

Leonard Cheshire Disability

Chiltern House - Care Home Physical Disabilities

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Chiltern House Care Home is a residential care home for up to 22 people with physical disabilities catered for. The service is split into three wings over one floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good.

Why the service is rated Good.

There were safe systems in place to monitor people's medicines. We observed a member of staff administering medicines to people and the correct procedure was followed. People received their medicines as the prescriber intended. Risk assessments were assessed and managed. These included procedures to follow in the event of an emergency.

Staff completed induction training and shadowed experienced staff before working alone. Staff received supervision to monitor their work. We observed the supervision matrix which confirmed this. People were offered a choice of menu which included a vegetarian option. 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 supported this practice.

People were treated with dignity and respect. We saw staff knocking on people's doors and waiting for a response before entering. People told us they could come and go as they wished. Care plans were individualised and detailed people's preferences on how they wanted to be supported.

People received care that was responsive and effective and tailored to their needs. People had detailed care plans in place which included a health plan and risk assessment. A complaints procedure was available for people and their relatives. People told us they would speak to the manager or staff in the first instance. People were able to join in activities and plan trips for the month ahead. We saw people engaged in activities and were preparing for Christmas events.

The service followed their infection control policy and procedure. We saw the premises were visibly clean and free from odours. The service used an outside cleaning company to ensure the environment was clean and a cleaning schedule was in place.

People were provided with a well led service. The organisations values and philosophy were explained to

staff and there was a positive culture where people were included. Audits completed ensured the services policies and procedures were followed. The service had processes in place to ensure there was a clear audit trail of any actions required following completion of audits. The service worked closely with other healthcare professionals who offered advice support and training. Regular meetings were held which gave clear instructions on any areas of concern. The service notified us of any reportable occurrences which were followed with actions to be taken. The service met all relevant fundamental standards.

Further information is in the detailed findings below

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.

Chiltern House - Care Home Physical Disabilities

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 12 and 13 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they could make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the deputy manager, the physiotherapist, the activity coordinator, two volunteers, two relatives and three people who used the service. In addition, we looked at five people's care plan, four recruitment files, quality auditing systems, medicine records, and other records relating to how the service was run. We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

People continued to receive a safe service. People told us they felt safe living at Chiltern House. Systems and processes safeguarded people from abuse. Staff we spoke with told us they had undertaken training in safeguarding adults and were aware of their responsibilities to report any concerns. One comment from a person who lived at Chiltern House said, "I feel safe here, we have two call bells in our rooms."

People received a safe service because risks to their health and safety were well managed. Records confirmed risk assessments included assessments to keep people safe whilst promoting their independence as much as possible. Risk assessments had been kept under review and other health professionals advised on safe practice. For example, epilepsy, malnutrition and swallowing difficulties. Speech and Language Therapist (SALT) referrals had been made when required and correct guidance followed. We saw fluid thickener was stored securely. We saw during our observations SALT guidance was being followed.

Environmental risk assessments had been completed. Records showed that fire equipment and alarms were tested regularly to ensure they were in good working order. Other checks such as electrical safety protected people from environmental risks in the service. People had emergency evacuation plans (PEEPs) in place in the event of a fire.

We saw there were sufficient numbers of staff to support people and meet their needs. Staffing levels were reviewed based on the changing needs of people using the service. A robust recruitment process was in place and staff had been subject to checks carried out by the Disclosure and Barring Service (DBS). This ensures employers make safer recruitment decisions to prevent unsuitable staff being employed.

People received their medicines as the prescriber intended. We observed medicine administration during our inspection and observed staff followed the correct procedures. We saw that when medicines were used 'when required' (PRN), protocols were in place to show how people indicated when they experienced pain. Medicines were stored securely and room and fridge temperatures were recorded where medicines were stored as recommended by the manufacturer. An accident and incident policy was in place and staff we spoke with were able to discuss how they reported incidents and the process for follow up and any lessons learnt that may be used as a way of prevention.

