The Fremantle Trust

Chesham Supported Living

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

Overall summary

Chesham Supported Living provides support for up to 21 adults with learning disabilities. Fourteen people have their own flats. Seven people live in Hawthorn House, which is a shared house. Twenty people were using the service at the time of our visit. The service had a registered manager in post. 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.

This inspection took place on 11 and 13 February 2015. It was an announced visit to the service. We previously inspected the service on 16 July 2013. The service was meeting the requirements of the regulations at that time.

We received positive feedback about the service. Comments from people who used the service included "I feel safe", "I love having my own front door," "I've plenty of choice," and "You've got independence here and there are staff to help you with the things you can't do." A social care professional said it was a "Great service, people living there are really empowered to live their lives." A

Summary of findings

healthcare professional told us they were happy with the level of care and that the service was caring and well-led. A relative told us "We have found the staff to be caring and compassionate at all times…they include us as partners in any important decisions to be made. We are tremendously grateful for all that they do and the manner in which they do it."

Staff had undertaken training to provide them with the skills and knowledge to recognise and respond to safeguarding concerns. There were procedures for them to follow in the event of any concerns and these were used appropriately.

People were supported to be as independent as possible and any risks had been assessed to reduce the likelihood of harm. People took part in social activities. Several people had personal assistants who regularly supported them to access the community.

People received their medicines safely. Regular audits were undertaken of medicines practice to check staff followed correct procedures.

Staff were recruited using robust procedures to make sure people were supported by workers with the right skills and attributes. Staff received support through a structured induction, supervision, team meetings and annual appraisals. People told us there were enough staff to support them and they all had a keyworker. This is a member of staff assigned to them who helped to co-ordinate their care, liaise with family members and ensure care plans were accurate and up to date.

Each person had a care plan which outlined their needs and preferences. People were supported with their healthcare needs and a record was kept of the outcome of medical appointments and any treatment that was required.

The service had received several compliments over the past year. There were no complaints during the same period.

The service was managed well. The provider regularly checked quality of care at the service through visits and audits. The registered manager had kept their training up to date and was undertaking an adult social care qualification to enhance their skills and knowledge. Records were well maintained at the service and kept secure.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Good

Is the service effective?
The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Good

Is the service caring?
The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Good

Is the service well-led?
The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

Good

Summary of findings

People received safe care because the provider monitored the service to make sure it met people's needs effectively.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Chesham Supported Living

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 checked 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 11 and 13 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in.

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 the service does well and improvements they plan to 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 contacted healthcare professionals, for example, GPs, and the local authority commissioners of the service, to seek their views about people's care. Surveys were sent out to 12 people who used the service, four staff and two relatives/friends, to ask for their views about the service. We also contacted three people's relatives after the inspection, to ask them about standards of care.

We spoke with the registered manager and three staff members. We met with seven people who used the service to ask for their views. We checked some of the required records. These included three people's care plans, three people's medication records, four staff recruitment files and the training/development records of six members of staff. We also looked at records of monitoring visits and audits undertaken by the provider over the past year.

Good

Is the service safe?

Our findings

People said they felt safe being supported by the service and that the service kept them safe from the risk of harm. One person said "I feel safe here, there are always staff around if I need them." One relative told us "I've got no concerns at all (about people's safety). All the staff seem very friendly and they all do what they should be doing."

The service protected people from the risk of abuse. There were procedures for safeguarding people and staff had undertaken training to be able to recognise and respond to signs of abuse. One person told us about an incident which occurred several months ago. They said they had been asked about what happened as part of the investigation. This and any other safeguarding concerns had been appropriately reported to the local authority, the police if necessary, and the Care Quality Commission. This followed correct safeguarding procedures.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Recruitment files contained all necessary documents, such as checks for criminal convictions and written references. Staff were only confirmed in post once all checks had been completed and were satisfactory.

The service maintained staffing rotas to ensure there was sufficient support to meet people's needs. Staffing levels had been determined when people first started to use the service. The registered manager told us these levels were still appropriate to meet people's needs, although some additionally funded support was now provided for one person. People told us they knew which staff would be supporting them each day and they were given enough time so that tasks were not rushed. We saw shift planning records were kept. These showed staff were allocated named people to support on each shift and provided continuity of care whilst they were on duty.

People were protected from the likelihood of injury or harm. Risk assessments had been written for a range of situations such as supporting people to manage their medicines, accessing the community, cooking meals and moving and handling. The service put measures in place to reduce risks where they had been identified. For example, one person required a hoist to reposition. The risk assessment identified two staff were needed to ensure the move was carried out safely. The person told us there were always two staff supporting them at these times.

People's medicines were managed safely. They were supported to manage their own medicines where possible, subject to risk assessment. Staff who handled medicines had undertaken training on best practice and had guidance to follow on managing medicines safely. The people we spoke with were happy for staff to handle their medicines on their behalf. They told us they received their medicines when they needed them. Staff maintained appropriate records to show when medicines had been given to people.

The service had procedures to be followed in the event of an emergency. Personal emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations.

