

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 ●

Summary of findings

Overall summary

About the service

Chesham Supported Living is a 'supported living' service that provides personal care to people in group settings. The service supports adults with learning disabilities and autism, people with dementia, and those with physical disabilities or sensory impairments. At the time of the inspection, 21 people received 'personal care'.

There was one building where the service provided 'supported living', which was divided into two houses. People using the service lived in either one of the 14 self-contained flats or the seven bedsits. People who lived in the bedsits had staff always available to support their complex needs. People who lived in the flats were more independent and had care workers to support them only when required. Both houses had communal facilities available, and each person had their own bedroom.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's care was safe, and they were protected from harm. Care records showed risks were appropriately assessed and controlled. There were enough staff to ensure people's safe support. People were able to manage their medicines independently or receive support from staff.

Staff received a large amount of training to equip them with the knowledge and skills to provide the right support. People's needs, and preferences were recorded, and staff ensured that people's support was tailored to their individual needs. Staff worked with other agencies and healthcare professionals to ensure people led a healthy lifestyle.

People received care from dedicated and kind staff. We observed that people enjoyed time with the care workers, and that the registered manager was patient and caring when people dropped in to her office throughout the day. Relatives explained an inclusive culture, where people were included in the support planning and any changes.

People's care was personalised. They led active social lives and were encouraged to build relationships with others in the local community. Staff provided support to people when they needed it, and this fostered their independence. We made a recommendation about end of life care planning.

The service was well-led. The registered manager and deputy manager were well respected by people,

relatives and staff. Care workers told us the managers were supportive, visible within the day-to-day support setting and ensured people received high quality care. Checks were regularly conducted to ensure a safe, effective and well-led service.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chesham Supported Living

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. We do not regulate premises used for supported living; our inspection looked at people's personal care and support.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Our inspection was informed by evidence we already held about the service, which included information received about the service since the last inspection. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We contacted relatives, health workers and social care professionals who work with the service. We checked records held by other agencies such as Companies House and the Information Commissioner's Office. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

During the inspection

We spoke and interacted with five people who used the service. We observed their interactions with staff during the day. We spoke with five members of staff including the registered manager, four care workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We received written feedback from relatives and professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Each staff member received regular safeguarding training. The topic was discussed throughout team meetings, supervisions. This helped remind staff to speak up when things go wrong.
- People who used the service were also reminded of abuse and neglect and provided with information about how to raise alerts about any alleged or actual harm.
- The registered manager's line manager completed regular audits of the safeguarding processes.
- There was evidence that the service protected people at the service if there was an allegation. This included joint working with police, advocates and specialist teams.
- The service reported all allegations to the local authority and the regulator, as required by law.

Assessing risk, safety monitoring and management

- The service reviewed assessment information from third parties, such as health and social care workers. An assessment was carried out to determine if the service could safely support a person before care commenced.
- Pre-support assessment covered medicines, culture, healthcare, environmental premises risks.
- Following the support package commencing, a series of risk assessments were formulated. These listed the risks specific to the person, stated the level of risk and list measures to mitigate the risks. Risk assessments were reviewed by key workers monthly and changes are also made more frequently if needed. High risk care, such as epilepsy or falls risks had additional care plans.

Staffing and recruitment

- Enough staff were employed to safely support people. The service checked whether staff were of good character before they commenced employment.
- Checks included employment history, proof of conduct, criminal history checks and health questionnaires.
- Staff were interviewed by the management team, and applicants were asked to complete a group of questions set by people they would be likely to support.
- Staffing levels were based on the needs of people. The registered manager explained that the rota was very flexible, and catered to people's social life, activities and other commitments. If people needed more hours for support, the service applied for additional care hours.

Using medicines safely

- People received their medicines safely and in the right way.

