Avenues South East

Chelsham Lodge

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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Chelsham Lodge is a detached property in Warlingham. The home can accommodate up to six persons with severe learning difficulties, such as autism or physical or mental health issues. At the time of our visit there were six people living at the home.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The area manager was acting as the manager and had begun the application process to become the registered manager. The manager and deputy manager were present during our inspection.

People were kept safe as staff carried out appropriate checks to make sure that any risks of harm were identified and managed. We found one hazard which staff had not risk assessed. This was acted on following out inspection.

The risk of harm from activities, medicines and other aspects of people's lives were identified and suitable controls were in place. These were done in a way so that the restrictions to people's lives were kept to a minimum.

Where restrictions were in place, staff had followed legal requirements to make sure this was done in the person's best interests.

Summary of findings

Staff were aware of their responsibilities to safeguard people from abuse. Staff had guidance to follow should there be an emergency and people needed to be evacuated from the home.

Staff were kept up to date with training to enable them to carry out their role. Staff were supported and provided with training specific to the needs of people and it was evident staff had a good understanding of the individual needs and characteristics of people.

There were enough staff at the home. The manager ensured there were enough staff to enable people to go out each day as well as ensuring there were sufficient staff to care for people who did not go out.

People received their medicines in a safe way from staff who took the time to explain to them what they were for. People were involved in selecting the food they ate during the week and encouraged to eat a healthy diet.

The provider carried out appropriate checks to help ensure suitable staff worked in the home.

People had access to health services to make sure they kept healthy and professional involvement was sought by staff to obtain the most appropriate guidance and support for people.

We observed people were supported by staff who did not always treat them with respect or as though they mattered.

Relatives were involved in developing the care and support needs of their family member and people were supported by staff to do things independently, such as make a hot drink.

Staff took the time to work at people's own speed and supported people in an individualised way. People were never hurried or rushed, but enabled to do things for themselves to promote their independence.

Staff responded to people's changing needs and encouraged individuals to try different things to give them a varied life. Staff supported people to access the community and undertake hobbies they had an interest in.

A complaints procedure was available should anyone have any concerns or worries and relatives and people were encouraged to feedback their views and ideas into the running of the home.

The manager had a good understanding of the aims and objectives of the home. Staff carried out a number of checks to make sure people received a good quality of care.

Staff felt supported by the manager and had the opportunity to meet regularly with each other as a team as well as on an individual basis with their line manager.

Records held by the home were not always completed in a timely way.

During the inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was not consistently safe.

People felt safe within the home. Individual risks of harm to people had been identified. Staff had not recognised some hazards in the home for people but acted on these following the inspection.

There were enough staff to meet people's needs. Staffing varied to ensure people were able to go out when they wanted.

People's medicines were managed safely and appropriate policies were in place.

The provider employed staff to work in the home had undertaken appropriate checks.

Is the service effective?

Good

The service was effective, but some improvements are needed.

People were involved in decisions about their meals, however staff did not always record people's food and fluid intake appropriately.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Requires improvement

The service was caring but staff did not always show respect.

Staff did not always show respect to people in a way that made them feel they mattered.

People were encouraged to be independent and supported by staff in a caring way.

Relatives and visitors were able to visit Chelsham Lodge at any time.

Is the service responsive?

Good

The service was responsive

Relatives and professionals felt staff responded well to people's needs.

Where people's needs changed staff ensured they received the correct level of support.

Summary of findings

People were able to go out and take part in activities that interested them.

Information about how to make a complaint was readily available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

The home had a new manager who was applying to become the registered manager.

Everyone felt the manager was supportive, approachable and good at communicating.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people.

Some improvement was required to the records held in the home as some were not always completed fully or reviewed regularly.

Chelsham Lodge

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.

The inspection was carried out by two inspectors.

This was an unannounced inspection that took place on the 26 March 2015. At our last inspection in July 2013 we found the service had met the requirements of the regulations.

As people who lived at Chelsham Lodge were unable to tell us about their experiences, we observed the care and support being provided and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During and after the inspection we spoke with four staff, two relatives, the deputy manager and the manager. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with three health and social care professionals to gain their feedback as to the care that people received.

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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Good

Is the service safe?

Our findings

One relative told us whenever they had been in the home they felt there were enough staff. This was reiterated by professionals and confirmed by our observations on the day.

There was a sufficient number of staff deployed to meet the needs of people. The manager told us six staff would be on duty each day to ensure people received their support needs. The manager had a clear plan in place to reduce the number of agency staff used and to use permanent or bank staff only. The manager used the same agency staff whenever possible and two agency staff who were on duty had worked at the service many times. The manager said staffing levels were based on the needs of the people and also to ensure there were enough staff to enable people to get out each day.

