

Neptune House Limited

Neptune House

Inspection report

8-10 Neptune Terrace
Sheerness
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Tel: 01795581660

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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 unannounced inspection was carried out on 8 August 2018.

At the last Care Quality Commission (CQC) comprehensive inspection in January 2016, this service had an overall rating of Good.

At this inspection, we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Neptune House on our website at www.cqc.org.uk

Neptune House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Neptune House provides support for up to 15 people who have a learning disability and/or Autism. There were 13 people living at the service and two other people who spend part of the week at the service to give their carers respite.

There was a registered manager who was also a part owner at the home. 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.

Feedback provided by people about their experiences of the service included, "I know all the staff here. I feel safe. I talk to the manager if I have a problem", "The staff treat me kindly. It is a very nice home. The staff say that we live like a happy family here" and "I have no problems here. There is nowhere else better than this home. Sometimes I get worried and the staff help me get my worries off my mind. They talk about other things with me and that helps me".

Staff were compassionate, kind and caring and had developed good relationships with people using the service. Staff were aware of how to respect people's privacy and dignity. People were comfortable in the presence of staff. People were provided with the care, support and equipment they needed to stay independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. We observed staff were welcoming and friendly. Staff provided friendly, compassionate care and support. People's health and wellbeing was supported by prompt referrals and access to medical care.

People continued to be encouraged and supported to pursue activities inside and outside of the home. Staff made people aware of what was happening in the local community, such as festivals that they may wish to

attend. People were also encouraged to keep active and continue learning.

Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. They continued to find creative ways of supporting people to have a good quality of life. Leaders in the service promoted person centred values. Staff were well informed about their roles and they described in detail how they provided support to new staff so that they understood the core values and how to care for people.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals. This ensured they received treatment and support as required.

There were policies and a procedure in place for the safe administration of medicines. Incidents and accidents were recorded and checked by the management team to see what steps could be taken to prevent incidents happening again. There was an up to date procedure covering the actions to be taken in emergency situations.

Safe recruitment practices were consistency followed. Policies were kept updated. Staff were consistently deployed in sufficient numbers to meet the needs of the people currently living at Neptune House. People's care was delivered safely and staff understood their responsibilities to protect people who were vulnerable. The registered manager followed the safeguarding policies of the local authority.

Training continued for all staff and included supervision and appraisal. Risks assessments continued to be updated and in place for the environment, and for each individual person who received care. The registered manager continued involving people and significant others in planning their care.

The directors of the company, the registered manager and staff continued to find ways to improve the service and remain driven by their passion for caring and supporting people. The vision and the value of the service to 'enable people to live as they choose' remained embedded in the service.

The registered manager continued asking people for their feedback about their experiences of care. The results consistently showed that people rated the service as 'very good' or 'outstanding'. People said that they knew they could contact the registered manager at any time, and they felt confident about raising any concerns or other issues.

The provider and the registered manager consistently monitored the quality of the service and made changes to improve the service, taking account of people's needs and views. The registered manager had provided good leadership to staff. The provider and registered manager implemented plans to improve the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Neptune House

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 8 August 2018, the inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert by experience had an understanding of caring for people with learning disabilities.

Before the inspection, we asked the provider to complete 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 the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in communal areas. We spoke with six people about their experience of the service. We spoke with the registered manager, the deputy manager, a senior member of staff, and two care staff.

We looked at records held by the provider and care records held in the service. This included three care plans, daily notes; a range of the providers policies including safeguarding and health and safety; the staff handbook; the recruitment records of two new staff; the training records for all the staff and quality audits.

Is the service safe?

Our findings

People and their relatives told us they had trust in the staff and felt safe and secure living at Neptune House. People said, "I feel safe here" and "Yes, I feel safe. If I feel angry or sad about anything the staff will talk to me and settle me. There are enough staff". One relative had commented on a completed quality assurance survey, "The best possible place for anyone that needed to feel safe, happy and secure could find".

