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Upaya Ananda

Inspection report

9, Station Road
Hadleigh
Ipswich
Suffolk
IP7 5JF

Tel: 01473822699

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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

The inspection took place on 18 March 2016 and was unannounced. The service was last inspected in December 2013 and was found to be compliant with the regulatory requirements.

Upaya Ananda supports adults with Learning disability or autistic spectrum disorder and provides a short break or respite care service for up to three people at any one time. In total there were 14 people regularly using the service and 8 individuals on an occasional basis. Individuals used the service for periods between one to seven nights. On the day of our inspection there were two people using the service.

There was a registered manager in post at the time of the inspection, although they were not available as they were on holiday, however we did speak with them by telephone. 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.

People and their relatives told us that they liked using the service and looked forward to their time there. The building was purpose built and in a good state of repair. There were systems in place to reduce the risks to people and there were clear plans in place for emergencies. Staffing levels were flexible and were adjusted to take account of the needs of the individuals using the service at any one time.

Staff were clear about how and when they should be administering medicines. People were supported with their health needs and relatives told us that staff communicated well with them. Staff were trained in a range of areas including medication, safeguarding and first aid.

People were encouraged to be independent and to exercise choice in how they were supported. People had good access to community services during their stay. Complaints were investigated and responded to.

The manager was accessible and staff were motivated and supported. Staff understood the aims and objectives of the service and worked towards these. They were clear about what was expected of them and there were systems in place to review the care provided.

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 were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

People's likelihood of harm was reduced because risks to people's health, and safety had been assessed and risk assessments produced to guide staff in how to reduce these risks and keep people safe from harm.

Checks were undertaken on staff to reduce the risk of the provider recruiting staff who were unsuitable for the role.

There were systems in place to ensure that people received their medication as prescribed during their stay at the service.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training which provided them with the knowledge that they needed to fulfil their role.

There were systems in place to support people to maintain their health and nutrition during their stay at the service.

Staff had a good understanding of consent and their responsibilities under the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew their needs and were kind.

People were listened to and enabled to exercise preferences about how they were supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

Complaints were investigated.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

Staff were clear about their roles and responsibilities and were supported.

There were systems in place to review the service and the quality of care.

Upaya Ananda

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 18 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service and four relatives. We interviewed three staff and spoke to the manager by telephone as they were on annual leave at the time of our inspection.

We reviewed three support plans, daily records and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe in the service. One person said, "I love it here." Relatives told us that their relatives looked forward to staying at the service and were, "Always happy to go."

There were systems in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what was abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority, they told us that they were encouraged to raise concerns and expressed confidence that they would be addressed. The safeguarding procedure was on display. We saw that body maps were completed to record any injuries along with an explanation. There were clear arrangements in place for the management and oversight of people's money while they were using the service. Money was booked in and receipts obtained for expenses. A log was maintained of all purchases.

Risks were identified and clear plans were in place to minimise the impact on individuals. We saw risk assessments were in place to cover a range of situations including supporting individuals with moving and handling and health conditions such as epilepsy. The risk assessments were detailed and had been reviewed and updated to take account of changes in people's needs. They outlined how staff could support individuals to keep them and others safe from harm.

The building was in a good state of repair and staff told us that maintenance issues were addressed promptly. We saw that weekly fire alarm tests were undertaken and there was a range of fire safety equipment in place such as fire extinguishers and fire blankets. We saw that these were checked regularly. We noted that personal protective equipment was available for staff use. A number of health and safety checks were undertaken on areas such as fridge temperatures. Thermostatically controlled water temperatures were not however regularly checked to manage the risk of scalding and it was agreed that this should be undertaken. The manager told us that the bath was only occasionally used and there was specialist valves fitted which reduced the water temperatures and associated risks. Staff told us that there were clear arrangements in place for emergencies and a senior carer or the manager were on call to provide support for them if this was required. They told us that the arrangements worked well and the individual on call responded quickly if they needed assistance.