When people went out during our inspection we saw there was the correct staff support ratio as detailed in people's care plans. Staff that remained in the house also met the support requirements for the people who had not gone out. Clear plans were in place to cover absence of staff due to holidays or sickness so that people's support needs would not be affected.

Relatives, staff and professionals felt people were safe in the home as most of the people had been there for a number of years and staff knew them well.

People's care plans contained specific sections on keeping people safe, and how staff should support them. We read that one person who was at risk of choking had been assessed by staff and a risk assessment was in place. This person had a risk assessment around travelling in the home vehicle as in the past they had undone their seat belt. The care plan stated they should only go out with two staff and we saw this on the day. Details of how people managed the risk themselves were also included, in addition to what staff would need to do. For example, one person chose to smoke and risk assessments were in place to allow them to do this in a safe way, but without restriction. Accidents and incidents were logged and staff developed reactive and proactive ways to reduce these for example, when people displayed behaviour that may be harmful to themselves or others.

Staff had not always identified when people may be unsafe because hazards around the home had not always been not identified. For example, we saw one person sitting very close to an oil heater, almost touching it, for long periods of time which may have resulted in them receiving a burn. We saw there were periods of time when this person was not in the presence of a member of staff whilst sitting by the oil heater. We spoke with the area manager about this and were informed the oil heater had been removed from the home following our inspection.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. Information on who to contact if abuse was suspected was also displayed in the office. We read staff had attended safeguarding training and staff confirmed they were aware of the role of the local safeguarding teams and how to contact them. The manager told us staff were working on a safeguarding guide for people living at Chelsham Lodge. This would contain information in a way they could understand on how to report any concerns they may have.

People's care and supported would not be interrupted or compromised in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency. Each person had an individual personal evacuation plan which detailed their needs should they need to evacuate the building. There was a contingency plan in place in the event the home had to close for a period of time.

People's medicines were managed safely. Medicines were stored securely and temperatures recorded on a daily basis for medicines stored in the fridge. Medicines Administration Records (MAR) were completed accurately and each contained a photograph of the person to ensure the medicine was given to the right person. Boxed medicines had an audit chart where staff counted stock levels when tablets had been dispensed. PRN (as required) medicine protocols were in place and described to staff how, why and when a PRN medicine should be given.

Medicines were dispensed to people safely. Staff were trained in the dispensing and management of medicines. We saw a chart which showed which staff were able to administer and sign for prescribed medicines. The manager told us all staff were completing the professional medicines competencies to ensure they had the skills to give them safely. We saw staff take time when dispensing medicines to explain to each person what they were doing.

Good

Is the service safe?

Policies and records related to medicines were in place for staff. As required (PRN) medicine protocols were in place and individualised medicines care plans and the homely remedies (items you can buy from a chemist without a prescription from a GP) policy showed involvement from the GP.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

One relative said staff were very good at understanding triggers that caused their family member to become upset and had developed effective ways of managing this which meant they were now, "So much better." They added care had been so effective, their family member was now able to use some words to communicate with staff.

People were supported to have a balanced diet. Healthy option food was available in the form of fresh fruit and people were also able to choose snack foods if they wished. People had a good supply of drinks on offer during the day and people were involved in making their own cups of tea whenever they wanted one.

People were involved in decisions about what they ate and drank. Each week the deputy manager sat with people using cards/visual aids to help compile a menu for the week. The manager said a board containing the daily menu would normally be displayed in the kitchen, but was temporarily removed during the current period of redecoration.

Staff identified risks to people in their eating and drinking. Information was contained in care plans to reduce the risks for people and we read other information available for staff to enable them to monitor people appropriately when they were eating. However, we observed one person have six cups of tea in a period of one and a half hours. Staff told us this was not unusual, but were unable to evidence this was recorded consistently to help them monitor this to ensure it was not detrimental to the person. This is an area that needs to be improved upon.

People received support from staff that had the necessary skills. Induction records had been completed. The induction included a period when staff were given the time to read all care plans, policies and to shadow experienced staff. This was followed by an assessment by the manager to ensure staff had the practical skills to be able to support people effectively. This was confirmed by staff who told us about their induction programme. Agency staff employed by the manager had to have experience of working with people with behaviour that may challenge and permanent staff would supervise them if they were new to the home.

Staff were supported and kept up to date with training over the course of the year. Subjects such as manual handling, first aid and food safety were all completed by staff. This kept them up to date with current best practice. Staff told us they had regular supervision and had one to one meetings with their line manager on a six weekly basis.

Staff received specific guidance and training related to the people they cared for. This helped them to develop effective and particular skills. Workshops on autism were held for staff. Staff attended de-escalation and diffusion training, supporting people with epilepsy and mental health/positive behaviour. The manager arranged additional training for staff until such time they felt confident in their role and understanding.

