Chiswick Care Limited

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Inspection report

11-13 Chiswick Road
Edmonton
London
N9 7AN

Tel: 02088038002

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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

We carried out this inspection on 17 May 2017. The inspection was unannounced. At the last inspection on 3 February 2015 the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

Chiswick Care Limited is a residential care home providing personal care and support for up to six people with learning disabilities and mental health issues. At the time of this inspection there were six people living at the service.

People were observed to be happy and comfortable living at the service. Interactions between people and staff were positive. Relatives confirmed that people were safe and appropriately supported at the home. Staff knew how to recognise abuse and clearly explained the steps that they would take if abuse was suspected.

Care plans contained detailed information and guidance on people's individual risks and how people were to be supported to mitigate identified risks associated with their care and support needs.

Safe recruitment processes were in place to assure the provider that only staff deemed safe to work with vulnerable adults were recruited.

People were observed to be supported with their medicines safely and appropriately. Medicine administration, recording and storage was appropriate to ensure the safe management of medicines.

Staffing levels were determined according to people's needs and requirements to ensure people received appropriate and timely care and support.

Staff received an induction followed by training in a variety of areas in order to be able to carry out their role effectively. Staff confirmed that they received appropriate training and support through the supervision and appraisal process.

The service always ensured that people were assessed as having capacity and were supported to have maximum choice and control of their lives. Staff were observed supporting people in the least restrictive way. The provider had policies and systems in place to support this practice.

Weekly menus were discussed and planned with people to ensure that meals prepared were of their choice and preference.

People were supported with all aspects of their health care needs in partnership with people and their relatives where appropriate and referrals were made where required.

People were supported and enabled to maintain their independence as far as practicably possible. Staff

knew the people well and supported them in a way which focused on their capabilities and abilities.

Some people had been living at the service for over 10 years and had established positive caring relationships with all staff members including the registered manager. The ethos of the service was that they were one big family living together.

Care plans were person centred and outlined the person's care and support needs which were based on their own choices and preferences.

People had individualised activity plans based on their interests, hobbies and preferences. These included participation in activities such as going to the gym, attending day centre, taking part in quizzes and annual holidays.

People were observed to have different methods in which they communicated and staff and relatives confirmed that if people were not happy they would definitely be able to draw attention to raise their concerns. Relatives were confident in raising any concerns and were assured these would be dealt with immediately.

Relatives confirmed that they knew the registered manager well and that communication between all senior managers and staff was very positive. Staff also confirmed that the registered manager was approachable at any time and that they were appropriately supported in their role.

Appropriate systems and processes were in place which monitored and checked the quality of care that was provided. This included health and safety checks, medicine audits and satisfaction surveys. Records confirmed that these were reviewed and analysed so that the service could learn and make improvements to the delivery of care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Chiswick Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 17 May 2017 and was unannounced.

One inspector carried out this inspection.

During our inspection we spoke with two people who used the service and one relative. We observed interactions between people and staff. We also spoke with the registered manager, the team leader and three support workers. We looked at six care records, five staff and training records, six medicines records and records relating to the management of the service such as audits, policies and procedures.

After the inspection the inspector spoke with three relatives of people using the service.

Good

Is the service safe?

Our findings

People were unable to comprehend and respond to questions that we asked about whether they felt safe living at the home and with staff that supported them. This was due to the communication barriers people experienced due to their learning disability. However, people were observed to be happy and comfortable when approaching staff. One person when asked if they felt safe at the home stated, "Yes." Relatives comments when asked about whether they felt their relative was safe responded, "Yes, I do very much so" and "Safe, Oh yes!"

Staff demonstrated a good understanding of the terms safeguarding and whistleblowing. Staff were able to clearly define the different types of abuse and the actions they would take if they suspected people were being subjected to abuse. Comments from staff included, "Safeguarding is about making sure that the service user is safe, that they live in a safe environment without fear and they have to be happy" and "Whistleblowing is if I go to the manager and nothing is being done I can report to the Care Quality Commission (CQC)." Records confirmed that all staff had received training in safeguarding.

