Kent County Council

Canterbury Adult Support Unit

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 15 December 2016 and was unannounced. Canterbury Adult Support Unit is registered to provide accommodation and personal care for up to five people. It is a respite service, offering overnight stays for people with learning disabilities, who usually live with family members or carers. The service also provides day services and people who use the respite service can choose to use these day services. At the time of the inspection there were four people staying at the service. Canterbury Adult Support Unit was last inspected on 7 May 2014 where one area of concern had been identified relating to the recruitment of staff. The service was re-inspected on 14 August 2014 where recruitment was no longer a concern.

Downstairs there was a kitchen, dining room, lounge, one bedroom, a bathroom and a games room. Upstairs there were more bedrooms, and bathrooms. There was a garden to the rear of the service with seating which people could access freely. People using the service had a range of physical and learning disabilities. Some people were living with autism and some required support with behaviours that challenged.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 registered manager was present throughout the inspection.

Some care plans needed to be further developed so staff had more detailed information about people. Staff could demonstrate a good knowledge and understanding or people's individual needs, meaning the impact this had on people was minimal. However, if new staff were employed they would be reliant on other staff to guide some of their practice. Other parts of the care plans were detailed and informative.

The registered manager had not always kept detailed records in regards to checking new staffs competency or the action they had taken when given feedback about how the service could improve.

There were enough staff with the right skills and knowledge to support people. They had good support and supervision to fulfil their roles effectively and felt well supported by the registered manager and other staff. People were protected by the service using safe and robust recruitment processes. Staff said that the morale in the service was high. Staff understood the aims and values of the service and demonstrated they cared about the people that used the service.

There were safe processes for storing and administering medicines. Medicines were administered by trained staff and were regularly audited to ensure errors were identified quickly.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used

this as an opportunity to learn and improve outcomes for people. The risk of harm to people was reduced as risk assessments had been implemented.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse. They were aware of the procedures for whistle blowing and felt confident in raising any concerns.

People's healthcare needs were managed well. If people became unwell when using the service staff supported them to attend a nearby medical walk in centre or took them to their usual doctor's surgery.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices.

The registered manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a good understanding of people. Staff received supervision and appraisal to support the development of their role.

Staff demonstrated caring attitudes towards people. People felt confident and comfortable in the service and staff were easily approachable. Interactions between people and staff were positive and encouraged engagement.

The registered manager listened to and responded to complaints. People could access an easy read version of the complaints procedure if they had any concerns about the care and treatment they received.

The provider strived to continually improve the service to improve the lives of the people living there. They conducted their own internal audits and quality assurance checks so improvement was driven.

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.

There were enough staff to support people and meet their individual needs.

Accidents and incidents were recorded and audited to identify patterns.

Risk assessments were in place to protect people from harm.

Recruitment processes were in place to protect people.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had appropriate training to support people with their individual needs.

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

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

People were supported to make their own choices around their food and drink.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff spoke to people in a kind, patient and engaging way. There was a good rapport between people and staff.

People felt comfortable in the presence of staff and were treated

as equals.

Staff took the time to listen to what people were telling them.

Is the service responsive?

Good

The service was responsive.

Care plans were informative and person centred.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

People were offered varied activities to meet their individual needs and interests.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some documentation needed to improve so staff had more information to refer to when supporting people with their individual needs.

The registered manager did not always keep good records to demonstrate the action they took to improve the service or ensure staff were competent to support people.

Staff were clear about the aims and values of the service and said they felt well supported.

Canterbury Adult Support Unit

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 15 December 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed 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. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with four people, five staff, and the registered manager. After the inspection we spoke with three relatives. We observed interactions between staff and people. We looked at a variety of documents including five people's support plans, risk assessments, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Good

Is the service safe?

Our findings

One person told us they felt safe when they stayed at the service, although they were able to lock their bedroom door at night they chose not to. A staff member said, "The team and management are so good. There's never a sense you are by yourself at all, I know who to contact if I need help".

Staff were aware of their responsibilities in relation to keeping people safe. Staff were given sufficient training in recognising and reporting abuse and knew how to refer to outside agencies if they had any concerns. A staff member said, "I do raise safeguarding's no matter how minor. I would definitely raise any concerns I had about staff in the service if I needed to". Whistleblowing and safeguarding guidance was available for staff to refer to should they need to raise concerns about people's safety. Staff knew how to whistle blow and report any concerns to the registered manager and also to external agencies such as the local safeguarding team or CQC.