People told us that staff were available when they needed them and enabled them to access activities in the community. On the day of our visit there was one member of staff supporting two individuals. Staff told us that staffing levels were adjusted according to the needs of the people using the service. We looked at the record of staffing alongside the records of individuals who had been using the service and corroborated this. We noted that there were occasions when there was two staff on duty such as when three people were using the service or where individuals had moving and handling needs. Staff told us that shortfalls in levels of staffing such as through sickness were covered from within the group and one of the staff from the nearby service would support.

Staff told us that the provider operated a safe recruitment procedure and that they were unable to start

work until Disclosure and Barring checks and references were returned. We asked the provider to provide us with evidence of this and they provided us with details of the checks that they had undertaken which demonstrated that staff did not start work until references including those from the last employer and Disclosure and Barring checks returned.

There were clear arrangements in place for the management of medicines. Staff who handled medicines told us that they had been provided with training and their practice observed before checking in or administering medication. We observed a member of staff checking in an individual's medication and recording on the medication administration chart the amounts received. There was a similar process for the returning of medication at the end of the individuals stay. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within recommended temperature levels.

Is the service effective?

Our findings

People received their care from staff who had been appropriately trained and supported. One relative told us that an emergency had occurred while their relative had been using the service and staff had responded quickly and "brought the situation under control." Staff told us that they had received a range of training which included first aid, moving and handling, epilepsy, breakaway techniques and the mental capacity act.

We noted the names of staff that had been identified for refresher training and the dates were scheduled throughout the year. Some training was face to face but other components such as dignity, confidentiality and health and safety was undertaken via eLearning. Staff told us that they preferred the face the face training as this enabled them to discuss what they were learning and apply it to the individuals they were supporting.

New staff received an induction which was a combination of training and shadowing longer serving colleagues. We saw that newly appointed staff had commenced a training programme and had been enrolled on a Diploma in Health and Social care. The manager told us that they had undertaken training on the new care certificate which is a nationally recognised induction programme and moving forward newly appointed staff would be completing this.

Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us, "It is a good organisation." Staff meetings were held on a monthly basis and provided an opportunity to review people's needs and reflect on changes.

People told us that they were able to make choices and decisions about how they were supported. Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. Staff were aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions. For example on areas such as medication, meals and money. We observed staff asking people for consent and offering choices as part of providing support.

People were supported to eat and drink according to their dietary needs, choices, and preferences. We saw that the kitchen was well stocked with a range of tinned and frozen items. Dates of opening were clearly recorded. Allergies and preferences were recorded as part of care planning. For example we saw that favourite meals were identified and that one person liked to have a number of different sized utensils to choose from before starting to eat. People were observed accessing the kitchen and making drinks for themselves independently. They told us that they were supported to cook if they wished and had choice about what they ate when. We saw that they chose to eat in a local restaurant on the evening of our visit.

People were supported with their healthcare needs. One of the relatives we spoke with told us that their relative had an epileptic seizure while staying at the service and staff had responded appropriately and, "Knew what they were doing". Care and support plans included emergency contact details as well as information about any medical conditions and the impact on individuals. For example for epilepsy there

was an individual protocol which outlined the seizure types and provided staff with guidance to follow in the event of prolonged seizures. All seizures were logged as to when and where they occurred, along with the timescales and staff actions.

Is the service caring?

Our findings

People and their relatives told us that all the staff were kind. One person told us that they "Would give the service 100 out of 100." A relative told us that the staff were, "Very caring." Another told us that the, "Staff are lovely."

We observed people to be at ease and comfortable when staff were present. The service had a family feel and the interactions we observed reflected this familiarity. We observed one person going up to a member of staff and placing their head on their shoulder. The member of staff gently responded and gave the individual the reassurance that they needed. Staff spoke warmly about the people they supported and their role. One member of staff told us, we support people to go on holiday, "I work for FUN as it is fun."