Each person's communication needs and how staff should talk with them were identified in photograph books which were kept in each person's room. These included pictures of particular ways of communicating with individuals. This helped staff understand what people were trying to express to them. Staff told us they used Makaton (signs and symbols to help people communicate) as a way of communicating with people.

People were supported by staff who had a good knowledge of them. Staff said they actively worked in understanding the behavioural needs of the person. This was confirmed by professionals who said staff really understood people and what they needed. One person, for example displayed signs of behaviour which was not appropriate to others and staff accommodated this in a way that was effective, but with the least disruption to them or other people.

Staff provided support which had a positive impact on people. For example, one person did not like going out when they first moved to Chelsham Lodge, but staff organised a freedom pass and they now regularly used the bus.

Decisions were made in people's best interest. Where people may not be able to make or understand certain decisions for themselves the manager and staff followed the requirements of the Mental Capacity Act (MCA) 2005. Capacity assessments had been undertaken on each person and best interest meetings were fully documented and held appropriately for the situation. One relative told us they were consulted and involved in any decisions about their family member.

Where people's freedom was restricted, the manager made sure that a Deprivation of Liberty Safeguard (DoLS) application had been made. This is a legal requirement to

Good

Is the service effective?

ensure that if a person's freedom is being restricted to keep them safe, it is done in the least restrictive way possible and authorised by the local authority. Staff had a good understanding of MCA and DoLS.

People were supported to keep healthy. One person had gained weight and staff encouraged them to eat a low-fat healthy diet and increase their exercise. We read in the records they had lost weight over a period of five months.

Each person had a health plan in place which detailed the various health care professionals involved in their care, for example the GP, optician, dentist, district nurse or dietician. Professionals told us staff were quick to get in touch if the health needs of people changed.

Requires improvement

Is the service caring?

Our findings

One relative said, "I have no issues with staff disregarding his wishes, they seem to be very caring." Another relative told us their family member had developed good relationships with staff. One professional said as it was a small home the staff knew people well and they found the home and staff warm and welcoming.

Positive caring relationships were developed with people. One professional told us staff had worked closely with one person who now appeared much happier than they were in their last home. They added they had never heard a raised voice and the tone was always calm.

Despite these comments we observed that staff did not always treat people with respect or dignity. We heard staff speak to people inappropriately. One staff member was throwing a ball for one person, and we heard the staff member say, "Go and fetch." On another occasion we observed a member of staff using a piece of food as an enticement to encourage a person to follow them from the kitchen to another area of the home.

Staff did not always show people mattered or respond to their needs quickly enough. We saw one person sitting on the floor in the lounge for 20 minutes whilst staff ignored them and tidied the puzzles and activities. Staff did not encourage the person to take part in this activity or talk to them during this time. The same person was sitting on the floor for another period of almost half an hour whilst no staff were in the lounge; we saw the person become more and more anxious and start pacing the floor in circles. Two or three staff members came in and out of the lounge during this period but did not acknowledge, speak or interact with the person.

We did speak with the area manager about these observations at the time and appropriate action was taken following our inspection, however the lack of respect and dignity shown by staff on the day was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individuality was recognised by staff. Staff spoke to people in a calm manner. We heard one member of staff speak with people very naturally, chatting and addressing them in a companionable way. Care plans recorded people's preferred name and we heard staff use these on the day. Staff were able to describe people's interests as well as support needs and what they needed to do to help them. They were also able to explain how people communicated and what certain behaviours meant, and what caused them. For example, one person went through a particular routine each day which meant a lot to them and we saw staff support them to do this. Another person was never promised an activity by staff (unless it was guaranteed) so as not to increase their anxiety.

As people became more independent they were encouraged to carry out tasks on their own. Staff told us people were supported to make their own drinks, wash the home vehicle or do some ironing. This helped ensure people were supported less by staff and encouraged to be independent. One person's care plan stated, 'likes to make own breakfast and lunch'. We heard this happened with staff support at least twice a week. We saw one person spend time with staff making coffee. Staff were patient and spent time in an unhurried way with the person. Throughout the period staff interact with staff, smiling and laughing. People were unable to answer questions regarding how caring they felt the staff were, but we were able to see from observations and the SOFI we carried out that people were comfortable in the home.

Information was provided to people in a way they could understand. For example details about the home and the care that was offered was displayed in pictorial format for people.

Relatives were able to visit when they wanted, and there were private rooms where they could meet and see their family members. Were relatives were unable to visit the home, staff supported people by taking them out to see their families.

Good

Is the service responsive?

Our findings

Relatives and professionals felt staff responded to people's needs. This was confirmed by our observations on the day, for example one person had had a restless night and staff enabled them to sleep in longer in the morning.

