

Progress Housing Limited

Chantry

Inspection report

6 Chantry Road
Worthing
BN13 1QN

Tel: 01903232446

Date of inspection visit:
24 November 2021

Date of publication:
22 December 2021

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Chantry is a care home providing accommodation and personal care for up to six adults with learning disabilities and/or a variety of associated health and support needs. People live in one large house built to meet people's mobility needs.

People's experience of using this service and what we found

Right Support

People and relatives told us staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. People had staff that shared their interests, for example, one person spent time playing a specific online game, a staff member took time to learn about the game and was able to discuss in detail with the person which enhanced the person's experience of the game.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. This met their sensory and physical needs, while making it feel homely. One relative said, "It's like a family home."

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs with genuine regard for the person. One staff told us, "The people are absolutely amazing and the other staff so welcoming." A relative said, "Care has been very good, [person] looks amazing, hair beautifully done, excellent."

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager

and staff understand the importance of family to the people and make communication a priority. A relative said, "Communication from the registered manager and staff is excellent, they phone as soon as possible. Teething problems at first but very fast to get on it. Very pleased."

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. One staff told us, "[Person] leads own support, tells us what they think and want and we try hard to get it just right for them." People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 October 20 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chantry

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

Chantry 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke or communicated with six people who used the service and three relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including ABC communication boards, Makaton, pictures, photos, symbols, objects and their body language. We spoke with six members of staff including the operations manager, team leader, support workers and agency support workers. We spent time observing the support and communication between people and staff in shared areas of the house.

We reviewed a range of records. This included four people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognize and report abuse and they knew how to apply it. Staff were knowledgeable about the types of abuse and how to report any concerns. One staff explained how they assess people's mood and demeanor as it may be an indication something is wrong,
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person drew our attention to easy read pictures on the wall that described how to raise concerns. Another person told us they would talk to staff or the registered manager if they were worried.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Records confirmed, risk assessments were positive, person focused and robust.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. We observed a conversation between a person and a staff member about a long journey to attend an appointment. Both talked of things they might be able to do while there, including how to reduce risks while getting the most out of the trip. The person and staff were equal partners in the conversation.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Staff told us the records helped them to check what the current information was and that was especially helpful if they were returning after days off.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, hoists were serviced regularly.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits, how and when they wanted too. People were in and out during the inspection, going to local shops and appointments.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them. When asked about agency staff one person said, "Been coming for ages, I like them."

Using medicines safely

- People could take their medicines in private when appropriate and safe. Each person had their medicines in cabinets in their rooms and staff went to the person's room to support them with medicines.
- Staff made sure people received information about medicines in a way they could understand. We observed staff explaining what they were doing before they administered medicines and asked people if they were happy to take them.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. For example, medicine was checked each day and recorded. This was then audited by the registered manager to help identify any trends or concerns.
- People were supported by staff who were trained and followed systems and processes to prescribe, administer, record and store medicines safely. We observed medicines being given, this was carried out with attention to detail and staff spoke to the person respectfully, explaining what they were doing.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service had a system to monitor the vaccination status of staff and check the status of visitors.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support." One relative told us, "I never feel they have anything to hide."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health before admission. One relative told us, "The assessment was really good, best one we have had, they asked all the right questions and answered our questions. There were five or more visits, really getting to know (person) and us as a family."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One person told us, "I tell them (staff) what I want."
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Plans were updated and reviewed when things change, staff and records confirmed they were always kept up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, health needs, communication tools, positive support, and human rights. We observed staff using their knowledge in practice.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision. Relatives confirmed they were involved in decisions their loved ones were unable to make for themselves.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff described how their training and personal development related to the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. We observed drinks and snacks being offered throughout the day. For example, one person chose some fruit from a bowl in the kitchen.
- People were involved in choosing their food, shopping, and planning their meals. Staff sit with people weekly to support choice for shopping and menu planning, then daily talk to people to check the meals are still what they want. We observed this happening.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. For example, one person was being supported to prepare lunch, they told us they enjoyed doing this.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. We observed people having meals where they chose, for example, one person liked to sometimes sit in the kitchen at a high/low adjustable table, while some others used the dining table. The person told us this was their decision.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. One relative told us, "They account for [person] coming from a vegetarian family, [person] will some time chose meat, that's ok too."