Risks identified with peoples care and support needs had been assessed and detailed guidance had been provided to staff giving direction on how to reduce or mitigate identified risks in order to keep people safe and free from harm. Identified and personalised risks that had been assessed included risks associated with choking, epilepsy, self-neglect, financial exploitation, falls, allergies, developing pressure sores and ataxia which is a condition that affects co-ordination balance and speech. Risk assessments detailed the assessed risk, the agreed steps to be taken to minimise risk and any potential hazards to the person or staff supporting them. All risk assessments were reviewed and updated on an annual basis or sooner if any changes were noted.

People were supported with their medicines safely and according to the provider's policy and procedures. We looked at Medicine Administration Records (MAR) for six people and found that these had been completed appropriately with no omissions in recording. Each person had a personal profile in the MAR folder which included details of people's medical history, any noted allergies, a list of medicines that people had been prescribed, what the medicines had been prescribed for and any known side effects. Where 'as required' (PRN) medicines had been prescribed, PRN protocols were in place which gave information about the medicine and when these were to be administered including any signs or indications that people may display when in discomfort or pain. As needed' medicines (PRN) are medicines that are prescribed to people and given when required and can include pain killers.

The team leader completed daily and weekly medicine audits which checked all areas of medicine management to ensure people were receiving their medicines safely and these were being recorded appropriately. Where issues were identified this was brought to the attention of staff to ensure learning took place and improvements were implemented. However, we did note that where the team leader checked medicines on a weekly basis, these were not recorded. We highlighted this to the registered manager who gave assurance that for the future these would be recorded.

Staffing levels were observed to be sufficient and according to the needs and requirements of the people living at the home. The registered manager confirmed that staffing levels were determined according to people's needs as well as on an ad-hoc basis especially where people required one to one support when attending activities or appointments in the community. Relatives confirmed that there was always sufficient staff available to appropriately support people and this was adjusted according to individual people's needs.

The provider had appropriate systems and processes in place to check that all staff employed were assessed as safe to work with vulnerable adults. This included completed criminal record checks, identity checks, eligibility to work in the UK, confirmation of conduct in previous employments and suitability for the job that they had applied for.

All staff were responsible for the monitoring and reporting of all accidents and incidents involving people living at the home and staff themselves. We saw records confirming that each accident or incident that occurred was recorded with details of the accident or incident, a description of what happened and the action taken in order to keep people safe from harm.

We observed that the home was clean and free from malodours. We checked all food storage areas including the fridge and freezer and found that these were clean. All opened food items had been labelled with the date of opening clearly recorded. This ensured that people had access to food which was safe to consume.

Good

Is the service effective?

Our findings

Relatives told us that they were confident that all staff had the appropriate skills and received relevant training in order to effectively carry out their role. One relative told us that the service had provided specific training to staff so that staff were able to support their relative, taking into consideration their individual needs.

Staff told us and records confirmed that they received regular training which was refreshed on an annual basis. Staff were also encouraged and supported to access further learning including vocational courses in health and social care. One staff member told us, "I suggested doing a NVQ Level 3 course and the manager encouraged me to do it."

All staff received a comprehensive induction on starting their employment which followed the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. All staff then went on to receive training in a variety of mandatory topics as well as training in specialist topics required to support people with their specialist needs and requirements. Mandatory training topics included medicines management, safeguarding, fire safety, moving and handling. Specialist training was provided in subjects such as challenging behaviour, epilepsy, autism and person centred planning. One staff member told us, "We go for so many training courses. They [provider] makes sure we are up to date on out training."

Records confirmed that staff were regularly supported through regular supervisions and an annual appraisal. Staff members told us that they received monthly supervisions which they found supportive and allowed them to address any issues or concerns. One staff members said, "We receive a supervision once a month and they ask you about how they can support you."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and all staff members demonstrated a good understanding of the MCA and its principles and how this may affect a person that they supported. The service had also followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). This included applying for the safeguards as well as notifying the Commission about the outcomes of any applications.

Records confirmed that people and relatives had signed consent forms confirming that they had been involved in the planning of their needs and had agreed to the care and support that they received. Where people were deemed unable to make more complex decisions, this was recorded in their care plans with details of how the service, appointed family members and independent advocates were to support the person with the decision.