Staffing was sufficient, staffing numbers varied according to how many people were currently staying at the service. A dependency tool was used to work out the required number of staff needed depending on people's individual needs. Before any individual was admitted into the service pre-assessment information was completed to ensure the service could provide suitable support. Each time a person returned to the service a pre-admission checklist was used to ensure the planned support the person was going to receive continued to be suitable for their needs and the information held at the service remained up to date and reflective of the persons individual requirements. If a person's dependency needs changed additional staffing was deployed accordingly. The registered manager said that they phoned peoples relatives or full time carers before the person was re-admitted into the service to check if there had been any changes which staff needed to know about. There was an on call system covered by the registered manager and rostered staff should staff require guidance or support at any time. A part time domestic staff was employed during the weekdays, at the weekends care staff completed cleaning duties.

Recruitment processes were in place to protect people: Employment gaps had been explored, references and photographic identification obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character. Probationary reviews were completed with new staff to monitor if they were able to complete their role to the required standards. The registered manager said before new staff had their interview they were invited to view the service informally to ensure it was the kind of work they wished to do. This gave the registered manager an opportunity to observe if the potential new staff had the desired qualities they were looking for.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people. Incident forms were used to record information about the incident and what action could be taken to prevent similar incidents being repeated. Incidents relating to the health and safety of people or staff were logged onto the providers on line system. This ensured information was shared with appropriate individuals and further measures could be

implemented to prevent incidents reoccurring. Information was sent to peoples care managers when appropriate to monitor if people required further support to manage their individual behaviours.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. Risk assessments included information about the risk area, potential risks and control measures in place. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted so staff understood how people's PEEPs would be put into practice. Appropriate checks were made to keep people safe, safety checks had been made regularly on equipment and the environment. This included weekly fire alarm, fire doors, water and door guard checks. A Doorguard is a device which will automatically close an open door if triggered by a fire alarm. Contingency plans were in place that staff could follow in the event of an emergency and alternative arrangements were planned should people be unable to use the service.

There were safe processes for storing and administering medicines. If people were unable to take their own medicine independently, this was administered by a trained staff member. One staff member was responsible for medicines during each shift. People had individual assessments around how they liked to take their medicines. Medicine which was brought into the service was signed in on admission and out at the end of the persons stay. Daily audits were conducted by staff during handover of medicines to identify if any mistakes had been made. Additional weekly audits were made by a senior member of staff. The registered manager completed new risk assessments if errors were made and competency checked staff before allowing them to administer medicines again. People were able to store their medicines in their rooms if they wished and lockable storage was available. A self-administration of medicines risk assessment was completed for each person on admission so staff could understand people's personal preferences when taken their medicines.

Good

Is the service effective?

Our findings

A relative said, "I am very happy, (relative) is always very happy there. Staff are friendly and keep me informed of anything that happens".

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who used the service. Records showed that all staff members received essential training to support them with their roles. Mandatory training included; fire awareness, medicines, first aid, infection control, health and safety and safeguarding people. Training was delivered in the form of face to face or e-learning. Staff were currently completing safeguarding adult capability framework training which covered the Mental Capacity Act to improve their knowledge and understanding of this area. Staff fed back that they preferred to do face to face training rather than e-learning. A staff member said, "We don't get a lot of opportunity to get face to face training, it's a shame there isn't more". The registered manager said they had spoken to the provider about this and they planned to deliver more training through a face to face delivery in 2017.

Staff were encouraged to gain qualifications in health and social care while working at the service. Eight staff had obtained 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.

The registered manager said that supervisions should be offered to staff every six weeks. This had lapsed at the beginning of the year due to staff retention but had now improved. During supervisions training, health and safety, staff issues, care plans, and development and support needs of staff were discussed. Action plans were agreed and followed up at midyear and end of year reviews. Action plans identified specific tasks for staff to complete and delegated particular responsibilities. For example one member of staff was responsible for infection control audits, and another member of staff completed the health and safety checks. This helped to define the roles of staff and designate responsibility so tasks were completed.

New staff spent time shadowing other staff as part of their induction when beginning employment with the service. The amount of time new staff spent shadowing varied and was dependent on their prior experience and how confident they felt. New staff did not lone work until their competence was confirmed by the manager. The Care Certificate was completed to supplement the provider's own induction processes. The Care Certificate was introduced in April 2015 and is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff who had already achieved an NVQ or diploma did not complete the full Care Certificate but completed some parts to supplement their induction.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Nobody was subject to a DoLS to deprive them of their liberty. The registered manager had a good understanding of the requirements of the Act and had taking the appropriate steps to ensure they complied with the required legislation. We saw recorded documentation of how the provider had responded to meet the requirements of this law and the needs of the people staying at the service. The registered manager said that people usually did not stay at the service for a period longer than seven days. They understood the process for making referrals should any be needed to the DoLS authorisation body. The registered manager described a recent incident when they had to complete capacity assessments and a best interest process when a person had become unwell and needed to return to their permanent home in their best interest.

