

St. Anne's Opportunity Centre Limited

Chaffinches

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

About the service:

Chaffinches is a 'care home' registered to provide accommodation and personal care support for up to three people living with a learning disability, and/or autistic spectrum disorder. At the time of this inspection three people were living there.

People's experience of using this service:

People living at Chaffinches received personalised support which met their needs and preferences. Some people and staff had lived or worked there for over 20 years, and were very familiar and comfortable with each other. There were good relationships between staff and people receiving support. Any issues or changes were discussed openly amongst the people living and working at the service.

People and relatives were very positive about the service, and told us Chaffinches was well run. Effective quality assurance systems were in place to assess, monitor and improve the quality and safety of the support provided. The service ensured changes in best practice guidance were implemented to help make improvements in people's lives. For example, outcomes for people using the service reflected the principles and values of Registering the Right Support guidance. This meant people had opportunities to be involved with their local community, and experience as many activities and choices as possible.

People were actively involved in the planning and delivery of their support, setting personal goals and evaluating their outcomes. People's care and support plans were followed in practice. People had opportunities to take positive risks and spend time independently in the community or at the service. People were supported to prepare meals, make decisions over healthy eating and take greater control of managing their health.

Risks to people's health, safety and wellbeing were assessed and acted upon. Risk assessments gave staff clear direction on how to minimise risks for people. Risks from the environment were managed, and people were able to personalise their own rooms, with evidence of their hobbies and interests.

People living at the service were protected from abuse because staff had received training and were confident in raising concerns about people's wellbeing. Safe medicines practice was understood and followed. People's rights regarding capacity and consent were understood and information was available to help people understand their rights and how to keep safe.

Staff were provided with the training, supervision and support they needed. There was a thorough recruitment process which updated checks such as police record checks regularly. This helped ensure staff remained safe to work with people. Staff received regular supervision and the registered manager worked alongside staff to ensure their performance was maintained. Staff were committed to and positive about the

service and the people they were supporting.

More information is in the full report

Rating at last inspection: This service was last inspected on 16 May 2017 and was rated good overall and in every key question.

Why we inspected: This inspection was scheduled based on the last inspection date and rating of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Chaffinches

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Chaffinches is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people and staff at the home to speak with us.

What we did:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spent time with two of the three people who received support from the service. One person was away on holiday. We spoke with the registered manager, and a member of support staff. We

looked at three people's care records and two staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies, and looked at other systems, including for medicines management.

Following the inspection, we spoke with two relatives by telephone, with people's permission. Two staff members gave us additional feedback via email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse and highlighted any concerns over people's wellbeing. People living at the service had accessible information in an easy-read format on how to raise any concerns. One person told us they would "speak with staff" if they had any concerns.
- Systems were in place to guide staff on how to report concerns. Training had been undertaken in recognising and reporting abuse, and discussions with a staff member showed us this was clearly understood and regularly refreshed.
- No new staff had been appointed since 2014, as the staff team had remained consistent. Recruitment practices looked at on previous inspections had been safe. Checks from the Disclosure and Barring Service (police) were undertaken every three years to help ensure staff remained safe to work with people. The service did not employ agency staff, because staff familiar with people covered for each other for holidays and days off. This helped ensure consistency for people.
- There were enough staff to ensure people had access to care that met their needs, provided support for opportunities for people to be active and protected them from risks. Where additional staffing was required the service had some flexibility to support people, through staff changing their hours or providing additional staff time.