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around easily because there were aids in their home and staff had arranged the furniture to support this. In addition to people's bedrooms and bathrooms, the shared living areas had overhead tracking hoists which people used to move from their wheelchair to sofa easily and with dignity.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People showed us their rooms and proudly showed off their favourite items. Every room reflected people's tastes and interests. This included large screen TV's, personal computers and gaming equipment for some people and sensory items for others.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. Staff demonstrated their understanding of people's health needs and record confirmed people's needs were regularly reviewed.
- People played an active role in maintaining their own health and wellbeing. One person told us of a health appointment they were due to have, explaining what it was for and what they were expecting to happen.
- People were supported to attend annual health checks, screening and primary care services. We saw that plans were updated with any new information.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People told us they

were involved in decisions. For example, one person had requested a knock on the door to alert them it was nearing time for their medicine so they could finish what they were doing. The person told us this now happened.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Relatives told us they were involved in these decisions.
- Staff respected the rights of people with capacity to make decisions.
- People were consulted and included in the decisions about the use of surveillance. For example, video monitors to alert staff to health emergencies if the person was spending time alone. The use of this equipment was well documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere where people were at ease, happy, engaged and stimulated. We saw mutual regard between people and staff. One person referring to a staff member said "[Staff] is brilliant." And in a separate conversation the same staff member referring to the person said, "I love being with [person], they are brilliant."
- People received kind and compassionate care from staff who used positive, respectful language and used appropriate styles of interaction, which people understood and responded well to.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We observed staff taking time to talk with people and engage in their interests with real enthusiasm. The staff member was fully involved with the person doing craft at the table, they were smiling and making eye contact with each other.
- Staff members showed warmth and respect when interacting with people. A person told us, "I like living here, I like the staff, all of them." One relative said, "The staff are caring and friendly, they really like [person]." Another told us, "Staff put the young people first. I really appreciate how they do this."

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed this throughout the day.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. For example, one person told us they were talking to staff about something complex they wanted to do and staff were helping them to get the information and support they needed to do it.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. People, their families and records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. For example, one person had been supported to go out for dinner with a friend. Their relative said, "Going out for dinner with a chap was a new experience for [person] not something they would have done with their mum."
- Staff knew when people needed their space and privacy and respected this. People felt confident to

indicate when they wanted to be left alone. For example one person told us to come back later to talk with them as they wanted to watch a film on their own.

- People were encouraged to do as much for themselves as possible, for example, a person taking folded clean laundry back to their room on their lap while staff supported them to move their wheelchair.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored. For example, we were told by the staff, one person, talking to a staff member during a quiet drink in the pub, said they would love to go to Iceland to take part in a gaming convention. Both the person and the staff member started to research online what would be needed to make this happen. The progress so far was recorded, and planning was ongoing at the time of the inspection.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. For example, there was a keyworker system in place and regular meetings between the person and keyworker were recorded. These included what they wanted to do in the near future.
- People were supported to understand their rights and explore meaningful relationships. For example, a person was supported to use a specialist dating website.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans.
- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects, photographs and use of gestures which helped people know what was likely to happen during the day and who would be supporting them. For example, plans identified a person's gestures and what they meant. We saw staff's understanding of these in practice.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection people and staff were putting up Christmas decorations. One person was verbally directing staff where they wanted things, another was holding the tinsel and laughing when staff asked for it. Christmas music was on and there was a genuine fun atmosphere, both people and staff were smiling and laughing, some staff were singing along to the music, much to the amusement of the people and other staff. Each person's communication preferences were met which meant that people with a range of needs were all included in

this social activity.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to develop their goals and wishes.
- People were supported to participate in their chosen social and leisure interests on a regular basis. This included going to the cinema, football, the pub and shopping.
- People were supported to spend time with their families, which had become easier with the easing of COVID-19 restrictions. For most people it was the first time they had lived away from their family home and spending time with their family was important to them.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us they had raised concerns about the broadband speed with the registered manager. The registered manager was able to demonstrate how they had worked to address this and now had senior management support to put in an extra telephone line into the building.
- One relative said, "We have good communication they would listen."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. People told us they could and did talk to staff and the registered manager and were asked their views.

End of life care and support

- People had active family involvement and plans which reflected families would take the lead in end of life decisions.
- Staff were not currently providing end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One relative told us, "[Registered manager] is amazing friendly so capable welcoming and cheerful."
- Managers worked directly with people and led by example setting a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us, "[Registered manager] is lovely, not shy to get involved and really organised, knows care and empowers us to do things." "[Registered manager] is hardworking; you know where you are."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff said, "Teamwork is brilliant, we all work for the same thing."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The operations manager showed us their current action plan to further develop staff knowledge of sensory assessment and tools.
- Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. We saw surveys were sent to families and action had been taken as a result of feedback.
- Staff encouraged people to be involved in the development of the service. There was a board in the dining room where people with staff support could suggest things they would like to see. Comments included more plants and art for the walls in the living room. Staff told us suggestions were regularly acted upon, for example, a trip to visit a castle was requested and this took place. This was one of several ways people were involved.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives told us they had regular contact with senior managers who sought their views.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. This is a new service which was developed in line with Right support, right care, right culture.
- The provider shared learning from incidents and topics that had come up in their other services which demonstrated ambition to share good practice and a desire for people to achieve the best outcomes possible. The operations manager told us of regular managers meetings where this learning was discussed and actions agreed, records confirmed this.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice, improving their wellbeing. One health professional told us, "[Staff] was knowledgeable about the person I came to see, and I had no concerns on meeting the person that they were happy, well-looked after and in general good health. They were due to have a super-hero's afternoon that day! I left with a great feeling about the care people receive there and look forward to visiting again."