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative assessments. These documents were individualised with words and pictures. The care plans provided staff with a clear description of any risks and guidance on the support people needed to manage these. Additional risk such as choking, had been assessed and instructions in relation to these risks were available for staff to promote people's safety. Therefore, individual risks were managed to protect people's health and wellbeing. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were stored, administered and disposed of appropriately. Regular medicines audits were carried out by the registered manager to ensure people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, these had been appropriately recorded. One person said, "If I have tummy ache the staff give me a tablet or I can see the doctor".

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People confirmed and we could see that there were enough staff available to meet people's needs and to keep them safe. This was confirmed in relative surveys. Relatives commented, "They are an excellent team and work very well together as a unit" and "I am well at ease with the care and attention she receives and could not ask for a better team running this facility".

The premises continued to be maintained to protect people's safety. Risks management processes still included the registered manager and staff visually checking and recording equipment was safe, with equipment like fire systems and lifts being serviced to maintain high levels of safety. A recent fire officer's report due to changes in regulations, required for a number of issues to be addressed and the registered manager confirmed that all the work had been completed together with additional works for example, an

extra fire panel in downstairs lounge.

People had personal emergency evacuation plans (PEEP's) that were individual to the person and their specific support needs in the event of an emergency evacuation of the premises. Infection control risks were managed through staff training, premises maintenance and cleaning practices.

Incidents and accidents were recorded appropriately. Learning from these was communicated to the staff at team meetings, in support plans and at handover meetings. Learning from accidents and incidents minimised the risks of avoidable harm.

Is the service effective?

Our findings

People and relatives express their confidence in the staff and felt they knew the needs of people. One person said, "Yes, there is lots of laughter here. The staff supported me well when I had to have medical treatment. Full marks for the place. It is a very nice home".

There had been no new admissions to the service. Before a new person came to live at the service the registered manager would meet with them and their family. They were then invited to visit the service and spend time with the people who lived there. Staff and the person benefited from getting to know each other along with the other people living in the home. Lifestyle preferences as well as their rights, consent and capacity would be discussed. Assessments included questions about people's sexuality and equality preferences. With a trial stay the registered manager had time when they could see if the people already in the service got on well with the new person.

People's health and wellbeing was consistently monitored and reviewed in partnership with external health services. We saw good examples of how people's wellbeing had been improved after interventions from staff around the texture of foods and enabling a person to return to a normal diet. Encouraging people to eat and drink well reduced the risk of dehydration and health related issues through poor diet. People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. One person said, "The staff understand me. I like curry. I have enough to eat and can choose what I want to eat".

Staff worked with health and social care professionals who supported the people who lived at the service. They also supported people to attend appointments and make sure their other physical health needs were met. People could see a GP when they wanted or needed to. People had health action plans in place. These plans provided advice and health awareness information which supported people's health and wellbeing. These had been reviewed at least six monthly or when there had been a significant change. People said, "I can see a doctor when I want" and "The doctor saw me when I was sick".

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment were only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Capacity assessments had been undertaken where appropriate. A record was kept of the decisions people took for themselves and the areas where they needed support. For example, people may have made all their own day to day choices and decisions but preferred to have a loved one or representative to help with financial decisions.

Staff gained people consent and people were fully involved in all aspects of planning their day. Staff had a good understanding of each person's likes and dislikes and the things that they wanted to learn or achieve. They understood people's identified risks and what they needed to do to reduce or prevent harm. One

person said, "The staff help me to eat healthy food. We can choose what we have to eat. We can help ourselves to a drink when we want. I used to help with the cooking, but I was not safe". Another person said, "I had a chocolate cake for my birthday. I like peeling potatoes at the weekend".

Staff training and supervisions continued to be well managed for effective care delivery. All new staff completed an induction when they started in their role. Staff told us they had attended training relevant to their roles which included first aid, fire safety, infection control, mental capacity and DoLS. Records confirmed this. Additional training undertaken by staff included epilepsy; autism; downs syndrome; Huntington disease; nutrition and hydration; sexuality and diversity and equality and diversity. Staff had the skills and knowledge to improve the care and support they provided to protect peoples' wellbeing and safety.