The premises were clean and free from odour; we saw cleaning schedules were in place. People and their relatives confirmed the service was always clean. The service followed their infection control policy. The service used an outside cleaning company to ensure the environment was hygienically clean.

Is the service effective?

Our findings

People continued to receive an effective service. People told us staff had the right skills to support them. The service ensured staff were trained and supported to carry out their role. Newly appointed staff completed an induction and completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe and compassionate care. Training records we viewed confirmed staff received training on a range of subjects, including moving and handling, infection control, fire safety, administration of medicines and safeguarding vulnerable adults. Where there were shortfalls in training, we saw training had been booked.

Staff confirmed they received regular supervisions and appraisals and told us they could always approach the registered manager at any time if they had any concerns. The supervision matrix enabled the registered manager to monitor supervisions completed.

Before coming to live at Chiltern House, people had an assessment of their needs to ensure the service could accommodate them effectively. This included individual preferences and reflected people's social, emotional and physical needs. People commented that staff knew their needs well and knew how they wished to be supported.

We saw that people were supported to maintain a balanced diet. We saw that people were given a choice of menu; two menu options were available, one of which was a vegetarian option. People completed a weekly menu of their choice which was given to the kitchen staff. When people required specialist cutlery, such as plate guards or cups, this was catered for. Staff assisted people who required help with eating and drinking in a dignified manner and were attentive to people's needs.

People told us they received effective healthcare. One person told us, "I have my personal trainer visit me who helps me to walk and retain my muscles." We spoke with the personal trainer who told us they had known the person for many years and they (the person) had made good progress.

We saw that the service worked well with other organisations to deliver effective support and treatment. Records showed that appointments with the GP practice nurse and dentist had been incorporated into people's care plans and followed by staff appropriately. We saw that people had ongoing attendance at outpatient clinics, for example wheelchair services. This meant that people were supported to live healthier lives and had access to outside agencies to receive ongoing healthcare support.

The service was spacious and adapted appropriately for wheelchair users. Visitors and families had access to communal areas so they could visit and maintain relationships. There were separate areas where recreation and activities could take place. We spoke with volunteers who had been volunteering at the service for many years. They told us, "This place is amazingly proactive with a real community spirit; you could say the community is attached to the home."

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 so they can receive care and treatment when it is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. We found the service was acting within the MCA.

The service followed the Mental Capacity Act 2005 (MCA) code of practice to make sure the people who lacked capacity to take particular decisions had their rights protected. Capacity assessments had been completed when required. Staff told us they had completed training on the MCA and told us they were aware of the Deprivation of Liberty Safeguards accompanying the MCA. We saw that DoLS were in place for some people and applications had been made to the local authority which were awaiting a decision. Support plans made reference to the MCA and best interest decisions. Decision making was described in detail ensuring ease for staff to gain an understanding of the support people required when making decisions.

Is the service caring?

Our findings

People continued to receive a caring service. We saw that staff treated people with kindness respect and compassion. One person we spoke with told us, "The staff here are my family." We spoke with a volunteer who commented, "The home is family orientated; there is lots of loveliness here." One relative told us, "[My relative] is very happy here, the staff are very caring." We observed good interactions with people throughout our inspection and saw that staff knew people they were supporting well and understood their needs.

The service supported people to express their views and be actively involved in making decisions about their care and support as far as possible. Staff talked about people in a caring way. It was evident that care was individualised and tailored to each person. We saw that one person was actively involved in the service's committee. They told us they "...take people's voices" to the committee. The service enabled people and their families to be involved in any decisions about their care and that regular reviews were held with people and their families to discuss any additions or changes to support. Support plans contained information on how people communicated. This enabled staff to understand what people were saying when a person was unable to communicate verbally. We saw various methods of communication including computer-aided technology.

Staff told us it is a person's human right to be treated with dignity and respect and to express their views. We saw staff knocked on people's doors before entering and staff gave people time to respond to questions to make any decisions about the way they wanted to spend their day. Visitors were able to visit without restriction. We saw families and friends visiting on both days of our inspection.

