

## Counticare Limited

# Juniper

## Inspection report

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Date of inspection visit: 4 and 5 November 2015  
Date of publication: 07/01/2016

### 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 

### Overall summary

This inspection took place on 4 and 5 November 2015 and was unannounced. The previous inspection was carried out in May 2014 and there were no concerns identified.

Juniper is registered to provide accommodation and personal care for up to three people who have a learning disability. At the time of the inspection three people were living at the service, each having their own bedroom. People had access to a communal lounge, dining area, kitchen, laundry room and shared bathrooms. There is a well maintained garden and outside area. There is off street parking within the grounds and access to public transport with a bus stop opposite the service.

The service has an established registered manager, who was present on the days of the inspection visit. 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 and associated Regulations about how the service is run.

Staff told us they felt confident that they could speak to the management of the service if they required support and guidance. A system to recruit new staff was in place. This was to make sure that the staff employed to support

# Summary of findings

people were fit to do so. We were able to view these documents after they were emailed to the registered manager from the provider. Staff personnel records did not hold a recent photograph of them.

New staff underwent an induction programme. Existing staff supported new recruits who shadowed them on shifts. Staff were supported to carry out their duties effectively and were offered further support through one to one supervision, team meetings and appraisals.

People had in depth personalised care plans, risk assessments and guidance in place to help staff to support them in an individual way. Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. People were supported to pursue individual interests and hobbies. Staff spoke about people in a respectful way which demonstrated they cared about the people's welfare. People interacted positively with staff, smiling and being involved in conversations.

People were supported to make their own decisions and choices and these were respected by staff. Staff were aware of the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People had family that were important to them and contact was supported by staff. People felt safe in the service and when out with staff. The service had safeguarding procedures in place and staff had received training in these. People had their needs met by sufficient numbers of staff. People received care and support from a small team of staff and the registered manager worked on rota alongside staff at times. People were happy with the service they received and felt staff were kind.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. Safety checks were completed and there were regular fire drills so people knew how to leave the building safely.

People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

People felt staff were caring, they said they were treated with dignity and respect. Staff knew people and their support needs well. Established members of staff had built up relationships with people and were familiar with their life stories and preferences. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People and their relatives had opportunities to provide feedback about the service both informally and formally.

People felt the service was well-led. The registered manager adopted an open door policy and regularly worked alongside staff. They took action to address any concerns or issues to help ensure the service ran smoothly. Staff felt the registered and deputy manager were supportive of them and the staff team.

# 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?

The service was safe.

There were robust systems in place for recruiting suitable staff.

Medicines were stored and administered safely.

People felt safe in the service and when they accessed the community. There was sufficient staff on duty to meet people's needs.

Good



### Is the service effective?

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and received regular meetings with their manager.

People received care and support from a team of staff who knew people well.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke highly of the staff and the registered manager. They said they were treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people and responded to their requests for support.

Staff supported people to maintain contact with their family.

Good



### Is the service responsive?

The service was responsive.

People were supported to make choices about their day to day lives. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

The service sought feedback from people about the service.

Good



### Is the service well-led?

The service was well-led.

People said that they felt listened to and that they had a say on how to improve things.

Audits and checks were in place to ensure the service ran effectively.

The registered manager was approachable and worked alongside staff.

Good



# Juniper

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 November 2015 and was unannounced. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about

important events which the service is required to tell us about by law. The provider was also asked to send us some further information after the inspection, which they did in a timely manner.

During the inspection visit, we reviewed a variety of documents. These included two care plans, staffing rotas, two staff recruitment files, medicine administration records, activities records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service. We spoke with the registered manager and three staff.

After the inspection we spoke with one social care professional who had had recent contact with the service. In addition we spoke with two relatives and received feedback about the service.

# Is the service safe?

## Our findings

People were able to express their views and told us they felt safe with the staff supporting them. They told us that they were treated well and they knew who they could talk to if they were concerned about their care. One person said, “The staff are all nice, I feel safe living here, there’s a nice atmosphere”.

Recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant’s health to help ensure they were safe to work at the service. These records were held centrally by the provider and emailed to the registered manager on request. The registered manager interviewed prospective staff and sent a record of how the person performed at the interview to be stored centrally. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited to attend an interview at the service, this gave people the opportunity to meet potential new staff and give their opinion. During the inspection we saw one prospective member of staff having an informal chat and drink at the home. The registered manager told us they had been invited back on another day so that the other people could meet them.

There were sufficient numbers of staff on duty to meet the needs of people. On the first day of inspection there was one member of staff on duty when we arrived and the registered manager arrived shortly after. The deputy manager, came in at short notice to support the inspection as people had plans that involved staff support away from the service. On the second day, there was one member of staff and the registered manager on duty. Staffing was planned around people’s hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. Staffing levels varied between one or two members of staff during the day, and one person sleeping at the service at night. The registered manager was available at the service five days a week offering additional support when required. We saw an

on call rota on display in the office, the registered manager told us that this worked in conjunction with other local managers from the provider to ensure that there was always a manager available for the service to contact.

People told us that there were enough staff to meet their needs. One person spent some time with the registered manager discussing who would support them with a particular activity and was pleased with the outcome of the conversation. During the inspection each person living at the service had time on an individual basis with different staff members. At the time of the inspection there was one staff vacancy and the service used existing staff or the provider’s bank staff to fill any gaps in the rota.

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns, such as contacting the local authority safeguarding team. The induction for new staff included safeguarding adults from harm and abuse and staff received annual training on this topic. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Staff had up to date information to meet people’s needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to accessing the community, their health and the management of behaviour where people may harm themselves or others. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicines administered had been signed for. The supplying pharmacy had completed an audit of medicines on 3 November 2015 and there were no recommendations

## Is the service safe?

from this. One person told us they were happy with the storage of their medicines and that they had been given the option of storing their medicines securely in their bedroom but they preferred them to be stored in the office. They were happy that they were able to self-administer their medicines with the understanding that staff checked to make sure they had taken their medicines correctly. We saw on their file that this had been assessed.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. Medicine audits were carried out by the registered manager, we saw clear records of the checks that had taken place.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to

make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by the registered manager to see if any action was required. We saw that this action was followed up by the registered manager. These checks enabled people to live in a safe and suitably maintained environment. People told us they were happy with their rooms and everything was in working order. The service had recently benefited from new fencing and staff told us they were awaiting a new hob for the kitchen.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and the registered manager reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Reports were then sent to senior management who monitored for patterns and trends. Copies were also kept on individuals care plan files.

# Is the service effective?

## Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. People told us they were “Happy”, “It’s good” and “I like living here”. All of the people at the service had been there for many years. They said they were very happy living at Juniper and would not want to be anywhere else. People told us “I wouldn’t change anything, I’m happy with everything”.

Staff were trained to support people with their individual needs. New staff were taken through a four day induction programme to prepare them for working with people. Staff told us that new staff shadowed an experienced staff member until they were competent to complete their role on their own. Induction records that we looked at were not fully signed off by the registered manager to show staff were competent to work on their own. On the first day of the inspection, a new member of staff was lone working when we arrived at the service, despite their induction record not being fully signed off as competent to work alone. The registered manager told us that this was an oversight. This is an area we have identified as needing improvement.

One member of staff member told us, “When I started I shadowed existing staff for a week, I was given an induction pack to read and sign and had induction training with the companies training department. I’ve now started some administration of medicines shadowing”. Essential training was provided and each member of staff had an e-learning account and the registered and deputy manager checked these to see if staff had completed their essential training. Staff were given the opportunity to request further specific training. One staff member said, “If I needed more training I would ask for it”. Training included numerous mandatory and additional training, such as Autism awareness and training relating to specific health conditions. Staff had completed mandatory training and most had completed additional training or were waiting for courses to be provided by the organisation. Four of the five staff members had a qualification in Health and Social Care and one was in progress. Staff told us they felt supported by the registered manager and the staff team.

Staff had individual supervision meetings and annual appraisals with either the registered manager or deputy manager. One staff said, “We have staff meetings with the whole staff team and supervisions when we are able to talk one to one and say what we think and how we are feeling. We get yearly appraisals.”

