

Leonard Cheshire Disability

Anton House - Care Home Learning Disabilities

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

This inspection took place on 6 May 2016 and was announced.

Anton House specialises in the care of people who have a learning disability. It provides accommodation for up to 4 people who require personal care. On the day of our inspection there were 4 people living at the home.

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

On the day of our inspection we found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place and accidents and incidents were monitored and recorded. Medicines were administered and stored safely.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People were supported to pursue leisure activities and access local facilities.

Staff were aware of people's need for privacy and dignity and made arrangements to provide this.

People were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff available to care for people appropriately. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. A process for raising concerns was in place. The provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people. People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good ●

The service was responsive.

People were supported to pursue leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed. People were regularly involved in these reviews.

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Is the service well-led?

Good ●

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

There was an open culture in the home

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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 took place on 6 May 2016 and was announced. The provider was given 48 hours' notice to ensure that the people we needed to speak to would be available as it was a small home. The inspection team consisted of a single inspector.

We reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager and a member of care staff. We spoke with three people who were living at the service. We also spoke with one relative by telephone following the inspection. We looked at four care plans and records of training, complaints, audits and medicines.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. The relative we spoke with told us that they felt their family member was safe. They told us, "There's always someone there to help."

Staff we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff were aware of how to report an incident both internally and externally to the provider. They told us that they had received training to support them in keeping people safe. We saw from the training record that staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments were in place for people who accessed community facilities on their own. Each person had an emergency plan in place in the event of an unexpected event such as a fire or flood. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

We found that there were sufficient staff on duty to meet people's needs. We found that the service had a very low turnover of staff and staff retention was good, this helped to support continuity of care for people. Staff told us there were enough people employed by the service. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

We saw that medicines were handled and administered safely. Medicines were stored in locked cupboards according to national guidance. All the permanent staff employed at the home were trained to administer medicines. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training. Medicine administration records were completed fully and systems were in place to ensure that the member of staff who gave medicines could be identified. This facilitated a check in the event of a medicine error. Regular checks were in place to ensure that medicines were stored and administered safely.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us that they felt they received appropriate training to enable them to care for people. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was monitored by the provider and the registered manager received regular reports to ensure that staff were accessing the training they required. Training was provided in a variety of methods for example, face to face and by computer. The training included statutory training such as fire and health and safety and also topics which were specific to people's needs such as communication. Training and support was also in place for volunteers. A volunteer told us that they had received training when they started the role and received regular updates from the registered manager. They said that they felt skilled to provide the support to people.

An induction process was in place for staff who had been newly appointed to the provider. The induction was in line with national guidance as the provider had introduced the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. The induction process also included shadowing and shared shifts to ensure that staff were confident in providing care to people. This was particularly important at this location because most of the time staff were working alone in the home.

Supervision was provided on a regular basis and staff told us that they had received appraisals. Appraisals provide an opportunity for staff and managers to review performance and ensure that staff have the skills and support to carry out their role.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met. For example, a person had a medical condition which was a problem from time to time and the registered manager told us that they varied their diet to accommodate this. People told us they enjoyed the meals. One person said, "They [staff] asked me to do a list of foods I don't like. I do like my meals here." We observed lunchtime and saw that staff sat with people and chatted with them, for example, about their plans for the rest of the day. People were asked what they would like for lunch and staff supported them to prepare it. People had access to drinks and snacks during the day. A person told us, "Quite independent to do drinks. You can make your own drinks when you want." A daily menu was available and those who did not like the food choice for that day were able to have an alternative. For example, a person told us they didn't like curry or spicy foods and had something different when this was on the menu.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. A person told us, "Staff take me to the dentist." A relative said, "[My family member] has a condition and they manage it well." The registered manager told us that they had a positive relationship with the local GP practice. Physical health assessments had been carried out and we saw that people had accessed health screening.

The provider had made appropriate referrals when required for advice and support. Where people had specific health needs, advice and support had been sought. Care records detailed what support people required to support them with their health needs. For example a person required specific support with their mouth care and another person required support with their diet. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. Transfer documents were in place which included information about people's health needs so that if they were admitted to hospital or needed to attend a clinic, information was readily available to ensure that they received appropriate treatment.

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which involved a range of people including the local authority and people's representatives to consider what was in people's best interests. One person was supported with their finances by their family however formal arrangements were not in place and a best interest assessment had not been put in place. The person was at risk of having decisions made which were not in their best interest. Since our inspection a best interest meeting has been arranged to discuss this.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection no one was subject to a DoLS and one application had been made.