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. They knew how they communicated and their likes and dislikes. For example One person used a sign when communicating with us, staff knew the sign and what the individual was communicating. Individual support plans included information about people's preferences and there were systems in place such as communication books with families to ensure that people views and needs were communicated clearly. Relatives told us that the service communicated with them well and one person said that they, "Understood" their relative.

Staff were aware of privacy and dignity and support plans provided reminders to staff about these issues. For example the need to use a plate guard when eating. They also outlined how best to deliver care in a respectful and dignified manner. We observed staff supporting people's independence such as enabling them to unpack and settle into their room.

People told us that they had a say in how they spent their time and were able to make choices about the activities they participated in during their stay. We saw that the management of the service took areas such as compatibility between individuals into account when planning peoples stays at the service. Staff told us that some people liked to stay with a mixed group with different ages and gender but others had very specific preferences which they tried to take into account. People were asked for feedback at the end of their stay about how they could make things better.

Is the service responsive?

Our findings

Assessments were undertaken when people first started to use the service and this identified people's needs and preferences. People told us that they generally come for a couple of "tea visits" as part of the admission process which provided an opportunity to get to know the staff and other people using the service before staying overnight. One person told us that when they first came they found that they knew another person using the service and this helped them settle in. They told us that they sometimes showed other new people around so that they could get a feel of the service.

Information collated during the assessment was developed in to a care plan which provided clear guidance to staff about how people should be supported. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and mobility. Where there had been a change between respite visits, handwritten entries were made to ensure staff had the information they needed. Family tree maps identified people who were important to the individual and emergency contact details were included.

Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs.

People were supported to follow their own interests and hobbies and they told us about places they had visited and activities they had participated in. Staff supported people to decide how they spent their time at the service and we observed discussions about different activity options for the weekend. One member of staff told us that they had two cars which they could use, both of which could take wheelchairs. However it, "depended on the weather," although they tried to get out and about as much as possible. We looked at the records for the preceding weeks and saw that people had gone out for meals, the cinema and to the seaside.

People and their relatives knew how to complain if they had a concern. One person told us that if they had any concerns they could raise them with the manager and or other staff and they would "Sort it out." One relative told us that they had raised an issue and that they had received an apology.

Records were maintained of concerns, complaints and compliments. We saw that these were logged with a clear outcome which included speaking with staff to ensure that the issue did not reoccur.

Is the service well-led?

Our findings

People and their relatives told us that Upaya Ananda provided good care. One relative said, "It is such a lovely place." Another said, "It has always been excellent."

The manager is registered for this service and a separate supported living service which supports people in a number of nearby properties. Staff told us that the names of the properties were related to Buddhist philosophy and Upaya Ananda meant achievement and entitlement. Staff told us that they worked across the provider services as Upaya Ananda was only operational when people were staying on respite.

The statement of purpose set out the aims of the service as helping people to continue living in the community and to maintain their own lifestyle with independence, safety and respect. Staff were clear about the aims of Upaya Ananda and told us that the focus was on the people using the service and making sure that they enjoyed their stay.

Staff morale was good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed.

They spoke positively about the manager and senior staff and told us that they were approachable and would sort out any problems that arose. They told us that there were clear arrangements in place in the event of an emergency. There were regular staff meetings as well as yearly appraisals.

The manager told us that they kept up to date with good practice initiatives via the Suffolk brokerage website. The manager told us that good practice was acknowledged by the providers and that the service had recently been nominated for a GEM award [Going the Extra Mile] which was a local initiative recognising good practice.

People told us that the provider visited the service and everyone generally met up at the annual barbeque. Relatives told us that they were in regular contact with the service as bookings were generally made some time in advance. They told us that the management were approachable and responded positively to issues. There were a range of systems in place to ascertain people's views about their stay and identify areas of improvement. People told us that they completed a survey to ascertain their views. We saw examples of completed surveys and the results were overwhelming positive.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. Where issues were identified these were actioned. The manager told us that they collected a range of data which they used to monitor their progress against the key lines of enquiry. They told us that they met regularly with the provider to discuss progress at the service and areas for development.