The registered manager continued checking how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. One member of staff said, "I have regular supervision with the manager, she is very supportive".

People had their own individualised bedrooms and access to adapted bathrooms. There was an accessible pleasant garden. Providing the right environment to promote safety and wellbeing.

Is the service caring?

Our findings

The registered manager continued to promote a strong visible person centred culture. The registered manager and staff were fully committed to ensuring people received the best possible care in a loving and caring environment. Relative survey comments included, "Excellent competent, but above all caring", "X (person) could not wish for a more caring, understanding family home", "Neptune is a very caring family home and I am so happy that X (person) lives there. It is comforting to know that X is being so cared for" and "X (person) has been very happy in the years he has been there. We are thankful for all the care and support he receives from the manager and her fantastic team".

A health care professional who had completed a quality assurance survey stated, "The staff are lovely, more importantly they are a solid staff group, so they know people well, which is priceless".

Staff were encouraged to share their emotions, which was viewed as a positive attribute, not a weakness in the way the care and support was delivered. An example, was the way all staff had pulled together and gone the extra mile when two of the people underwent serious medical interventions. A health care professional commented in a quality assurance survey that the registered manager and staff provided a high standard of care and rated the service as 'outstanding'. Although, staff acted professionally, we saw that they were not afraid to show love and affection, by cuddling people when they needed it. It was a relaxed and happy environment. The staff and people living there clearly knew each other well and were sensitive to each other's needs. People said, "The staff are fun and laugh a lot. I love everybody here" and "The staff look happy".

People described their support positively. All of the staff we observed were kind and compassionate in the way they responded to requests from people for care and how they tried to meet the needs of everyone. One person said, "All the staff are very nice. All the staff know us. I can do things on my own if I want to. I make a drink or go to my room". Staff used terms such as 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence.

Staff spoke about the people they supported in a caring way and they also told us they promoted people's wellbeing. Staff told us they listened to people, they encouraged and respected their wishes and choices. People confirmed this, one person said, "I am encouraged to eat healthy food. I like to have a lie in at the weekend". Staff told us they enjoyed working with all the people. One member of staff said, "I love working here". Their passion was echoed by the registered manager, who described people and staff as all working together and that their priority was to promote a service as the sign in the lounge stated, "Our residents don't live in our workplace, we work in their home".

During the course of the inspection we saw that staff interacted with the people they supported with warmth and respect. People looked comfortable and relaxed around staff and enjoyed friendly banter with them. People's diversity and values were respected. Staff described in detail how they respected people's individuality. People were supported to continue with their previous interests and maintain contact with

friends and family.

The culture of ensuring people's needs were understood and that they were made to feel that they mattered was echoed amongst people living in the service. A comment included in a relatives survey stated, "Extremely good, they (staff) are considerate to her needs and try to explore ideas to progress her".

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decision about how they wanted their support provided. One person told us, "I choose the clothes I want to wear. I can dress myself". Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity. For example, staff knocked on people's doors before entering.

Relatives were aware they could visit at any time. There were no restrictions on visiting and people were always made welcome. One person commented on a survey, "We have always felt very welcome, always been offered a drink, and spoken to by staff".

The registered manager and staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. People's electronic records were kept securely and computer equipment was password protected.

Two people were currently supported by an advocate. Advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes. Several people had relatives who were actively involved in their care and support. Some had legal authority to be involved in making decisions in the persons best interests and the provider requested confirmation of this, where this could not be provided the provider confirmed relatives legal status with the court of protection.

Is the service responsive?

Our findings

People and their relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. People said, "I went to a holiday camp. It was good fun. I listen to music and go to the theatre. I think the staff listen to me", "I go out to clubs" and "We went to see a musical show at the theatre".

The registered manager and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities. One person said, "We went on a picnic yesterday, and we went on the lake". Another person said, "A man comes to the house, he sings and plays the guitar. I like it. I go out lots". Staff continued to have an excellent understanding of people's needs and continued to find creative ways of supporting them to have a good quality of life. For example, going on holidays, visiting the zoo and going to the theatre.