- Staff were appropriately trained in medicines administration. Staff were required to have competency checks of their ability to administer medicines safely. The registered manager had completed additional training in medicines, so that she could train the service's staff.
- People could manage their own medicines ('self-administer'). There were suitable plans in place for staff to oversee this and support them if needed. This increased people's ability to improve their independence within the community.
- Medicines records were properly completed. They included people's photos and allergies, to reduce the risk of any errors with medicines.
- All medicines incidents were recorded and reviewed, to prevent any recurrence of issues. If needed, staff were given additional training.

Preventing and controlling infection

- People were supported in the right way to prevent infections. Staff received training in infection prevention and control.
- Each person had a risk assessment about prevention of infection. This included a person's cleanliness and ability to keep their house clean, and any risks posed by chemicals or cleaning products.
- Staff were also knowledgeable about the risks presented by people who may neglect themselves or declined support for personal hygiene. They encouraged people to stay clean and to keep their environment tidy.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to ensure that actual harm to people was appropriately documented and reviewed.
- There was evidence that the management team investigated incidents and accidents thoroughly and liaised with community stakeholders during investigations.
- The service analysed themes and trends in the accident and incident reports. This ensured they could put measures in place if reduce the likelihood of repeat events.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People preferences, likes and dislikes were assessed in all aspects of the support.
- People meet regularly with their key worker to check for any changes in their desired level or type of support. The care package was then altered to ensure that people's needs were met in the way they liked.
- People's care plans contained information specific to their needs. This included for their favourite food, night time routine, activities and social life and clothes they liked to wear.
- Staff were scheduled to undertake training in assessing and respecting people's sexuality. The registered manager had sourced a bespoke training provider. This would ensure information about people's sexuality was recorded and could be incorporated into their care.

Staff support; induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to carry out their roles.
- Staff completed the Care Certificate when they had not previously worked in adult social care. This was a collection of 15 nationally agreed modules. Staff also completed an 'in house' induction to provide orientation to local ways of working.
- Staff completed regular training in topics such as safeguarding, fire safety, first aid, moving and handling and infection control. The training was repeated at set intervals.
- Staff took part in regular supervision sessions with the registered manager and deputy manager. Staff also completed annual performance appraisals. These methods ensured staff had the support they needed to provide effective care.
- Some staff were working on, or had completed, further qualifications in health and social care. This included dementia and learning disability care.
- Where a person was identified as having a particular risk, the provider offered staff additional training.

Supporting people to eat and drink enough with choice in a balanced diet

- People were effectively supported to take enough nutrition and hydration.
- People's support package was based on their need for assistance with food and drink. The registered manager explained some people liked to plan a menu, and care workers assisted with this. People were encouraged with their preferences if they wish to have takeaway or home delivery.
- Food and fluid charts were used only when the care workers identified a risk of dehydration or malnutrition.
- Staff received training in food hygiene, so they could ensure people were not placed at unnecessary risk of harm and ensure food was prepared and handled in the right way.

Staff working with other agencies to provide consistent, effective and timely care

- The service worked with both internal and external stakeholders to ensure people's care was effective and evidence-based.
- Monthly meetings were held between registered managers at the provider's office, to share best practice, to learn about new ways of working and to share information to their own service.
- The registered manager explained that there was access to peer support from another location to discuss the management of their service.
- The service had a good relationship with the provider of the housing. They kept a good link with the local housing officer and had formed relationships with people who used the service. This meant people felt able to freely discuss issues with the housing association.
- The service organised the fire brigade to meet and speak with people about safety, evacuation and ask questions. The service also had good links with the local authority, police and other agencies.