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated an understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. The registered manager was aware of their responsibilities regarding DoLS. There were no imposed restrictions and so no DoLS applications were needed. People’s consent was gained by themselves and staff talking through their care and support. People had signed their care plan as a sign of their agreement with the content.

The registered manager described how they had sought advice and guidance from a local authority DoLS team and care manager around whether or not a best interest meeting or DoLS application should be made for a particular situation. Their advice was that it was not necessary as people had capacity and were able to give consent. We saw documented evidence of this and spoke with people who confirmed what we had been told.

People were involved in planning the menus, buying food and preparing meals. Meal times were a social occasion when everyone came together around the dining table in the conservatory. One person told us “We talk about what we are going to have on the menu at our meeting each week”. There were menus in the kitchen, which reflected the choices recorded in the house meeting minutes. People told us they go to the supermarket with staff to do the food shopping and when they want to they help staff to do the cooking.

Staff knew about people’s specialist dietary health needs and supported people to maintain a healthy diet. People had access to food and drink when they wanted it. The kitchen cupboards were locked overnight, this had been agreed by the people living there. The key was accessible if

## Is the service effective?

anyone wanted to open the cupboards and people told us they were happy with this arrangement and their consent had been sought. People confirmed that they knew where the key was at night and that they had access to it when they wanted.

Throughout the inspection people were offered regular drinks by staff and were supported to make drinks themselves. Staff demonstrated they understood people's likes and dislikes well. If staff were concerned about people's appetites or changes in eating habits, they sought advice from health care professionals.

Personalised health care plans were in place, they contained information to help staff support people to maintain good health. Records documented people's health care needs, how they should be met and monitoring sheets for recording seizures or illnesses for example. People told us that they had access to appointments and check-ups with dentists, doctors, hospital, the nurse, dieticians and opticians. People were registered with their own GP and were supported to attend appointments when necessary.



# Is the service caring?

## Our findings

People told us that the staff were kind and caring, one person said “I like all of the staff here, they listen to me”. One relative told us “staff are always friendly and helpful when I phone”.

People told us there were lots of opportunities to express their views about their own support and about the running of the service. There were weekly house and individual meetings. People told us that the quality of their life was good, staff were supportive and their opinions were acted upon. Staff considered people’s views and took action in line with people’s wishes. One person said, “I choose where I wanted to go on holiday. The staff helped me to do this”.

People were moving freely around the home, moving between their own private space and communal areas at ease. Staff told us “Each person has their own space, we knock on their doors and don’t go in without being invited”. One person told us “I can watch tv in the lounge or my room, it’s up to me.” There were several areas where people were able to spend time, such as the lounge/diner, the kitchen, the garden or their own room. Rooms were decorated to people’s choice, they were individual and reflected people’s interests.

People told us that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. During the inspection people accessed the house as they chose. People went out to the local shop without support, undertook voluntary work and one person was supported to access public transport to a local town and have lunch out. People told us they were involved in some household chores and preparing food, making drinks or getting their breakfast. One person said “I clean my room every week, and I clean the bathroom”. Staff demonstrated

they understood people’s likes and dislikes well. If staff were concerned about people’s appetites or changes in eating habits, they sought advice from health care professionals.

People’s care plans contained detailed information about their life histories. Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. People’s care plans told us how religious needs were met by those who wished to practice, this was confirmed by people telling us that they were able to attend church when they wished to. One person said “I go to church most Sundays”.

People responded well to staff and we saw staff interacting in a way with people that demonstrated they understood their individual needs and had a good rapport with them. One person told us “There is a nice atmosphere here”. Staff talked about and treated people in a respectful manner. People were at ease with staff and, while reading a magazine, had a fun exchange about a tv show they were looking forward to at the weekend. People’s preferred names were recorded in the care plan and we heard staff using these during the inspection.

People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. One person told us “I can see my friends and family when I want to”. On the office wall, next to the phone there was a schedule of times for one person to call their relatives, this was a visual reminder for them of what had been agreed. Relatives said they were always made welcome when they came to the service.

# Is the service responsive?

## Our findings

People received support that was responsive to their individual needs. One person said, “The staff here are really nice, you have choice and can go out when you like. I’m going to see some fireworks at the weekend and went to a Halloween party last week”.