People were involved in the weekly planning of menus which involved using pictorial aids to decide and

agree on what was to be cooked. Once this had been agreed staff supported people to devise a shopping list to enable those people able to do so, to go out and do the shopping with the support of staff. We observed that a variety of snacks, fruit and drinks were available at any time and people were able to access these independently as and when they wished. We also observed that people had full access to the kitchen area and were enabled and encouraged to prepare and cook their own meals if they chose to. Care plans recorded people's food preferences, likes and dislikes as well as any cultural or religious requirements.

Where people had specialist requirements in relation to their diet and nutritional needs this had been recorded within their care plan and where required appropriate referrals had been made to the GP, dietician or the Speech and Language Therapist (SALT). For one person who had specific directions in relation to their swallowing, this had been risk assessed and specific guidance was available on how the person was to be supported with their meals and drinks.

People were supported to access a variety of health care professionals and included GP's dentists, chiropodists, opticians, social workers and psychiatrists. Care plans contained detailed records of each appointment attended, the reason for the appointment, the outcome of the visits and any actions that were agreed. The provider ensured that staffing levels were adjusted to ensure that where people required assistance to attend appointments that this was always available. People were also supported to attend a monthly drop in, organised in the community, where health professionals were available to check people's weights, blood pressure, sugar levels as well as deliver informative talks and seminars on a variety of health problems.

Good

Is the service caring?

Our findings

One person living at the service told us, "Happy here, very happy. [Name of staff], she is nice, I like her." Relatives gave positive feedback about the caring nature of the service and all staff that were working with their relative. Comments included, "We are very happy with the care. It is a lovely atmosphere and he [person] is always happy to go back after he has been out", "Staff there are absolutely fabulous, he [person] loves it there" and "Staff are friendly and always available to listen."

Staff knew the people they supported well including their personalities, likes and dislikes and especially the different ways in which they communicated which included a variety of verbal and non verbal techniques. Staff used a variety of communication techniques which included pictorial aids, facial expressions, body language and Makaton. Makaton is a communication technique which uses speech, facial expression, gestures, signs and symbols to convey information.

We observed people had positive relationships with all staff members including the registered manager and the team leader. The registered manager told us that the people living at Chiswick Care Ltd were part of their family and that their aim has always been to make sure people were happy, safe and supported to live a fulfilled life. Relatives confirmed that this was the ethos within the home. One relative told us, "The residents are very important to her [registered manager]. She gets the family really involved and makes you feel part of the home."

People were observed to be spoken to and treated with respect. Staff were clear about how people were to be supported to maintain their independence. One staff member told us, "We encourage people to do things such as washing up, making sandwiches, empty bins and managing their own personal care. We try to ensure they get involved."

Care plans documented that where possible people had been consulted as part of the care planning process. Relatives also confirmed that they were always involved in the planning and review of the care and support plan that had been put in place. One relative told us, "We have all worked together for [person]. Staff work positively to achieve the best for the person."

Staff were able to give a number of examples to demonstrate how they ensured people's privacy and dignity was maintained at all times. One staff member explained, "I would keep confidentiality, I wouldn't just divulge information. I close the door when supporting with personal care and I always knock on people's doors before entering." A second staff member said, "I make sure when supporting a person with a shower or bath that I close the door and I always give choice."

People's cultural, religious and personal diversity needs had been clearly documented within their care plans with details on how the person was to be supported to meet those needs. We saw records confirming that where people wished to attend a weekly church service they were supported to do so. Staff knew about people's different cultures and religious needs and gave examples of how they supported people to observe these. One staff member told us, "We promote people's cultures and we respect them very much. We let

them do what they want to do."

Good

Is the service responsive?

Our findings

Care plans were seen to be person centred, responsive to people's needs and provided clear and detailed information about the person, their background history, medical history, skills and interests, likes and dislikes and how they wished to be supported. Care plans focussed on each individual person's identified outcomes and detailed what the desired outcome was for the person, how this was to be achieved and an update on the progress of achieving the outcome. Identified outcomes included managing health needs, socialising, managing their medicines and managing their personal hygiene.

Each person's care plan contained a detailed hospital passport. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The hospital passport was easily accessible to all staff and provided them with immediate and relevant information about the person and their needs.

