

# St. Anne's Opportunity Centre Limited

## Kestrels

### 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 the 16 December 2015 and was unannounced.

Kestrels is a care home which is registered to provide care (without nursing) for up to five people with a learning disability. The home is a large detached building within a residential area close to Newbury town centre. People have their own bedrooms and use of communal areas which included an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

There is a full-time registered manager. 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 recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People who use the service felt they were safe living there.

Staff knew how to protect people from abuse.

The provider had robust emergency plans in place which staff understood and could put into practice.

Staff numbers were sufficient and staff had relevant skills and experience to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a

relaxed and comfortable atmosphere in the home.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and acted on these.

# Kestrels

## **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 the 16 December 2015 by one inspector and was unannounced.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas. We spoke with four people who lived in the home and two relatives of people who use the services. We spoke with the manager of the home and three staff. We contacted the local authority social care professionals and received information about the home.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at three staff recruitment and training files. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits. We looked at provider surveys used to gain the views of people who use the service and their families and also the views of external visitors and professionals.

# Is the service safe?

## Our findings

People told us that they were happy living at the Kestrels and expressed that they felt safe with the support they received from the registered manager and staff. Comments included: "yes I would tell staff if I was worried". A person's relative said: "I think (name) is safe here as (name) can be quite vulnerable with people".

People were kept safe by staff who had received safeguarding training. Staff made reference to the organisation's whistleblowing policy and told us if they were not listened to by the registered manager or within their organisation they would report their concerns to the local safeguarding authority or the Care Quality Commission (CQC).

There was an established staff team employed by the provider. One member of staff told us: "I've worked here for 12 years, and I'm still in the most recent employed category". We found that despite the longevity of the staff team there were no signs of complacency amongst them. Staff had spoken to us about the importance of continual development to promote people's safety. This had included environmental and personal risk assessments to protect people. The recruitment records of all staff had been audited to make sure appropriate checks had been undertaken. These included completed Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Health and safety audits such as fire safety and monitoring of electrical equipment were undertaken to promote the safety of people and others within the home. A person who uses the service said: "smoke alarms go off on a Monday" and added that a fire drill had taken place the week prior to our visit. It was clear that people were protected from incidents occurring within the home such as burns and scalds. Thermostatic control valves had been fitted to hot water outlets to reduce risk of scalding, and radiator covers had been fitted. Wardrobes and tall shelf units were fitted to the walls and window restrictors were in place to reduce risk of falls from the first floor windows.

Staff were unhurried as they responded to people's requests to support them. This included support to undertake independent living skills safely within the home, such as cooking. The staff rota had been developed to ensure there were enough staff throughout the day and night to meet people's assessed needs. This had included one to one support when required for people who needed one to one support in the community to protect them and others from harm.

People were given their medicines safely by staff that had received training and completed competency assessments in the safe management of medicines. Medication profiles and protocols that included non-prescribed medicines were completed for each person. These detailed the medicine that people were taking along with any side effects that staff needed to be aware of. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and

showed that people had received the correct amount of medicine at the right times.

# Is the service effective?

## Our findings

People were supported by staff who knew them well and understood their needs.

The registered manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. The registered manager told us that they were in the process of reviewing staff training to make sure all training linked to the requirements and outcomes of the standards.

Staff had received a good induction when initially employed by the provider. They attended regular staff meetings and received one to one supervision and annual appraisals. These were structured around their development needs that had ensured they remained up to date with current best practice.

Overall training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This had included positive behaviour approach training to support people who presented behaviours that placed them or others at risk. Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, being aware of situations that make individuals' anxious and using coping strategies to support the person. Other training that staff had attended, which was crucial to meet the needs of the people who were using the service, included mental health awareness and autism.

People were supported by staff to attend health care appointments that included an annual health check with their GP. The outcomes of healthcare appointments and follow-up appointments were recorded and their wellbeing was monitored and reviewed through use of health action plan records.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented and snacks were available for them such as fresh fruit. Comments from people included: "there is a menu plan that we all agree on", "we take it in turns to cook" and "we choose what we want for breakfast." One person spoke proudly of a nutritional diet they had followed to achieve a healthy weight loss, and showed us their eating plan that had promoted their well-being. People's weights were recorded weekly and dietician input and support was requested where necessary. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 Mental Capacity Act (MCA). The registered manager and staff had a good understanding of the MCA and had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them.

# Is the service caring?

## Our findings

People we spoke with were very complementary about the staff team, living in the home and the people they lived with. Comments included: "Staff are very caring", "it's wonderful", "I love it too much" and "people who live here are my friends".