One person said, "My favourite food is spaghetti bolognaise, I get plenty of drinks". The persons care plan identified that spaghetti bolognaise was the persons favourite meal as well as describing the other dietary likes and dislikes the person had. People were given a menu request form during their stay and menus were discussed every Sunday during the house meeting. If people were admitted into the service after the meeting they could choose alternative meals if the pre-planned meal was not to their tastes. People were offered drinks throughout the inspection.

People were supported to manage any health concerns they may have during their stay at the service. Although people's usual doctor's surgery was at their permanent place of residence they were able to attend a walk in medical centre which was nearby whilst they stayed at the service should they require any medical treatment or check-ups. The registered manager said that if people needed to see their own GP whilst staying at the service they facilitated this. The previous week a person had been supported to attend their own GP whilst staying at the service.

Good

Is the service caring?

Our findings

A person said, "I like it here, I come here often". A relative said, "The service is very good the staff are always friendly and efficient. Staff always keep us well informed and tell us what's happening, it's brilliant, it's excellent. The staff greet (relative) like they've been waiting to see them". Another relative said, "(Relative) will bang on the door to get into the service when they go for their visits. They don't always want to come back home!"

Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the lounge, dining area and their own rooms. The registered manager had an open door policy and people felt able to go to them at any time. When one person returned from their outing the registered manager spent time talking to the person to find out how their day had been and if they were okay. The person was relaxed throughout the exchange and was joking with the registered manager about something that had happened to them recently.

The service had been decorated in a welcoming way. There were many Christmas decorations in the lounge and dining area which one person told us they had helped to put up. Peoples bedrooms were well maintained and decorated in a homely way, people were asked which room they would like to use through the pre-admission process and their request were catered to as far as possible. During the inspection a person came to visit the service to see if they may like to use it for respite. The registered manager spent time answering the persons and their relative's questions and showing them around the service.

People were always spoken to in a dignified and respectful manner; people's choices were listened to and respected. For example one staff member asked a person if they wanted to go shopping and where they wanted to go. The staff member spoke kindly and patiently to the person and allowed them the time to answer at a pace that suited them. It was apparent that people felt confident and comfortable in the service and that the staff were easily approachable. If people needed help to make specific or complex decisions information was available about advocacy services they could use.

Staff spent time sitting with people and talking to them in a caring and interested way. A staff member sat with two people playing a board game, throughout the game people and the staff member chatted and laughed in a relaxed way. The staff member had a good rapport with people and was joking with one person saying they were winning as they had not shared the correct rules of the game, the person smiled and laughed. We asked one person how they were and they replied, "I'm fantastic, I like it here".

Staff spoke about people in a caring way and understood their personal preferences well. A staff member said, "A lot of people on our staff team have worked with people for a long time so know them well". Another staff member said, "You form real relationships with people, it takes you a few years to really know the service users. There's a real sense of family with staff and people, it's a shame when people move on".

People's privacy and dignity was respected and staff engaged with people in their preferred way. The registered manager asked one person if they would like to speak to us in private during the inspection, and

respected the person's wishes. The registered manager explained to the person why we were visiting the service and reassured them they were close by if they required any support.

Good

Is the service responsive?

Our findings

One person told us that they liked the registered manager and they always helped them when they were unhappy or concerned about anything. A relative said, "(Relative) goes to the pub and the day centre and is dropped off by the staff. (Relative) enjoys going (to stay at the service) and likes all the staff".

People's care files were written in an easy read format which included pictures to help people understand its content. Information included, risk assessments, activity schedules, assessments of needs, a pen portrait, favourite foods, what the person enjoyed to do, the current dependency level of the person, and communication preferences. Support plans were reviewed each time the person was re-admitted into the service to check information was current and still reflective of the person's needs. A staff member said, "We are a respite service so we don't always get to see people often but when we learn new things we put it in the care plans".

Care plans contained more specific detail so staff could understand people better. For example, one person's support plan said, 'I can get very anxious, especially when waiting for my day care services to pick me up. This could lead to aggressive behaviour, staff should chat to me to reassure me'. Another part of the persons support plan said, 'I like to know who is working at night before I go to bed. I go to bed on my own but have been known to walk around until 1am. However, once I'm asleep I sleep through the night. Staff will now ask me if I would like to make a sandwich for my supper before they go to bed when I do this I seem to settle better'. Each person was allocated a key worker; this provided a better oversight of the person and if there had been any changes to their individual needs. Key workers relayed important information to the rest of the team and updated peoples care file accordingly.