Staff were responsive to people's needs and knew how to support people especially if and when they displayed signs of agitation or discomfort. Care plans detailed and staff were aware of the techniques to be used or the actions to be taken to de-escalate a situation where a person was seen to be upset or agitated.

Each person had been allocated a key worker who was responsible for reviewing and updating the care plan as well as ensuring each person had all the things they needed, such as toiletries and clothing, and where such things were required this was communicated to the family. One relative said, "I am so happy with [name of staff member], he knows [person] so well." Key workers were also responsible for meeting with the person on a monthly basis so that they could review the support the person was receiving and discuss any changes that the person wanted to make in the delivery of their care and support. Details of each session held was recorded within the person's care plan. A comment from one relative was, "For what they have done for me and my son I would say they are outstanding."

Care staff completed daily care plan and evaluation forms which recorded the persons, mood, vulnerability, behavioural issues, one to one support that they received, the activities they participated in and the progress they had made on any of their identified goals. This method of communication exchange ensured that each staff member, at the start of a new shift, referred to these recordings to be aware of how the person was and any actions that needed to be followed up as a result of any issues or concerns.

Each person had an individualised activity plan that had been set in line with the person's interests and choices. This included individual activities such as attending day centres, going to the gym, cycling, watching football, beauty treatments and going out for walks. Group activities had also been planned and scheduled and included art and craft classes, evening drop-in sessions and annual holidays. Due to recent funding cuts, people had been unable to access a variety of services in the community which had meant that there were day's people had to stay at home. In response to this the provider renovated a garage area at the back of the home into an activity room where planned activities could be provided so that people could be engaged and stimulated. One relative told us, "As a response to recent funding cuts, the home converted the garage into an activity room. That was absolutely great!"

The registered manager confirmed that they had not received any complaints since the last inspection. The registered manager told us that their approach to complaints was to deal with any concerns or issues immediately to the satisfaction of people and relatives before matters escalated. Relatives stated that they were confident in approaching the management with their concerns and issues and that these would be addressed and dealt with immediately. Comments from relatives included, "I can get hold of her [registered manager] at anytime and if they say they are going to do something, they do it" and "They take anything I raise very seriously."

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were observed accessing all parts of the home including the registered managers office as and when they so wished. People were confident approaching the registered manager and observations of communications between people and the registered manager was open and positive. Relatives and staff told us that the registered manager and team leader were always visible around the home and approachable at any time. Comments from relatives included, "[Registered manager] is always available. She has this knack of finding staff members who are capable of making relationships and enjoy making relationships" and "[Registered manager] is always contactable and she always calls me back. As a proprietor she gets her hands dirty. She also cooks for the service users."

Staff were also very positive about the registered manager and team leader and the support they received. Comments from staff included, "It is very good here. So rewarding. We get all the support we need from the managers" and "[Registered manager] is a good manager. She has been flexible for me and very approachable." We saw documents confirming that staff were supported through a variety of processes including supervision and bi-monthly team meetings.

A number of systems and processes were in place to monitor the quality of service provision to ensure that people received a high quality care service. This included daily and weekly medicine audits, health and safety checks and weekly walking route checks. Walking route checks were conducted by the team leader and looked at each bedroom, the cleanliness of each room and any maintenance issues. Where issues were identified these were recorded with details of the actions taken. In addition to this the provider had records confirming compliance checks of the fire alarm system, gas safety, emergency lighting and electrical appliances.

People and relatives were supported and encouraged to complete annual satisfaction surveys in order to obtain feedback about the service that they received and also to make suggestions about improvements that could be made. Relatives confirmed that they had received and completed these questionnaires. Feedback from the most recent survey was positive. Results of all surveys were collated and analysed with a view to ensuring that learning took place and improvements were made where possible. One comment recorded on a survey stated, 'All activities are well calculated and decided by the management, which we trust and believe in.'

People were also encouraged to give feedback, ideas and suggestions during weekly service users meeting. Topics discussed included individual activities, group activities, maintenance issues, menu planning, staffing and how to complain.

The home was an accredited "Investors in People" organisation. This meant that the home was recognised and registered as championing best practice in people management. In order to achieve this status the home needed to demonstrate the Investors in People standard through a rigorous and objective assessment to determine performance. This had been reviewed recently.