

Roselock Limited

The Chase

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

The Chase provides care for up to nine people with a learning disability or autistic spectrum disorder. At the time of the inspection, there were nine people using the service.

At the last inspection of 7 and 8 August 2014, the service was rated Good. We carried out this unannounced inspection of the service on 6 July 2017. At this inspection, we found that the service had maintained its 'Good' rating.

People remained safe at the service because staff assessed and managed the risks to each person's welfare. Staff mitigated risks of abuse to people and their training in safeguarding adults enabled them to identify and report any concerns.

A sufficient number of suitably qualified staff were deployed at the service and provided safe care. Safe recruitment procedures ensured only suitable staff worked at the service. People received their medicines safely in line with current good practice guidelines.

Staff received adequate training and had the skills and knowledge to carry out their roles effectively. Appropriate support provided through induction, regular supervisions and an annual appraisal ensured staff reflected on their performance and improved the quality of care provided.

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

People were encouraged to make choices and involved in decisions about their day to day lives. Best interests meetings ensured people who did not have the capacity to make decisions about their care received the support they required to do so. People received care from staff who understood and applied the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People received sufficient food and drink and the support they required to have a healthy and balanced diet. People had access to healthcare professionals when required to maintain their health and well-being. Staff delivered people's care as planned and were responsive to their individual needs. People using the service, their relatives where appropriate and health and social care professionals were involved in designing and reviewing care plans to ensure they were person centred.

Staff continued to treat people with respect and deliver their care with dignity and compassion. People received personalised care that met their individual needs. Staff had clear information about how people wanted their care delivered, things that mattered to them and how they wished to spend the day. People enjoyed taking part in a wide range of activities at the service and in the community. People lived in suitably designed and adapted premises.

A culture focused on people prevailed at the service. People using the service, their relatives and health and social care professionals made positive comments about the registered manager and the service. The registered manager continually improved the quality of care people received through regular monitoring and auditing of the service. People's quality of care was in line with current practice because of the close working relationships between the service and other agencies.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Chase

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 unannounced inspection took place on 6 July 2017. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We looked at the previous inspection report as part of the inspection planning.

The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with one person using the service, one professional who was visiting the service, four members of care staff and the registered manager. We reviewed six people's care and medicines management records. We looked at four staff records including recruitment, supervision, training and duty rotas. We reviewed records of safeguarding concerns, accidents and incidents, complaints, health and safety and maintenance checks. We looked at other records relating to quality monitoring of the service.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we spoke with two relatives and we received feedback from three health and care professionals who were involved in people's care.

Is the service safe?

Our findings

People were safe at the service and looked comfortable with the staff. Staff knew how to safeguard people from harm and abuse. They had received training to enable them to identify and report any concerns. Staff followed safeguarding procedures to mitigate risks of potential harm to people and were confident the registered manager would resolve any issues raised. The registered manager discussed staffs' knowledge about safeguarding and any concerns at team meetings and during supervisions to ensure people remained safe at the service. Reports to the local authority safeguarding team about concerns to people's safety ensured an investigation took place when needed to determine their welfare.

People living at the service had risks to their welfare assessed and managed well. Staff carried out risk assessments on areas such as choking, falls, the management of epilepsy, behaviours that challenged and accessing the community safely. Health and social care professionals contributed to risk management strategies to help keep people safe. Support plans contained sufficient detail for staff about how to provide safe care and we observed staff following this guidance during the inspection.

People using the service received safe care from staff who were deemed suitable following appropriate pre-employment checks carried out by the provider. The registered manager reviewed people's dependency needs and continually adapted staffing levels to ensure care provided met each person's individual needs. Duty rotas indicated adequate cover for all shifts and support for people to attend activities in the community and appointments. We observed staff promptly responding to people's needs and reassuring a person who showed signs of distress.

People received the support they required to take their medicines safely. Staff ensured people took their medicines at the right time and dose in line with the provider's guidance. Staff were trained and competent to manage, store and dispose of people's medicines safely in line with current good practice guidelines. Daily checks and regular audits of medicine stocks and records ensured staff promptly corrected any errors identified. The latest audit of 2016 from the dispensing pharmacist did not identify any concerns. We observed staff administering a person's medicines safely and staying with them until they had taken their medicines.