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

- The service worked with a variety of health and social care professionals to ensure people were healthy. This included occupational therapists, community nurses, GPs, podiatrist, physiotherapists and dietitians.
- For sensory impairments, such as hearing and sight, an optician and audiologist were accessed in the community.
- People could visit a dentist in the local town. Support plans covered oral care and people's oral health was regularly checked by staff. Training for staff in oral health best practice was required, and the registered manager acknowledged this.
- Social workers visited to check the welfare of people and the support they received.
- A healthcare professional involved with one person stated, "With the support provided by her carers [the person] now has more opportunities to access...medical appointments and [their] quality of life is improving."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All staff were trained in the MCA so that they understood the underlying principles for ensuring consent. Consent was obtained verbally and in writing (as needed). Mental capacity assessments were completed to assess people's ability to provide valid consent. Where a person could not provide consent for a decision themselves, then best-interest decision making occurred to find the least restrictive option.
- The service recorded when people had court-appointed deputies for their finances. They also kept information on file for anyone who had a lasting power of attorney.
- The service liaised with parents (and others) where a person could not always communicate their decisions or choices. Parents took part in the decision-making, which demonstrated an inclusive culture at the service.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received compassionate and professional support by staff. People were eager and excited to see us and introduce themselves. Some wanted to show us their apartment or bedsit.
- We observed interactions between people and staff. Staff were familiar with people, remembered their preferences, engaged in social conversations and frequently asked how they were feeling. We also observed that people liked to approach staff and tell them about certain aspects of their support and life.
- People were offered the choice of which staff members supported them as part of their care package. Common interests between staff and people were matched to encourage a positive working relationship.
- People's rights were protected by staff. Care workers and the management team ensured people were not placed in disadvantage or discriminated against. If this occurred, staff took affirmative action to ensure people were well treated and supported.
- A relative provided very positive feedback about the care. They wrote, "[The person] has lived at Chesham Supported Living since it opened. He has been happier there than in any previous setting...the staff know him well and understand his needs, both physical and emotional. [The person] tells us that he likes all the staff and that they all like him."

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

- People and relatives were involved in the support planning and reviews. This commenced before a support package commenced and continued until the person no longer lived at the service.
- Draft support plans were provided to people and they could review and request any changes. Reviews of support plans took place initially after one month, then continued monthly or more frequently. Where there were any changes in a person's condition, then the care plan was updated.
- Each person had a key worker (a nominated member of staff who took overall responsibility for the person's care package). The key workers worked with each person to ensure their care package was tailored around their preferences, likes and dislikes.
- Staff shifts were organised so that people's preferred times for support were facilitated. For example, if a person wanted to change the day or time of their care they could communicate this with staff and this would be accommodated.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care and their independence was promoted. A relative told us, "The care delivered has been carried out with due diligence by all staff."
- People were addressed by their preferred names and were dressed in their preferred clothing.

- We observed staff encouraged people to be as independent as possible. For example, one person we visited was organising their own breakfast and a care worker asked if they needed any help. They reassured the staff member that they were, "OK with it".
- As people lived in their own accommodation, staff support focused not only on personal care, but on wider community engagement. Key workers encouraged people to complete aspects of living themselves, such as going into the shops, a pub or cafe. They were only assisted if they were observed to need help or asked for support. This encouraged people's independence.

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. This meant 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's care was person-centred and based on their aims and objectives for living in the community.
- Support plans we reviewed showed that staff recorded relevant information about people's lives.
- A behaviour scale was used to record information about how people's mood, emotions or feelings might affect the support received from the care workers.
- Daily notes we reviewed contained enough information about the person's activities and routine for the day.

Meeting people's communication needs

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

- The service identified people's communication abilities and preferences at the point of commencing a care package.
- Communication methods were also recorded in support plans, so staff knew how to effectively communicate with each person.
- Some people were not able to fully express themselves verbally; staff used signs and gestures and objects of reference to understand what the people were communicating. Staff demonstrated they were skilled and knowledgeable in communicating with people who had a learning disability.
- Information was provided in different formats, so that people could be as involved as possible in their personal care. Alternative formats included the use of pictures, symbols and Makaton communication. Signs and posters also displayed pictures and symbols, to provide an easier format to understand information.