Care plans reflected what care people needed. People's support needs and important information about their lives were recorded in their care plans. This included personal details such as the person's likes and dislikes. People were portrayed as individuals with goals and aspirations in these records. Relatives told us they were involved in developing care plans with staff. The manager said it was essential family members contributed to the assessment of a person's care as they, "Knew them better than anyone else."

Where people's needs changed, the service responded appropriately. Records kept by the service detailed when and why people's needs had changed and what staff needed to do in response. Examples included one person who was inclined to gain weight. We read staff should monitor and encourage a healthy, low-calorie diet. External professionals were involved when needed to make sure the person received the best possible help, and staff received the most up to date guidance about the issue. In this instance a dietician had worked with staff. The manager had involved other, more experienced staff employed by the provider to respond to one person's individual changing needs.

People were encouraged to access the community. During the day we saw three people go out with two members of staff in the morning and other people went out in the afternoon. We were told they would go for a drive or to a garden centre for refreshments. In addition, a further person was taken out by community day services. We saw this person return looking relaxed and happy and noted kindly interaction between them and their escorts. Staff had a good understanding of supporting people in the community and trips were planned and assessed to reduce the risk of negative events happening. People had free access to all areas of the home and garden. The front door was open and we saw one person sit outside. In the afternoon, the patio doors were open and people were able to access the garden.

Where people had expressed an interest or hobby, staff supported them to do it. One person liked to go out. We heard staff ask if they would like to go out in the morning and it was clear from the person's actions and expression that this pleased them. We read in this person's care plan they liked music and the home held a weekly music session to encourage their interest. People undertook 'opportunity' sessions where they could try something new. If people enjoyed the activity this was introduced into their weekly routine. For example, one person tried a horse and cart ride and this was now part of their weekly routine.

People and relatives knew how to raise a concern or make a complaint. There was a complaint policy available in the home. It gave information on how to make a complaint and how the service would respond. It also gave information about outside agencies that people could complain to if they were unhappy with the response from the service. Recent survey results showed that relatives knew how to make a complaint. Staff supported people to complete a survey which contained questions about making complaints to help ensure people knew they were able to speak to staff if they were worried about anything. The manager had a system in place for recoding if complaints were received which included the action taken and timescales.

People could participate in the decisions in the home. The manager explained prior to the recent redecoration staff had encouraged people to choose the colour.

Good

Is the service well-led?

Our findings

Relatives and professionals said the manager and deputy manager were consistent, good at communicating and had a good knowledge and understanding of people. One relative said, “Credit to the manager, he is very professional.”

People and relatives were encouraged to give feedback about the home. The most recent quality assurance survey which received eight responses gave positive feedback. They felt people were safe, staff were meeting the health needs of people and staff listened to relatives and maintained good communication with them. We read staff had supported each person to complete their own survey about the home and read that the feedback was positive.

Staff said the manager and deputy manager were very approachable. They had a good rapport with them and felt supported. They felt able to talk to either of them to raise concerns or ideas and regular staff meetings enabled them to discuss things as a team.

Records were not always complete. We read risks assessments were in place but not always up to date. Not all people had hospital passports and the ones that were in place had not been updated to reflect current needs. Accidents and incidents were not always recorded. For example, one person was recorded as sustaining bruising to their back, but there was no record of management investigation. This is an area that needs to be improved upon.

There was a new manager in post at the time of our inspection. They had begun the application process to become the registered manager. This had to be done to ensure the service met legal requirements. They had a good understanding of their responsibilities, for example sending in notifications to the CQC when certain accidents or incidents took place.

The manager had a clear understanding of the provider’s goals and values and kept abreast of what was happening in the home. They told us they carried out ‘values based’ interviews with new staff, oversaw the service and monitored and spoke with staff regularly. Support was available to help drive improvement. Records were completed with information around areas such as staff support, decision making and appropriate activities. These records were monitored by the manager and additional support was offered to staff to drive improvement. We read current records showed a better involvement/commitment from staff which had progressed to a ‘consistent’ level from ‘poor’ level in a four-month period.

There was good leadership at the home. After our feedback to the manager at the end of our inspection, the manager sent us an action plan which showed they had acted immediately on some concerns we raised, and put in place actions to deal with others.

The manager carried out a number of checks and monthly health & safety and environment action plans were in place to make sure people received a good service and that any issues were resolved. For example, some fencing had been replaced and repaired to ensure the garden was a safe place for people to be.

The provider carried out a number of checks at the service. These included visits from the area manager to check a good quality service was being provided. We saw the outcome of the last quality visit in February 2015 which looked at safeguarding, complaints, people making decisions and risk assessments. The visit identified staff needed to work on enabling people to make decisions and risk assessments. Quality visits had been adapted to line up with the CQCs key line of enquiries when they are undertaking an inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The provider had not ensured that staff always treated people with respect and dignity.**