Assessing risk, safety monitoring and management

- Risks to people from their care were identified and mitigated wherever possible. This included regular health assessments. For one person, recent medical care had identified a long-term health condition. The service and person concerned were taking additional advice and a meeting had been planned with a specialist medical practitioner. This was to support the person to get the information they needed to manage their condition safely. A risk assessment had been completed and information had been made available in an easy-read format to support the person's understanding and take control of their health.
- Other risk assessments such as to support people with managing oral healthcare or going out unsupported in the community were in place. One person for example told us about a forthcoming dental operation they were to have. They told us they were not worried because they knew they "would be asleep", so "won't know anything about it." Another person's risk assessment included stepped guidance to support them reduce their anxiety and risks of anxiety escalating. The person had written their own evaluation of how this had worked for them.
- Risks to people from the building were assessed and managed. This included people being protected

from risks from hot surfaces, hot water and electrical appliances. Risk assessments were completed for there being one staff member lone working. This included information on contact support details and phone numbers if additional support was needed. Assessments ensured people had access to an easy use phone, with contact numbers programmed in, in case they needed emergency support. Regular fire drills were carried out, including at night, to ensure people living at the service could respond appropriately.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Guidance was available for staff on the safe use of 'as required' medicines. Protocols clearly covered any potential side effects or monitoring needed, and regular medicines reviews took place.
- The pharmacist supplying the service audited them to ensure their systems were safe; there was a clear policy for medicines management and staff received regular supervision to ensure they remained safe in their practice.
- Medicines were stored safely, in separate locked cupboards for each person. People could also manage some elements of their medicine themselves following an assessment of risks.

Preventing and controlling infection

- The service had policies and practice guidelines in place to manage the risks of infection. All areas of the service were clean and odour-free, and appropriate systems were in place for the disposal of clinical waste.
- People living at the service were involved in keeping the house clean. We saw people were involved in recycling, and keen to move towards more environmentally friendly practices. This included using white vinegar to clean some surfaces, rather than more chemical based cleaners. People had also attended infection control training with staff and been involved in assessments of good practice in handwashing. Minutes of a house meeting showed they believed this was a good thing to be doing, and was in line with their wishes.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. This included accidents as well as any incidents. The manager recorded and 'signed off' any incidents, with a debriefing for staff and people if needed.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People living at Chaffinches had lived at the service for a long period, some for over 20 years. Assessments of their needs, wishes and aspirations had been regularly updated to reflect their choices regarding support.
- Care plans had been updated in line with changes in approaches to care since people had begun living at the service. For example, the service was operated in line with the principles and values of Registering the Right Support guidance even though this had been developed since the service opened. This guidance helps ensure that people with a learning disability who use services can live as full a life as possible and achieve the best possible outcomes, including maximising control, choice and independence in their lives.
- Holistic support plans had been created from the assessments to guide staff on how best to meet people's needs. For example, one person's plan was completed using pictures, completed in easy-read language, with high colour contrast and a large font to enable the person to read it themselves.

Staff support: induction, training, skills and experience

- No new staff had been appointed to work at Chaffinches since 2014. We were told staff had undertaken a thorough induction to the organisation when they had started, and any staff new to care work would now be expected to complete the Care Certificate. This is a nationally recognised course in Induction for care workers.
- A training matrix and individual staff training programmes were undertaken to ensure staff had the skills and experience needed to meet people's needs. Staff told us they had the training they needed to carry out their role. We saw staff and the registered manager working confidently with people.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. These included observations of practice to ensure staff were still working in line with the service's policies and procedures. This helped ensure staff working alone were still carrying out safe practices. The registered manager received supervision from her line manager.
- A staff member told us "I have worked at Chaffinches for 11 years, and am very proud to be part of such a committed, caring staff team who always strive to meet the individual needs of the people who use the service."