People were supported to attend a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. On both days of our inspection people left the service to do a variety of different activities. One person went to a day centre, another person went out for lunch and for a haircut and another went out litter picking, which was voluntary and they told us they liked to do with the support of staff. On other days people told us they liked to go horse riding, bowling and to the pub. People were transported in the service mini bus with staff escorts. Staff told us they sometimes linked up with another local service for activities, this helped people maintain relationships externally from the service. One person told us how staff supported them with their interests by planning and supporting weekends away. Daily records detailed trips to wildlife parks and seaside resorts. People told us about holidays that they had taken and how much they had enjoyed them, these included boating holidays and trips to Centreparks. One staff member told us “It’s important to remember that the people are individuals, to remember that sometimes they like to do different things to each other and sometimes like to do things together”.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us “I follow the care plans and guidance to help support people”.

Within people's plans were my life story/life histories, consent to administer medicines/ self-medication assessment form, guidance on communication and personal risk assessments. In addition there was “How to support me” describing how the staff should support the person with various needs, and there was planning for the future. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around

food, drinks, activities and situations. Some pictures and photographs had also been used to make them more meaningful. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans and risk assessments had been signed by people and were kept up to date and reflected the care and support given to people during the inspection. Each year, people were involved in a review meeting to discuss their care and support. They invited care managers, family and staff. One person told us they had their review the following week.

Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. Staff told us, “We have a handover at the start and end of a shift so we can pass on information about what has happened, how people are feeling and other important information. We also record things in the communication book and on people's daily logs”.

Information was available to people on how to make a complaint if they were unhappy or concerned. Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. Relatives said they were confident that any complaints they raised would be listened to and acted upon. No complaints had been made or recorded since our last inspection. One person told us “If I wasn't happy with something I would tell a member of staff and they would sort it (the problem) out”.

People expressed their views and were involved in making decisions in the way the service was delivered. Each person was allocated talk time with staff on their activity rota if they chose to participate, this gave people an opportunity to have their own time to discuss things that may be bothering them, what they wanted to do or what they thought was going well. People told us that they had house meetings every week, where they discuss the coming weeks activities, plans and agreed on menu's and shopping lists. They also talk about things they would like to do and possible holiday choices. One person told us “I really like the quiz at the end of our meetings”. The registered manager told us this had been recently introduced to keep the meetings interesting, they also told us that different topics were discussed at these meetings, such as keeping safe and how to make complaints. Staff recorded people's answers.

# Is the service well-led?

## Our findings

The service had an established registered manager that was supported by a deputy manager and care staff. People were able to approach the registered manager when they wanted to.

Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns.

Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported and valued by the registered manager and said that the staff team worked well together. The registered manager demonstrated a good knowledge of people's needs. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

The registered manager and staff audited aspects of care both weekly and monthly, such as medicines, care plans, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Fridge and freezer temperatures were taken and recorded on a daily basis.

The registered manager had support from the locality manager who visited the service. They also contacted the registered manager's from the other services in the organisation for advice and support. People were able to talk to the registered manager freely throughout our visit and the registered manager had a good rapport with people. Throughout the day the registered manager responded to people in a personal way. Whilst working shifts, the registered manager told us that they informally monitored staff performance and had recently introduced observational supervisions, following observations they may hold supervisions to discuss performance.

Systems were in place for quality checks, which the registered manager and locality manager had completed. Questionnaires and surveys had been completed by people and were stored with their care plans, the feedback was positive. Quality assurance surveys from health care professionals and relatives were not available during the inspection. Feedback from relatives was sent to us

following the inspection, all of which was positive. The registered manager told us that they planned to seek the views of people and staff by introducing monthly feedback monitoring, this would provide the service with increased feedback and opportunity to evaluate and improve.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. There were regular meetings for people and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People were involved in their local community. They went out regularly to local functions and people who wanted to be, were involved with the church.

Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. Staff told us the registered manager ensured good communication between staff and people. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager who was available during the inspection. Staff told us "The registered manager is very supportive and easy to talk to" and "The registered manager is very open and keeps us fully informed." Relatives and health care professionals said, "The registered manager is positive" and "The registered manager is good at communicating with us, they keep us up to date with what is happening."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way and had done so.