The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. People could be assured that information held about them was treated confidentially which complied with the General Data Protection Regulation (GDPR). Data protection principles made sure the service complied with the requirements of good practice with the security and maintenance of personal and sensitive information held at the service. Records were stored securely in the service's office.

The service supported people to access external bodies such as advocacy services when required. We saw advocacy contact details displayed in the service. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs. Care plans identified the support people required which included one page profiles and likes and dislikes which were very detailed and individual to each person. Relatives confirmed they were involved in regular care reviews. One relative told us they came in on a regular basis to 'catch up' on any changes in support needs. Handover took place at the start of each shift where information could be cascaded to the care team. Staff told us this was important to ensure everyone knew about any changes or concerns regarding people's welfare.

People's concerns and complaints were responded to and used to improve the quality of care. Since our last inspection there had been one complaint made about the service which was being investigated at the time of our inspection. We saw a complaints procedure was available for people and their relatives. Complaints had been responded to according to the service's policy. One relative we spoke with told us, "[My relative] has been here for many years; he would certainly let them know if he was not happy about something."

Meetings were held on a regular basis with staff, people and their relatives. Minutes of meetings identified actions and were reported on during the following meeting.

The service supported people to engage in activities and social events. There were planned activities which included options for both in house and community activities. People told us they enjoyed the activities that were available and said they often accessed the community to take part in events or to go shopping. We saw various activities taking place on both days of our inspection which people were engaged in. One person told us they had one-to-one activities at their request. People were encouraged to be as independent as possible. We saw that one person was involved in community events and helped at the local play group. Other people were as independent as their condition allowed. One person told us that they 'come and go' as they like and they just let staff know when they are going out.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. We saw this was recorded in care plans and staff we spoke with knew the needs of each person well. People using the service also commented on how well their individual needs were met. One person told us how they liked to be involved in the community. They said, "I dictate my routine [to staff]."

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a sensory loss can access and understand information they are given. We saw notices were displayed throughout the service which enabled people to have access to information such as community events, recent meetings and activities taking place. We saw these were in an easy read format using pictures and symbols.

People could be supported during the end of their life. We saw end of life wishes in care plans we viewed. There was no one receiving end of life support at the time of our inspection.

Is the service well-led?

Our findings

The service continued to be well- led. Staff spoke positively about the management of the service. There was a registered manager managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The vision of the service demonstrated a promotion of people's wellbeing to enable people to remain as independent as they chose. Staff told us they felt proud to work at Chiltern House. They told us, "I adore working here", "The management are supportive" and "I don't have to be programmed to say it's good here." Staff said the management team often 'roll their sleeves up' and 'help out' on the floor when required.

Systems were in place to assess and monitor the quality of the service provided. The management of the service carried out spot checks of care being provided as well as daily 'walk rounds'. In addition, out of hours care and support was observed. Records showed that safeguarding issues and incidents and accidents were used to learn from events to prevent recurrence.

We saw the provider had comprehensive quality assurance systems in place. Regular audits were carried out with actions identified which had been followed up and signed off as completed by the appointed member of staff. Systems were in place to ensure any safeguarding issues were followed up and acted upon. The registered manager was clear about the reportable occurrences that should be sent to us.

People who used the service and staff were engaged and involved in the running of the service. Regular residents' and relatives' meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted to spend their day. The registered manager told us, "We let people decide how they want the service to run; it is their home."

The service continuously learnt from areas of concern to improve the service and ensure sustainability. Regular meetings were held with a number of staff groups including heads of department and team leaders. The meetings enabled clear instructions to be given on any areas of concern. Minutes of the meetings identified actions to be taken and were discussed in the following meeting.

The registered provider worked in partnership with other agencies. We saw the service had close working relationships with the local NHS who offered clinical support and advice when required. We saw that the service employed a Physiotherapist and a separate area was available for their sessions to be undertaken.