at a restaurant, literacy, computers, woodwork, horticulture and working on the farm. Leisure activities included horse-riding, swimming, gym, meeting friends, shopping, and music and guitar lessons. During the inspection people were out at various activities, a group of people went swimming and when they came back they chose how they spent their time.

People told us they would speak to a staff member if they were unhappy. They felt staff would sort out any problems they had. There had been no complaints received by the service in the last 12 months. There was a complaints procedure displayed within the service using pictures, symbols and words. During the inspection the office door was always open when occupied and people freely came in and spoke with staff as they wanted. Staff told us that any concerns or complaints would be taken seriously and used to learn and improve the service. Relatives told us they did not have any complaints, but felt comfortable in raising any concerns that might arise. One relative said, "They act on any little thing we say and deal with things, we've never had a problem".

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an acting manager. People knew the registered manager and acting manager and felt both were approachable. People and relatives spoke highly of both managers. Relatives said they felt comfortable in approaching and speaking with both managers. Comments about the registered manager and acting manager included, they are "very good" and "supremely efficient and well respected". Staff felt the registered manager motivated them and the staff team.

At the time of the inspection the registered manager had a more area manager role although visited the service frequently. An area manager role would have the responsibility of overseeing a number of services. The registered manager told us that it was the intention of the trust to recruit a manager who would be based part time in the service and then they would register with the Commission. The acting manager was based within the service full time and worked closely with the registered manager and also worked a few of their hours on shift.

Relatives felt the service was well-led. Their comments included, "nothing is perfect, but it is pretty close". "The trust is taking definite steps to move forward", "we are very pleased, we have absolute confidence in them" and can't fault them, it is excellent care".

Within the service the trust displayed a poster of their vision, mission and values. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the vision, mission and values were always on the agenda and discussed at the communication meeting. One staff member told us that these included supporting people to be as independent as possible and demonstrating respect and upholding people's dignity. Staff said these were also discussed at their annual appraisal meeting.

The registered manager had recognised the key challenges ahead for the service and these were detailed in the information sent to us before the inspection, together with action they intended to take to manage these. This included further training in person centred care and more frequent managers meetings.

Staff talked about how they felt the trust listened to their opinions. One staff member told us how following the first communication meeting staff were asked their opinion on the meetings and the trust took their feedback on board. Future meetings were organised so that a member of the senior management team sat on each staff table instead of all at the front, so the meeting was more interactive and staff felt more comfortable in speaking or asking questions. Staff felt the trust was a listening organisation and that senior management were open and approachable.

Staff said they understood their role and responsibilities and felt they were well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff also used a daily handover to keep up to date. Staff told us that as a team they discussed things and agreed a way forward.

Trustees and senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and always made time to speak with them and listen to what they had to say. The Trustees had visited the service the day before our inspection and although their report was not available the acting manager told us that feedback had been positive. Both managers attended regular managers meetings. They told us these were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. However there was no formal system to analyse these so that they could be used to drive improvements or provide feedback to those who had given their views. This is an area for improvement.

The trust organised panel meetings where the business and future of the trust was discussed. Each service including Homelands had a representative on the panel, which was a person that used the service. People have the opportunity here to have a say and direct changes that were happening within the trust. For example, people had recently been involved in reviewing the care review meeting paperwork to make it more service user friendly. People could access the trust's website to see what had been

Good

Is the service well-led?

discussed. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines and facilitated discussions between themselves, individual's and the inspector.

During 2014 the trust set up a group for siblings of people living within the trust's services for support and to share experiences, learn from each other and build a network for membership. It was planned that the group would meet twice a year.

The trust produced a regular newsletter and "in-touch" magazine to keep people and staff informed about news and events that were happening within the trust. This included local authority news and information about changes in CQC's new approach to regulating services.

Homelands had been awarded a 5* rating from the Environmental Health Office and during 2014 the trust was awarded a National Care Employer of the year award from the Great British Care Awards scheme.

Staff had access to policies and procedures via the trusts computer system. These were reviewed and kept up to date by the trust's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines. There was insufficient guidance in place for staff on the use of some medicines. Regulation 13