Canterbury Oast Trust

Homelands

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 was an unannounced inspection carried out on 18 January 2016. The previous inspection on 5 November 2014 found breaches in medicines management and these had been addressed.

Homelands provide accommodation and personal care for up to eight people with a learning disability who may have an autism spectrum disorder. At the time of the inspection there were no vacancies. The service is provided in a detached house. It is set back from the road, up a small incline and next to another service owned by the same provider. Car parking is available and it is in a rural location approximately 20 minutes' walk from Aldington village centre. Each person has a single bedroom with a wash hand basin and one person has an ensuite shower. There are two bathrooms, one of which also has a shower unit and separate toilet, a kitchen, dining room, lounge, pool room (with pool table) and there is also a seating area on the landing. People have use of a patio area with tables and chairs and also a grass area to the side of the premises.

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.

People received their medicines safely and when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss or express any concerns or aspirations.

People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA 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. The acting manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings, team meetings and appraisals, to enable them to carry out their duties effectively. All staff had gained or were working towards qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach, but also used good humour. Some staff had worked at the service for some considerable time and had built relationships with people and were familiar with their life stories and preferences.

People had a varied diet and were involved in planning, shopping, preparation and cooking the meals. Staff encouraged people to eat a healthy diet. People had a varied programme of interactive and leisure activities that they had chosen; they regularly accessed the community.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals if and when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The acting manager had an open door policy, which people were well aware of, and they took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

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 received their medicines safely and at the right times.

Risks associated with people's care and support had been assessed and steps were taken to keep people safe whilst enabling their independence.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to meet people's support needs.

Is the service effective?

Good

The service was effective.

People received care from a mostly long standing team of staff who knew people well. People's health was closely monitored and appropriate referrals made to health professionals.

Staff understood that people should make their own decisions and followed the correct process when this was not possible. People did not have their rights restricted and no one was subject to Deprivation of Liberty Safeguard.

People had access to adequate food and drink and were involved in planning, shopping, preparation and cooking the meals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, patient, kind and caring approach.

Staff encouraged and supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed

in the company of the staff and communicated happily.

Is the service responsive?

Good

The service was responsive.

People had a varied programme of activities, which they had chosen and enjoyed. People were not socially isolated and regularly accessed the community.

People received personalised support and their care plans reflected their preferred routines and skills in order to promote their independence.

The service sought feedback from people and their relatives, which had all been positive. People did not have any concerns, but felt comfortable in speaking to staff if they did.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture within the service, which focussed on people. Staff were aware of the provider's vision and values and these were followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

The acting manager adopted an open door policy and people took advantage of this as and when they needed to. Issues were resolved as they occurred and the service ran smoothly.

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 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 18 January 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and any 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 five people who used the service, a relative, the acting manager and two members of staff.

Some people were not able to tell us about living at Homelands so we observed staff carrying out their duties, communicating and interacting with people to help us understand their experiences. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments, medicine administration records, the staff training and supervision records, accident and incident reports, staff rotas and quality assurance surveys and audits.

We contacted one health care professional who had had recent contact with the service and at the time of writing this report had not received any feedback.

Good

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. A relative felt medicines were handled very safely.

At the previous inspection where people were prescribed medicines on a 'when required' basis, for example, to manage 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. Since that inspection guidance was reviewed and now contained all the information in order that these medicines could be given safely and consistently.

Staff had received training in medicine administration and had their competency checked. Medicines were ordered and checked when they were delivered. Medicines Administration Records (MAR) charts showed people received their medicines when they should. Medicines were stored securely and temperature checks were carried out to ensure their quality. Two people looked after and administered their medicines themselves. There were risk assessments in place to help ensure this was done safely. There was an auditing system for when people took their medicines in and out of the service, such as when they visited family.

The service kept a stock of 'homely remedies', these are medicines that the service had purchased and kept in case any person was unwell and required these medicines quickly. For example, paracetamol for pain relief. These medicines and others that had been purchased 'over the counter' by individual's had been agreed with each person's doctor as safe to give with their prescribed medicines.

People were protected by recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Accidents and incidents involving people were recorded. The acting manager reviewed each accident and incident report, 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.

People and a relative told us the equipment and the premises were well maintained and always in good working order. There had been some redecoration to the service since the last inspection resulting in a clean, fresh and homely environment for people to live. Some bedrooms, the lounge, the pool room and the upstairs landing had been redecorated and some bedrooms had had new carpets and there was new brighter lighting in the lounge. Part of the roof had been renewed and a toilet plastered. Repairs and maintenance were dealt with by the Estates department and staff told us when there was a problem things were fixed quickly.