People's individual preferences and needs were supported in a person centred way, and people were given information in a suitable format. An example of this was the information board which was used to display what staff were on duty throughout the day and night, who was staying at the service, who was leaving, who was visiting for day services and what activities or appointments people had planned. The board ensured basic information was communicated so people's days could run smoothly. A staff member said, "We do this board on a Sunday and also have a meeting every Sunday with people and staff". During the meetings people were given menu request forms and reminded of other important information such as fire evacuation plans and emergency procedures. House rules, activities and health and safety information were also discussed with people during the weekly meetings.

People chose to participate in a variety of recreational activities inside and outside of the service. A minibus was available for people to use, a bus stop was close by and some people had their own arrangements with private transportation. During the inspection all people went out to do various activities, some people went to day centres which they regularly attended and some people went shopping. One person said, "I'm going to the day centre today to have Christmas dinner and sing Christmas carols". A relative said, "(relative) always gets asked what they want to do". Another relative told us the staff had taken their relative to a disco but the person did not seem to enjoy it. Although the person had not appeared to enjoy this activity staff always tried to introduce new things for their relative to try.

The service responded to complaints appropriately and had systems in place; an easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. The registered manager said by completing the pre-assessment and pre-admission process they were able to resolve any concerns with people, their family or carers quickly before they became worse. There were no open complaints at the time of the inspection. The registered manager also kept records of minor concerns people had raised which were not necessarily complaints. They had documented the action taken in response to these minor concerns. This demonstrated that the registered manager was committed to listening to the feedback they received and improving outcomes for people even if they appeared relatively minor.

Requires Improvement

Is the service well-led?

Our findings

A relative said, "When we collect (relative) we get feedback about their stay, we have no concerns they do a brilliant job". Another relative said, "I know I could ring up and talk to the manager if I was unhappy, she is very helpful".

Some of the care plans could be further expanded to help staff understand people better. One staff member said, "I'm endlessly trying to find things, information is there you just need to look for it. If people had behaviours I would know how to manage but I don't think the care plans always reflect this. We've had some people who are difficult and the care plans have not always helped but talking to staff does". The risk to people not receiving the appropriate support was minimal as staff demonstrated they understood and knew them well. However, should a new staff member begin employment understanding people based on the care plans presented may be difficult and new staff would rely on other staff to expand on the information they required to support people well. Although new staff completed a full induction the registered manager had not kept up to date records of when staff had been observed to check their competency. Although this had not impacted on the delivery of care to people recordings of this area could help identify areas that staff may require further support in. Recordings in care plans and induction records are areas which could improve.

Quality assurance questionnaires were issued to people, relatives and staff throughout 2016 and the results of the questionnaires were analysed and compiled into a report in October 2016. Some of the feedback received was around the amount of activities people were able to participate in. The registered manager had implemented a weekend activity planner and distributed a newsletter to people in December outlining how the service planned to improve this area. The newsletter said, 'Our quality assurance surveys regularly highlight carers and service uses wishes to participate in more activities. To help enable all to fully participate in community activities please remember to pack bus passes, cinema passes and what you would consider sufficient funds'. A staff member commented that they felt the way shifts were allocated did not help with the flexibility of activities. The registered manager said they were monitoring this area with people so further improvements could be made. The registered manager said that when they had obtained other feedback from people or their representatives they had taken action to improve but had not always documented the action taken to show how long improvements took or if people and their relatives were happy with the outcomes. This is an area which could improve further.

The provider strived to continually improve the service to improve the lives of the people staying there. Registered managers from the providers other services conducted quality assurance monitoring visits to check the quality of the care provision being delivered. Areas of improvement were outlined in the visits which the registered manager responded to by stating the action they proposed to take and the timescale they aimed to improve the area within. For example a quality visit had highlighted that some support plans had not been reviewed. The registered manager discussed this with staff during the next team and keyworker meetings and care files were reviewed. Other internal audits were conducted on areas such as medicines, health and safety, maintenance of the premises and infection control. When improvements were needed action was taken and recorded.

Staff were clear about the aims and values of the service and understood their roles well. Staff felt well supported by the registered manager and senior staff. A staff member said, "Everyone's pretty happy to help out. Team morale is high; we all get on really well". Another staff member said, "I can even call staff at home when they are off shift to ask their advice, we are all concerned about one another".

There was good communication between staff to ensure people's daily needs were met. A staff member said, "Communication between the staff here is very good, we know what's happening. Parents will tell us things and we write in the communication book which staff will read when they come on shift. Because so many people come and go we have to keep on the ball". Daily handover checklist sheets were competed by staff which ensured that task were completed and additional important information was handed over from shift to shift. The handover sheets included; medication and petty cash checks, ensuring communication and diary books had been read and signed by staff accordingly and cleaning in the service had been effectively completed when the domestic staff was not working. At the bottom of the handover sheets staff recorded important information for other staff. For example, when people were going home, if people needed picking up from their outings and any information that needed to be handed over to peoples relatives or full time carers.