There had not been any accidents affecting people who used the service. Staff had been trained in first aid to be able to respond appropriately in the event of any accidents.

The registered manager submitted information to the provider each month about any incidents which may have happened, including safeguarding concerns. These were followed up as part of the provider's regular monitoring visits. This enabled them to check whether any patterns were evident and that action was being taken where necessary, to keep people safe.

Good

Is the service effective?

Our findings

People who used the service and relatives said staff had the right skills and knowledge needed to meet people's needs. People said they had a keyworker. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. People told us they liked their keyworkers and spent one to one time with them. This often involved tasks such as support to do their shopping, having meals out and in one person's case, going swimming.

People received their care from staff who had been appropriately supported. Staff who joined the service undertook an induction. This included in-house learning, shadowing experienced staff and completing required training such as safeguarding, moving and handling and fire safety awareness. Staff had also completed training on epilepsy, to meet the needs of people at the service. Half of the staff team had received training on dementia care. Further dementia training was being planned so that all staff had an awareness of how to support people if they developed dementia.

The registered manager told us the speech and language therapist had provided recent training on the use of communication symbols used by one person. Further training was booked on use of symbols used by a second person. This would help staff communicate more effectively with people.

Staff undertook refresher training as part of the provider's on-going development programme. We saw the registered manager had booked staff on courses to update their skills and knowledge where necessary. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. This included applying for nationally-recognised courses such as the Qualifications and Credit Framework (QCF) and Business and Technology Education Council (BTEC) awards. Sixteen of the eighteen staff had achieved National Vocational Qualifications in health and social care, to be able to support people effectively.

Staff received support through supervision meetings with their line managers and team meetings. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

There were systems to ensure important information about people's welfare was shared with staff. This included handover sessions between shifts, completion of daily logs or writing in individual diaries.

We checked the provider's compliance with the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant.

We found the service was complying with the principles of the MCA. There were records of where decisions had been made in people's bests interests. For example, regarding financial matters. These included the views of relevant parties, such as people's family members. Training for staff on the MCA was booked for the beginning of March this year, to increase their skills and knowledge.

People were supported with their healthcare needs. Care plans included details of how people needed to be supported to keep well. Records were maintained when staff supported people to attend healthcare appointments. A note was made of the outcome and any recommended treatment or follow up required. People routinely attended appointments with, for example, GPs, chiropodists, dentists, nurses and hospital specialists. Health action plans had been produced in some of the files we read. These documented people's healthcare needs and important personal information, to assist them and the staff looking after them, if they need to be admitted to hospital. Relatives told us they were kept informed of any health issues; one added "If there's any problems, they ring me."

People were supported to eat and drink. Any dietary requirements were noted in people's care plans. In one care plan, it said the person was allergic to a food additive. There was information in the person's file about which food products contained the additive and staff supported the person to avoid foods containing it. People were referred for specialist dietary advice where this was necessary, to help support them.

In the shared house, people chose to have their meals together and contributed to a weekly menu for the main meal of the day. We observed staff asked people what they

Good

Is the service effective?

would like to have for their lunch and supported them with the preparation. People were enabled to take part in the process, such as by setting the table and getting themselves a drink.

People who lived in individual flats told us they chose their meals and whether they wanted menus in place. One person said they had been supported to lose weight and they were pleased at the results. Another person needed to have a low fat diet and they said staff helped them to manage this.

Good

Is the service caring?

Our findings

We received positive feedback about the service. People who used the service and relatives said they were happy with the support the service provided. They said staff treated people with dignity and respect and they were kind and caring. People told us they could see their friends and family members whenever they wanted to. One person told us "You've got independence here and there are staff to help you with the things you can't do." A relative said "All the staff are very caring and very supportive – all are excellent." Another relative spoke to us about the improvements their son/daughter had made and added they "Had made big strides" since they moved to the service. A third relative said "We have found the staff to be caring and compassionate at all times…they include us as partners in any important decisions to be made. We are tremendously grateful for all that they do and the manner in which they do it."

A healthcare professional commented they were happy with the level of care and that the service was caring. They added staff were respectful and sensitive to the needs of people, showing an interest in them and supporting them very well. They said staff were always contactable and always sought advice when necessary.

Staff took an interest in people when they returned to their homes. They asked them what they had been doing whilst out and their plans for the coming weekend. Staff knew about people's family situations and interests and included conversation about these areas whilst speaking with them. We observed someone who returned home with a headache was shown concern, made comfortable and offered a drink.

People were included in decision-making. This included the meals they ate, where they went on holiday and when they got up and went to bed. People told us they were involved in decision-making about their care and support. They were able to choose who was involved in making important decisions, if this was needed. Tenants' meetings were held to update people on developments within the service and to seek their views. Records of the meetings showed there had been discussion on topics including who people would go to if they had any concerns, feedback on staff interviews and how involved people felt with their care. In the shared house, people had chosen items for their kitchen and new flooring and wallpaper as part of their meetings.