People's needs were such that they did not require much equipment. One person sometimes used a portable bath seat. There were records to show the equipment and premises received regular checks and

servicing to ensure it was safe and remained in good order.

People told us they felt safe and would speak with a staff member if they were unhappy. A relative also confirmed that they felt there was no question about their family member being safe. During the inspection the atmosphere was happy and relaxed. 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 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 bathing, medicine administration and promoting people's independence, such as preparing or cooking a meal. 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. Where people had behaviours that challenged, guidance was in place to help staff manage these safely. In some cases health professionals had been involved in drawing up the guidelines and incidents were being monitored by staff in preparation for further meeting with health professionals.

People had their needs met by sufficient numbers of staff. People and staff felt there were enough numbers 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, health appointments and activities. In addition to the acting manager there was a minimum of two staff on duty, although this could rise to four during the day and one member of staff slept on the premises at night. One person had additional one to one hours funded and these were reflected on the rota. There was an on-call system covered by management. The service used existing staff or the provider's bank staff to fill any gaps in the rota and then an outside agency was used. At the time of the inspection there were no vacancies, but there was regular agency staff used to cover the one to one support hours.

Good

Is the service effective?

Our findings

People told us they were "happy" and "liked" living at Homelands. A relative was satisfied with the care and support their family member received. In a recent quality assurance survey one relative commented, "The levels of support and quality are to a very good standard. (Family member) is well supported in the things they choose to do".

People smiled, 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, 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 'Staff have read the care plan to me and explained what they are used for and why I have one. I know what they are for'. 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 Makaton. Pictures and photographs were used to enable some people's communication, such as during menu planning and the today's menu board, today's rota board, who was in the house and who was out, activity programmes and the complaints procedure.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The acting manager was aware of their responsibilities regarding DoLS. No one living at the service was currently subject to a DoLS and no restrictions were in place.

People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. Some people had signed their care plan as a sign of their agreement with the content after it had been explained to them at a level and pace they understood. Staff had received training and 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. A best interest meeting was planned regarding a change in one person's medicine. The person, their family and health professionals had all been invited to attend the meeting.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The new Care Certificate had been introduced and new staff were undertaking this training. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they

received enable them to meet people's needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included emergency first aid, infection control, Makaton, dementia awareness, epilepsy awareness, Autism and Asperger's awareness and conflict resolution.

All of the staff team had or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had one to one meetings with their manager where their learning and development was discussed. Records showed staff had received regular one to one meetings. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. At the previous two team meetings a psychiatrist had attended and talked specifically about one person and their changing needs. Staff said they felt "Tremendously" well supported.

People had access to adequate food and drink. During the inspection people helped themselves to drinks as they wished. People told us they liked and were happy with the food. There was a varied and healthy menu, which was planned by people each week. A relative told us the meals were healthy and appetising. A 'today's menu' was displayed in the dining room and pictures of today's main meal were displayed in the kitchen. The main meal was served in the evening and lunchtime was a light meal or sandwiches. Where people did not want what was on the menu an alternative was offered. On the day of the inspection three different evening meals were cooked so everyone had a meal they liked. People prepared their lunch or packed lunch and helped with the evening meal. During the inspection people sat and had their evening meal in the dining room with staff, which was sociable and relaxed. A dietician was involved in monitoring one person and their advice and guidance was followed through into practice. A special diet were catered for, as one person wanted to lose weight.

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. Staff told us they often picked up when people were not well by their behaviour and them being out of character, as well as being told verbally by people. Appropriate referrals had been made to health professionals. For example, the community learning disability team, who were working with a person in relation to their health. People's health needs were monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were kind and caring. One person said, "I've got friends here and I like all the staff". A relative was very complimentary about the staff. They said staff were "All very nice, caring and promoted people independence". During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily.

The staff team was small and mostly a long standing team with many working years for the provider, enabling continuity and a consistent approach by staff to support people. Throughout the inspection staff talked about and treated people in a respectful manner.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people.

A relative told us that people's privacy and dignity was always respected. Care records were individually kept for each person to ensure confidentiality and held securely.