There was a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support.

Staff were caring towards people and had attended training that covered dignity and respect. A member of staff said: "one of my jobs for tomorrow is to sort out the equality and diversity distant leaning training for staff updates". Staff made reference to promoting people's privacy and clearly knew people's likes and dislikes with regards to recreational activities, daily living, personal care and support.

People were encouraged by staff to make decisions about everyday activities such as choosing what to eat and how to spend their time. A relative of a person said: "It is a good staff team; (name) gets on well with them".

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care that included risk assessments for locks on bedroom doors. Each person had their own key and were respectful of each other's room.

People were very pleased with the environment in which they lived and were keen to show the inspector around the home. Their rooms contained all their personal effects. For example, one person was really proud of their dolls and another was delighted with a new chair that was recently purchased by the registered manager on their behalf. They were particularly proud of their garden with raised borders where they told us they have grown vegetables. They also giggled as they told us about neighbouring cats that were welcomed to the home and who had evidently made themselves comfortable.

We could see that people and staff had a good relationship as they laughed together. Particularly when making reference to a recent holiday they had all enjoyed in November 2015, and of activities they had attended in the community.

The service had guidelines on personal and professional boundaries for staff. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

## Is the service responsive?

### Our findings

People we spoke with had a lot to say about what it was like for them living in the home and of the support they received from staff within the home and to access the community. Comments included: "I go to college independently; although staff stay near me and are there if I need them". "I've no plans today, but staff support me with my money, personal shopping and appointments. Mum and dad support me as well".

People were encouraged to participate in activities of their choosing and to keep in touch with their family. A person's relative said: "(name) is a lot happier than when she lived at (previous service). I think this was because she was more secluded there and now she has more people to interact with." The relative told us that staff had promoted the person's independence to visit family, stating: "it's nice to see her out of the environment (in reference to the home and accessing the community), and being more confident."

There was a 'buzz' of activity as people prepared for the festive season and spoke of their plans to spend time with family and friends. One person said: "last night I went to a Christmas party". Another person told us about how they enjoyed going to ballroom dancing and spoke of their role in a Christmas show at a daycentre.

Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attend community events. Staff told us that it was very important to support people to be more confident in their lives. Comments from staff included: "the service is very proactive and very person centred" and "people have a great social life". They also told us that people were supported with their religious beliefs and to visit family and friends".

A person who had experienced bereavement consented to the registered manager arranging a befriender for them through a local church. This was because the person had expressed that they did not want a bereavement counsellor. The person told us that the befriender had attended their reviews and also showed us their care and support plans. Whilst doing this they commented on improvements that the registered manager had made to their care plan and file, stating: "I do like this. It is tidier" and "it's better like that". The person was clearly involved in the review of their care and support plans as they showed us the detail within.

Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted to be supported. Reviews of people's care and support needs were completed at least annually or as changing needs determined. Invitations to attend reviews were sent to people's families and to professionals.

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection the service had received no formal complaints about the services provided within the home. People told us they were confident that the registered manager and staff would listen to them and act on any concerns they had until they were resolved.

## Is the service well-led?

### Our findings

There was a registered manager at Kestrels who has been registered with the Care Quality Commission since 21 August 2014. The registered manager was present throughout the inspection process.

People told us that the registered manager and staff were approachable and supportive. They told us that they were always asked for their view of the services provided within house meetings and questionnaires'. An annual service review had taken place in 2015. Questionnaires were sent to people the service supports, their relatives and also to staff and detailed positive comments about the services provided. The overall evaluation of people's responses to each question concluded that people were either "very happy" or "happy" with the services provided.

The provider had arranged for monthly audits of the services provided to be undertaken by an external professional. The audits looked at all areas of the service, such as staffing, good governance, equipment and need for consent. For example, an audit completed on the 8 December 2015, found that there was evidence of mental capacity assessments and related best interest meetings. However, the audit noted that although care plans detailed the support to be given to people, there was no description of consent. The audit therefore recommended that the registered manager should: "integrate consent into care plans". The report also recommended that staff should receive updated training on the Mental Capacity Act (MCA). The registered manager had taken action to review and improve people's care plans and had actioned further MCA training for staff.

The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the manager and worked well as a team. They told us the manager was approachable and kept them informed of any changes to the service provided and needs of the people they were supporting. Staff said the manager had an open door policy and offered support and advice when needed.

Overall the service had robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the registered manager and or senior staff with actions and outcomes recorded.

There were audits completed by external agencies such as the supplying pharmacist.