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

- People living at Chaffinches showed us they were involved in cooking and preparing food. Menus were devised at regular house meetings to reflect people's choices and wishes. For example, people had recently chosen to have more vegetables and less salad with their meals.
- People were being encouraged to make healthy eating choices. Information was available on this in easy-read formats and menu plans. On the day of the inspection one person was going to the library to get a book on healthy eating as they wanted to improve their nutrition. People had been supported to grow some vegetables and herbs in their garden. Some people were also supported to learn more about health eating principles at college classes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced.
- People living at Chaffinches had the capacity to make decisions when sufficient support and information was provided to them, and no DoLS applications had been needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People living at Chaffinches received an annual health care assessment as a minimum, and an individual health action plan was developed as a result. Specialist support services were available to help guide staff on making positive changes in people's lives. This included mental health needs, physiotherapy, dental and optical services
- The registered manager told us the service had regular contact with a local GP practice supporting people, who had got to know each other over time.
- One person sat with us and shared their health action plan. They said, "I like Dr (name of GP). I like them a lot". They told us about some preventative healthcare they did not want. This had been assessed by the GP who confirmed the person was at low risk and their wishes were respected.
- The service ensured where any personal care practice or healthcare took place the person was supported by people familiar to them and of their chosen gender. This helped to reduce people's anxiety.
- Information about people's health needs was available in pictorial form to help staff support people's understanding of what might happen when procedures were being carried out.

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

- Chaffinches comprised a two-storey domestic sized property, set in a residential area of Thatcham. The service was not distinguishable from other buildings in the area and was close to services and facilities

people may wish to be involved with.

- Each person living at the service had their own room, which they could personalise as they wished. For example, we saw people's bedrooms were very individual, reflecting people's interests.
- No-one living at Chaffinches had mobility needs or required adapted bathing or showering facilities. Some rooms such as the lounge were small, but cosy. The garden was an attractive space, with a summerhouse and large shed. The registered manager told us they considered they might want to use to use this as available space for people to use.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff knew people well. We saw people being supported and guided gently and in a positive way. The registered manager told us "We always try and clarify with each person what their goals are, what they are aiming for with each thing they do."
- People living at Chaffinches had a good level of independence. They were encouraged to maintain and develop this further with small challenges and opportunities which enhanced their lives. We saw people making decisions about how they spent their day, taking part in housekeeping skills and going out independently. Before they left staff checked with them that they were clear about what they were planning to do, how they were getting there and were appropriately dressed for the cold.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company. Feedback from a staff member said, "It is a joy to work at Chaffinches with such great management, staff, and people using the service."
- People were clearly at ease with staff, and sought them out for contact, advice and support. One person told us the staff were "Good, yes very good." They nodded and gave a 'thumbs up' sign.
- People's goals and aspirations for each year were discussed with each person. Staff then worked with the person to achieve them, sometimes breaking down each aim into several steps. For example, one person had as an aim to go swimming independently. This had been ticked off on their list as having been achieved.
- People were given clear support and guidance on any risks to them from 'hate crimes' or 'mate crime' while out in the community. The registered manager told us this helped ensure people understood about keeping safe, increasing their personal confidence and having respect for themselves and others.

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

- People were fully involved in making decisions about their support. The service had information about people's rights, for example, easy-read information from the Equality and Human Rights Commission on Personalisation, and Voting was in a folder in the lounge. The registered manager told us how one person liked to go through this information with them to make sure they understood it.
- House meetings were held to support people to have a say in the operation of the service. Minutes of these demonstrated how people discussed issues of importance to them as a group. This had led for

example to an increase in eco- friendly cleaning materials, and better understanding of infection risks and issues.