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. Where these approaches were used they were reflected in people's care plans.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and whether they preferred a bath or a shower. Daily reports made by staff reflected these preferences were respected. People were able to choose where and how they spent their time. People accessed the house as they chose and were involved in household chores and prepare or were supported to prepare their lunch. There were areas where people were able to spend time, such as the lounge, pool room, dining room, kitchen, and a seating area on the landing, the garden in good weather and their own room. Rooms were decorated to people's choice. We heard during the inspection one person chose to spend time in their room listening to music and during handover staff discussed other people chose to spend time alone in their rooms and this was respected. People had been offered keys to their rooms and some chose to lock their rooms. They told us staff knocked on their door and asked if they could come in before entering. One staff member said, "There is mutual respect between staff and service users". Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and the contact arrangements. In addition there were dates and addresses so people, could be reminded to buy a birthday card or present.

People's family and friends were able to visit at any time although people enjoyed busy lives so visiting was generally geared around these. A relative confirmed they were always made to feel welcome by staff that were able to discuss their family member's care and support with them. Some people were supported to visit and keep in contact with their family by telephone and most people had a mobile phone, computer or tablet to enable this.

People's independence was encouraged and maintained. People had a house day where they were supported, in some cases with encouragement, to clean their room, do their laundry and other household chores. During the inspection people were encouraged to get their own lunch. Records and discussions showed that people also helped with the shopping at the supermarket, preparing and cooking meals and other household chores, such as clearing tables and loading the dishwasher. Staff had supported some people to do travel training and they were now able to use public transport, such as buses. One person talked about how they cooked apple crumble and choose their own lunch and made it.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. People knew about their care plans and had regular review meetings to discuss or express their aspirations and any concerns. A relative was also happy with the care and support their family members received.

One person had moved into the service since the last inspection. Their admission had included staff carrying out a pre-admission assessment during visits the person, their family and the previous placement keyworker had made to Homelands. The provider had also obtained written information from the previous placement and professionals involved in their care and support. The person was able to 'test drive' the service by spending time, such as for meals getting to know people and staff. The care plan was then developed from these assessments, discussions and observations.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what support they required from staff, which could be as little as verbal prompts.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans were kept up to date and reflected the care provided to people during the inspection. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person's care manager was invited to attend.

People had a programme of varied activities in place, which they had chosen. They attended various interactive sessions run by the provider included working at a restaurant, literacy, computers, art and craft, music, sensory, poulton wood (nature reserve with woodwork and craft), horticulture and working on the farm. Leisure activities included horse-riding, swimming, aqua aerobics, gym, meeting friends and shopping. People also spent time relaxing in the house, listening to music, watching television or DVD's or using their phones, tablets or computers. Staff told us that the Wii had recently been moved so people could use this in the evenings. During the inspection one person was on a house day doing their chores and everyone else was out at activities for some parts or all of the day.

People were aware of their activity programme and used the activity picture boards to talk about what they did and enjoyed. Recent outings had included going to Canterbury for a meal and the pantomime, the cinema, discos and birthday parties and other events held at Highlands Farm, a local tourist attraction and facilities owned by the provider.

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 since the last inspection. There was a complaints procedure displayed within the service using pictures 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. A relative told us they did not have any concerns and felt comfortable in raising anything that might arise.

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 concerns or changes they wish to make.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and the service provided. People and their family were asked to complete a quality assurance questionnaire following the review. Those seen on file were all positive.

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. There was an open and positive culture within the service, which focussed on people. A relative said they felt comfortable in approaching and speaking with the acting manager.

At the time of the inspection the registered manager was undertaking an area manager role and although not based at the service visited frequently. The registered manager had 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. Staff felt the registered manager and acting manager motivated them and the staff team. Staff felt the managers listened to their views and ideas. Staff said they worked together as a team to support each other and to provide the best care they could to people. One staff member said, "We are a very close and supportive team. We pull together. This is a smashing place to work".

People and a relative felt the service was well-led and well-organised. The service was small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. Staff felt the service was well-led.

Within the service the provider 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 proving the best possible care and life opportunities for people, respect and promoting people's independence. The vision and values were also talked about during training and induction.

Staff said they understood their role and responsibilities and felt they were very well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, people's finances and health and safety checks. Where shortfalls had been identified these were discussed at staff meetings. The supplying pharmacist also carried an annual audit.

Senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and fed back to the registered manager. One had also attended a recent team meeting. Senior managers were members of the Kent Integrated Care Alliance who held regular meetings giving support to providers and managers. The registered and acting manager attended regular managers meetings, which were used to monitor the service, keep managers up to date

with changing guidance and legislation and drive improvements. Trustees also visited the service six monthly to check the quality of service people received.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the organisation. People could access the provider's website to see also what was happening. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

Staff had access to policies and procedures within the office and online. These were reviewed and kept up to date by the provider'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.