People and their relatives had been involved in the planning and review of their care. The service had taken steps to meet people's information and communication needs in accordance with the current regulations, particularly in using technology to ensure records are accessible to people with different communication needs. The care plans were written with people and they used pictures to interpret what they wanted, to show people's individuality and character. There were pages listing what was important to each person and about the foods the person liked. Care plans showed that people also needed to be reminded about cleaning their teeth and to bring all the dirty washing down to the laundry. Care plans detailed what people could do for themselves. Every page was full of pictures and photos which people had stuck in. Staff said that the people often asked to see their files and they liked adding new pictures in the file.

People were involved in regular reviews of their needs and decisions about their care and support. Each month the staff had individual meetings with people when they discussed their care and support. During the review staff checked that people were happy with the support and discussed the progress of any goals that had been set.

People continued to be supported by staff who were knowledgeable about their needs and preferences. Staff clearly knew people well which we observed from interactions with them. Care plans also contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. Assessments were reviewed every six months with the person concerned and their relatives and care plans had been updated as people's needs changed. Staff described how they offered people choices on a day to day basis and adapted the day to accommodate this. We observed that staff were attentive to people's requests for assistance throughout our inspection. Staff involved people in decisions about their daily care, such as what time they wanted to go out into the community and listening to their plan for the day.

People were supported in promoting their independence. For example, people's skills were promoted in the preparation of meals. Several people liked to cook and staff time was spent with them in the kitchen. Staff knew what people could do for themselves and encouraged them to improve the amount they could do. People were given the opportunity to set goals for things they wanted to achieve for themselves. The goals

were split into small tasks which they could do to build up to the end result within an achievable timescale. People agreed it made them feel good when they had managed to do something new. People were supported to use local community facilities and the home had a vehicle to take people out.

There was a complaints procedure which told people how to make a complaint and the timescales for a response to be received. Staff were familiar with what to do if people approached them to complain and they understood the policy. There was a complaints policy and procedure, with an easy to follow procedure in pictures on the notice board. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. The registered manager said that there had been no complaints received in the last year.

One person had made advanced decisions about their end of life care and this information was recorded in the person's file. The provider said that they would consult people about their end of life wishes as appropriate.

Is the service well-led?

Our findings

People continued to tell us they were very happy with the quality of the service they received. They thought the service was well run and staff supported them. We observed staff listening to people's views and they were receptive to their suggestions. A health care professional had stated on the quality assurance form that, "The manager was warm, caring, honest, transparent, hardworking and reliable".

Another comment received by the CQC, stated, "Very person centred manager who knows the people and staff very well and who is clearly highly thought of by both. The service has an excellent family atmosphere. I spoke at length to six people, all of whom were very positive about the service and spoke with great affection for the staff. All people were able to communicate very positively about activities, events and holidays. On the day of my visit, a barbecue was being prepared and laid on. Food looked great. Lovely place".

Staff knew the ethos of the service, they explained the importance of people being able to live in a comfortable, safe, and homely environment. Each person had agreed care and support plans which were consistent but also flexible to encourage people to grow.

The staff said that they felt it was well-led. The staff members spoken with had worked at the service for many years, they stated that they felt they could easily express concerns and make suggestions about the running of the service and they were listened too. They said in their opinion the service continued to improve and were pleased with the way the people came first.

Communication within the service was facilitated through daily handovers between management and staff. Staff meetings were held frequently where areas such as staff training, health and safety, and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the registered manager. Staff agreed the registered manager was approachable and easy to talk to.

'Resident' meetings enabled the registered manager and staff to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus and where people would like to go. We saw that suggestions such as weekly menu were acted upon.

The provider sought people's and others views by giving annual questionnaires to people, staff, professionals and relatives to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. Overall the responses were positive, and stated people were happy with the care being provided.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent future accidents. Staff told us what incidents they would record and that these would be checked by the registered manager.

Policies and procedures were updated on a regular basis to reflect current legislation. Staff confirmed to us that they read the providers policies. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with legislation.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating which was displayed in the service and on their website.