- Care plans included information about people's personal, cultural and religious beliefs where these were known. The service respected people's diversity and was open to people of all faiths and belief systems or none. People were protected in line with the Equality Act (2010). The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Care plans and staff routines noted when people may wish to spend time alone, and how to support the person respectfully. Pictorial guidance was available to support people's understanding of privacy.
- House rules on display in the folder in the lounge asked people to respect others by not making noise early in the morning, by respecting others and their views.
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and areas in which they wanted to develop new skills or increase their independence. For example, each person set savings targets each month and staff supported them to work within this. This included budgeting for holidays and , activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People received care and support in a way that was flexible and responsive to their needs. Plans showed people were active partners in making decisions over their care, and signed their care plans to show they were in agreement.
- People's care plans were detailed and guided staff on how they wanted their care to be delivered. For example, one person's plan said, "I need tasks broken down for me in an easy to understand way in simple language." The plan contained information for both the person and staff on strategies for coping with and managing their anxiety. This helped ensure everyone was clear and working in the same positive way. This included positive behavioural support principles, designed to support people at times of distressed or anxious behaviours. One relative told us their relation had "come on in leaps and bounds since being at the service."
- People were encouraged and supported to become part of the community they lived in. They used local services, such as shops, leisure centres, transport and libraries, sometimes independently.
- Each person had an individual programme for each week. This gave information about things they wanted to do, for example going out with a local West Berkshire Council walking for health group, going to friendship groups, college, part time jobs or dancing classes. One person had recently taken up some work experience in a local charity shop. People told us they had full and active lives and could do what they wanted to do. This included holidays and leisure activities, and forming relationships important to them.

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.

- All policies and procedures were or could be made available in an easy-read or pictorial formats to meet people's needs. We saw clear information on care and health plans, personal risk assessments and policies in easy-read or picture supported formats. One person showed us how they were developing their reading skills with staff support.
- One person had a sensory impairment but was with the use of aids able to understand and speak with people clearly. They had specific plans supporting this.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. Information on how to raise any concerns was available in a pictorial format to support people's understanding. This was regularly revisited at residents' meetings and people's review meetings and was on display in the home. People and staff told us the service was very 'open' and any issues were discussed in a positive way to help resolve conflicts. Two relatives told us they would have no concerns over raising any issues with the registered manager and were confident they would be resolved. One said they had "100% confidence" in the registered manager to resolve any issues. No formal complaints had been received about the operation of the service or people's care.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider, St Anne's Opportunity Centre, is a not-for-profit charity, and operates this service and another small service within the area.
- Chaffinches is a small domestic sized house, which supports people to have opportunities to be active in and involved with their local community. The service had a clear culture of putting people and their needs first. Person centred support enabled people to maximise the opportunities available to them and lead full and active lives. People and staff were very familiar and comfortable with each other, but also clear about maintaining professional boundaries and relationships.
- People and staff told us the service was well organised. Feedback from a staff member said "Chaffinches is a very well run care home with robust policies, procedures and plans in place to ensure that the home's environments are clean and safe, that the individual needs of the people using the service are met at all times and that there is excellent communication between all the staff team. anything staff need to know is happening/be aware of is written in our information book; I always know what is planned for when I am on duty."
- The service informed relatives of any concerns, for example if an accident had happened, and fulfilled their duty of candour. Notifications had been sent to the CQC as required.

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

- The registered manager worked full time at the service and was involved in direct support with people. There were clear lines of delegated authority within the organisation, and the operations manager had worked with the organisation for 30 years. They carried out monthly quality assurance visits, ensuring standards were being maintained and sharing developments in practice.
- A trustee from the board also worked a small number of shifts at the service. This helped ensure they were in direct contact with people being supported, and could receive feedback from them about the operation of the service.
- On call senior management staff were available to support at any time. A staff member told us "The home

is very well run, and the manager is supportive and approachable in her manner. I feel very much part of a team and have the all the tools in place for me to do my job to support the people who live there."

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided. Audits covered areas such as medicines, first aid, care planning, the environment and training, and were carried out each month. Action plans and an annual development plan were in place to identify improvements for the coming year. For example, the service was getting quotes for a new stair and landing carpet.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager was continually working towards improvements. They showed us they read care guidance and used the CQC website for updates and reports to improve practice. For example, they had recently undertaken oral assessments in response to a CQC report about oral healthcare in care services. Other recent changes had included changes to information governance, and business continuity planning.
- Systems were in place for people, relatives and visiting professionals to become involved in having a say about the operation of the service in ways they could understand and engage with. Questionnaires were circulated annually, and the results were audited, analysed and results made available to people and relatives. Action plans were drawn up if needed, along with any changes made as a result.