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

- People had an active social life and were encouraged to take part in their local community.
- People's support plans and daily notes reflected what activities and social events they had attended.
- Communal events were organised so that people could participate in activities near or close to their home. This was especially important for people who did not wish to go into the nearby town.
- There were lots of photos in people's support plans which demonstrated what activities people had attended or goals they achieved.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. This included an underlying policy, which guided the management team about how to handle, process and respond to complaints.
- People received information in an easy-read format about how to raise a complaint.
- There were appropriate records of how complaints were investigated and responded to. The registered manager explained that they reviewed each complaint and examined the facts, to try and prevent similar circumstances from occurring. In the small number of complaints received, there were no themes or trends.
- A relative confirmed, "Any concerns I may have had have been dealt with proactively and speedily."

End of life care and support

- No one received end of life care at the time of our inspection.
- Pre-support assessments did not include information about death, dying or end of life care.
- Although the provider had a support plan titled "When I die", this was not always completed, for various reasons. The support plan template contained relevant questions about how to support a dignified, peaceful death. However, without the support plan being filled in, staff would not have the necessary information reflecting people's preferences.

We recommend that the service reviews end of life planning and associated documentation.

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

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

- The service operated with a core set of principles set by the provider, which ensured that people received well-led care.
- A local service development plan for 2019-2023 set out the mission, values and vision for the location. For example, this included enhancing people's lives by caring and working together.
- The registered manager had devised and implemented an action plan for staff recruitment in early 2019. This was successful and filled all care worker vacancies. This included the appointment of a senior care worker and a plan for an additional senior staff member.
- The service opened itself up to external scrutiny. We saw evidence of a 'mock' inspection completed by an independent consultant, which examined aspects of compliance and improved ways of working. A set of recommendations were made, which were actioned by the management team and staff.
- Members of the board of trustees also visited the service and evaluated the quality of the care, to ensure people received good support.

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

- The registered manager was knowledgeable and skilled in their role, which ensured the service was well-led.
- A relative stated, "The management team is now at full capacity again and I hope this will continue to maintain a good well-led service."
- They had completed a relevant diploma in adult social care leadership and management, which provided them with additional information about how to safely run a supported living service.
- A set of audits and quality checks was completed to measure the quality of care. This included both local and provider-level audits.
- Local checks for safety included those for medicines and health and safety. Checks by the provider included the "regional manager themed service visit", which examined the service's quality in a similar way to our inspection key questions.
- The registered manager knew about duty of candour and the obligation to be transparent when responding to serious incidents.

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

- The management team worked well together to ensure that the service was safe and provided high quality support. A new deputy manager had been appointed since our last inspection.
- A relative stated, "There is very good communication between the manager [and] staff and the relatives of tenants. We are able to raise any concerns and know that they will be dealt with straight away. [The] key worker will contact us if there is anything she thinks we need to discuss and we feel confident that staff are happy that we are involved in shared decision making on..."
- A care home manager wrote to the service after a meeting and stated, "[The deputy manager] was very welcoming as were the staff team...they were sharing positive experiences and also mentioned ...how supportive the [registered manager] was..."

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

- People, relatives and staff had an active say in how the service was operated.
- Tenant's meetings were held every month between people who used the service. Topics discussed included, health and safety, how to communicate with the management team, and social activities. A staff member was present at the meetings to guide discussions. For example, people said that during cold weather they'd like support to do more baking and board games.
- Regular team meetings took place with staff. We saw topics discussed included health and safety, 'Brexit' planning, the general election, policy updates, staffing levels and people's needs. Actions were set and allocated to ensure any items to be followed up were completed.
- Staff confirmed the management team was approachable, caring and led the service well.

Continuous learning and improving care

- Recent incidents were used to help staff learn about how to ensure people's risks for harm were reduced.
- There was evidence in team meeting minutes that specific incidents had been discussed, and how staff reflected on them.

Working in partnership with others

- The service worked with other agencies to make sure people received the best possible care.
- Referrals were sent to an external organisation so that reviews of people could occur to put strategies in place to prevent falls, provide early notifications of seizures, and provide call pendants.
- The housing association stated, "[The registered manager] and her staff there are brilliant! They really do treat each person as an individual...the tenants (people) engage very well with the support package. Staff are quick to respond to any [one to one] support they may need to access anything...great team."