People's confidentiality was respected. Staff were provided with guidance on confidentiality and use of social media. Personal and sensitive records were kept secure in the office, to restrict access. The registered manager made sure the door was closed whilst any discussion took place about confidential matters.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. People who received direct payments received support from an advocacy organisation in managing their payments for external workers, such as private cleaners and personal assistants.

This service was funded by the local authority to help people manage their direct payments effectively.

People said the support they received helped them to be as independent as possible. We saw people going out and returning back throughout the inspection. People told us they were supported, where necessary, with daily living tasks. This included doing their food and personal shopping and household chores. We heard about one person who had been enabled to overcome their anxiety about going out alone by staff providing them with coping strategies. This gave the person confidence to go out, knowing they had support to hand.

Good

Is the service responsive?

Our findings

People told us they knew how to make a complaint and that staff responded well if they expressed any complaints or concerns. There were procedures for making compliments and complaints about the service. There had not been any complaints in the past year; 20 compliments had been received about the quality of people's care. People told us they would speak with their keyworkers or other staff if they were worried or had any concerns. They told us these people would listen to them and help put matters right. A relative commented "They (staff) are very receptive to any suggestions or concerns that we express."

People's needs and preferences were recorded in their care plans. Personal information was noted such as how people wished to be addressed, their next of kin, family details and information about their culture, religion or ethnicity. Information was included on supporting people with areas such as their health, dressing, washing and bathing and mobility. People had contributed to their care plans where they were able to and took part in meetings to review their care. Some information in care plans was written in easy read format which helped people understand it. The care plans we read showed evidence of regular review to identify any changes to people's circumstances. This helped ensure staff provided appropriate support to people.

People received person-centred care. Staffing rotas were arranged so that keyworkers could spend one to one time with the people they supported. People told us they chose what to do during their one to one time; often this involved going out and eating out.

People's views were respected. They told us they made choices about how they wanted to live their lives. This included the activities they took part in, seeing their friends and family and going out into the community. Four people spoke with us about holidays they had been supported to go on and where they were travelling to next. This included travelling abroad. Staff were active in encouraging people to do the things they wanted to do. For example, one person who had never flown before was going away to a destination that involved a short flight. This would provide an opportunity to see if they liked flying before they considered destinations further afield. The person told us they were really looking forward to this.

People's cultural, gender and religious needs were taken into consideration. Care plans contained information about these requirements and how to support people. We saw, for example, people were supported to express their faith by going to church. One person told us they preferred female staff to support them with personal care. They said the service respected their wishes.

The service supported people to take part in social activities. People told us they liked to have meals out, go to the pub and go swimming, for example. Some people attended day services, some others were involved in work placements. One person was being supported to apply for paid employment. People had the option of spending time with others who lived at the service if they wanted company. There was a shared lounge which people in the individual flats could use. One person told us they particularly liked spending time there as they sometimes felt lonely in their flat and the shared lounge provided opportunity to see other people.

Good

Is the service well-led?

Our findings

The service had an experienced registered manager. We received positive feedback about how they managed the service. A healthcare professional told us they thought the service was well-led. A social care professional said it was a "Great service, people living there are really empowered to live their lives." One person told us they thought the service was "Brilliant." A relative said of the service "I'm pleased with it all and they keep me well informed." Another commented "It's very well run."

People who used the service and relatives said they knew who to contact if they needed to speak with someone. They told us they had been asked for their views and any information they were given was clear and easy to understand. Relatives and people who used the service told us they had been kept informed about management cover when the registered manager went on leave later in the year. This ensured they were kept informed about important events.

The registered manager attended regular management meetings held by the provider. These looked at, for example, new ways of working, changes in policies and procedures and sharing good practice. Ways of improving the service were also considered through discussing incidents that happened at other services. For example, learning from safeguarding incidents. This helped to ensure the service followed best practice.

The registered manager had systems in place such as staff supervision, team meetings and training which ensured staff were supported to meet people's needs. The service's statement of purpose promoted values such as individuality, independence, personal choice and social inclusion. We saw and received feedback from people that showed staff actively promoted these values. Staff were reminded where they needed to improve ways of working. For example, a medicines audit report highlighted the need for staff to complete a body map so that all staff who supported one person knew where on the body to apply a cream.

There was an open culture at the service. We observed people supported by the service, staff and visitors were comfortable when speaking with the registered manager. Staff told us they knew how to raise whistleblowing concerns and were asked if they had any concerns as part of their annual appraisal.

Records were well maintained. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken. For example, the provider and registered manager had looked at ways of improving management of finances after some money went missing.

The provider monitored the service to make sure it was meeting people's needs. Records showed there were regular visits from a senior manager to assess the quality of care. Themed audits also took place; we read reports of audits on medicines practice, infection control and prevention and care documentation, as examples. A comprehensive audit of the service was carried out in May 2014, which showed the service was performing well, with few actions recommended. The outcomes of audits, monitoring and inspections were shared with the board of trustees so that they were kept abreast of how the service was performing.

Tenants' meetings were held regularly and there were also joint staff and tenants' meetings. These provided an opportunity for communication between people who used the service and staff about concerns, seeking people's views and informing them about improvements that were being made.