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received. One person told us, "I like it here. I lived in [city] before but I don't want to go back there. They're good to me here." Another person said, "I've been here a while, I like it." A relative said, "My [family member] seems quite happy there." A volunteer said it is a very comfortable place. They said, "it's a cheerful and happy place." The result of a survey carried out with relatives in 2015 showed 100% satisfaction in the care received by their family member.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example, a care record stated, 'I always choose what I want to eat for breakfast and lunch'. Another said, 'I like to go to bed after my evening meal'. A volunteer told us, "People are treated as individuals."

We saw that caring relationships had developed between people who used the service and staff. Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. For example one person knew basic Makaton, (Makaton is a sign language used with verbal communication to provide visual prompts) and was supported to use it.

Flexible staffing arrangements had been put in place to ensure that people's needs were met. For example, on two days a week there were two staff on duty to enable staff to carry out their key worker responsibilities with people. This included shopping for personal items with people and reviewing care.

Where appropriate people had access to advocacy services. People were provided with information on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff observed the right for people to have their own space within their home, for example, a person was using a coffee table and we observed staff asked if it was alright to place their drink on it. Staff spoke discreetly to people and asked them if they required assistance. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices and views respected. One person said, "My key worker helps me to meet my goals." We observed staff consistently gave people choices about their care. For example, usually people were supported to have a holiday in a place of their choice and people told us about their holidays. One person told us that they had chosen not to have a holiday this year because they liked it at the home and wanted to save up for a particularly expensive item. Another person said, "I help to bring the food shopping in but I don't do it, I don't like doing it."

A relative told us, "Does seem to get out quite a bit." A volunteer said, "People all do different things and go out and about." The home maintained strong links with the local community. On the day of our visit two people were out taking part in local activities for example, a keep fit class. Where required support on a one to one basis was available to support people to take part in activities, either from employed staff or trained volunteers. One person was supported to attend a group in the village where they group up so that they were able to maintain these links.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example, a particular colour was very important to a person and staff were aware of this. The registered manager told us that they tried to provide activities according to what people wanted, for example, people accessed local groups for coffee, attended local facilities such as the swimming pool and worked as volunteers.

Staff told us about people's individual interests and how they were supported to follow these. For example, one person had a boyfriend and liked them to stay at the home on occasions. We saw in records that this had been discussed at a review and staff had made arrangements to facilitate this in a regular basis. Another person told us that they liked painting outside in the garden and told us they were going to paint the garden fence. We observed staff chatted with them about the colour and when they could do it.

A person told us, "Staff take me to [city] to see my family." The relative we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative. The registered manager told us that they tried to ensure that feedback was provided to relatives on significant issues with the person's agreement.

The registered manager told us that people were involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. We looked at care records for people who used the service. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. A record stated, 'Let me help with the cooking and cleaning'. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

We saw examples of staff responding to people's needs in a positive way. The registered manager told us that they supported people to be as independent as possible. They explained that there was a scheme in place which was run by the local authority to encourage people to travel alone safely. They told us that two people had completed their 'travel training' and now accessed specific facilities on their own.

Where people had displayed behaviour which challenged, steps had been taken to support people to change their behaviour in a positive manner, for example, replacing an object or activity with an alternative.

The registered manager said that she tried to speak with people regularly on an individual basis. In addition the registered manager told us that they always discussed the issue of making a complaint and checking if people were happy with their care at reviews. They said that they had 'happy' and 'sad' picture cards to obtain people's views and regularly asked people how things were going. House meetings which involved people who lived at the home were held four times a year. We saw from the minutes of the meeting held in January 2016 that issues such as food and complaints had been discussed. A survey had also been carried out with people who used the service, professionals and their relatives to understand their opinions about the service.

An easy read version of the complaints process was available so that people were able to access this. A relative told us that they would know how to complain if they needed to but that they hadn't had cause to do so. They said that the staff would always discuss issues with them. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been no recent complaints.

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability. A member of staff said, "We plan things together." Staff told us that they felt supported in their role and would feel comfortable raising issues with the registered manager and the provider. Staff had access to an on call manager for advice and support on a 24 hour basis. Staff meetings were held regularly.

We found that the registered manager was visible, knew their staff and the people in their care. The people who used the service and their relatives that we spoke with knew who the registered manager was and knew them by name. A relative told us, "If there was any problems the manager would sort it out."

The registered manager had a flexible approach to the management of the home. For example, staffing levels were changed according to people's needs and plans. Effective working arrangements were in place to provide support to people from external organisations and volunteers. Volunteers were supported appropriately and were considered to be an essential part of the team. A volunteer told us that the registered manager was approachable and they were able to raise issues with them.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as infection control and health and safety. We saw the records of the checks identified when action were required. Care records had also been checked to ensure that they included the required information to ensure that staff were able to care for people appropriately.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires. We saw 'Have your say' surveys were available in words and pictures to assist people in the completion of these. Surveys had also been carried out with friends and family. We looked at the results and saw that responses were positive.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The relatives we spoke with told us that they would be happy to raise any concerns they had.