Premises were safe and well maintained. The environment was free from dirt and offensive odours. Staff cleaned the premises daily and cleaning schedules were completed. Staff understood and followed infection control procedures to minimise risks from cross infection. They had access to protective equipment such as gloves, aprons and hand hygiene products such as paper towels and liquid soap. Staff washed their hands before and after providing personal care to prevent cross contamination.

Is the service effective?

Our findings

People received effective care because staff had the knowledge and skills required to support people. Staff attended training considered mandatory by the provider which included medicines management, moving and handling, infection control, safeguarding adults, mental capacity and specialist courses such as epilepsy and autism. This ensured staff understood how to deliver care that met people's needs. New staff undertook an induction that provided them with the knowledge and skills relevant to their role. Regular supervisions and an annual appraisal provided staff with an opportunity to discuss how to improve their practice and any support they required.

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).

Staff understood and ensured they promoted the freedom and rights of people as required under the MCA and the DoLS. People received sufficient information in a format they understood to enable them to make choices about their care. Staff ensured they sought and received people's consent to care and treatment. Assessments were in place where people lacked the mental capacity to make certain decisions about their care such as managing their medicines. Relatives where appropriate and health and social care professionals were involved in making best interests decisions about a person's care. There were nine authorised DoLS applications in place and records showed staff supported people as required, such as accessing the community safely.

People were able to eat and drink what they wanted and enjoyed the food provided at the service. Staff involved people in menu planning and knew each person's dietary needs and the food they preferred. People used appropriate cutlery and plate guards to enable them to eat independently and maintain their dignity. Staff involved healthcare professionals when people were at risk of poor nutrition or dehydration and followed the guidance provided. Records confirmed people's nutritional and hydration needs were met. We observed people being offered food choices during breakfast and refreshments and snacks were available.

People had access to their GP and other healthcare professionals to ensure they received timely and appropriate care to meet their health needs. Staff made referrals to professionals when they had concerns about a person's health and supported them to attend medical appointments and routine check-ups. Health action plans highlighted people's conditions and the support they required to maintain good health. Staff maintained detailed records of people's contact with healthcare professionals such as GPs, physiotherapists and podiatrists and the care they had provided in line with guidance received.

Suitably designed and adapted premises enabled people to move freely and to access the building easily. Appropriate furniture and fittings provided a comfortable environment for people.

Is the service caring?

Our findings

People received support from staff who knew them well. Care records included detailed information about each person's history, likes and dislikes. This enabled staff to understand people and how they wished to have their care provided. Staff told us they spent time with people and listened to what their relatives and healthcare professionals had to say which ensured they provided care suitable to each person. Staff knew how to use people's experiences to provide a positive caring atmosphere. For example, when a person became anxious or withdrawn, staff knew how to reassure them by talking about their favourite pastimes.

People were involved in making decisions about their care. Staff took into account how each person preferred to have their care delivered. Staff used their daily interaction with people, regular one to one meetings and care review meetings to involve them as partners in making decisions about their care. Staff ensured they kept each other up to date about any decisions people made in relation to their care.

People continued to have care and support delivered in a respectful and dignified manner. A member of staff told us, "I support each person with the same respect I would accord to my loved one." Daily observation records for people showed staff treated each person as an individual by providing individualised care. Staff respected people's personal space and possessions and handled personal hygiene tasks discreetly and sensitively. Staff supported people to develop their confidence and maintain positive self-esteem. For example, staff encouraged one person to show us their bedroom and the service, which they did with pride. People were encouraged to do as much as possible for themselves and supported to have choice and control over how they lived their lives. Staff respected people's privacy by closing bedroom doors and curtains when delivering personal care and were sensitive to matters of gender, culture and/or religion when providing care. Staff respected people's confidentiality, locked away care records when not in use and held handovers and conversations about individuals at the service in a discreet manner.

There was no-one receiving end of life care at the time of our inspection. However, the registered manager and staff were able to describe how they would support a person and their family at the end of their lives. They knew the organisations and healthcare professionals to contact if they needed support to ensure that people's individual needs were met.

Is the service responsive?

Our findings

People living at the service consistently received good care as planned. Staff assessed people's needs and put plans in place to ensure care delivered was appropriate for each individual. Care plans were detailed and contained sufficient and easy to follow guidance for staff about how to provide support that was safe and responsive to people's needs. Staff knew people well and were able to tell us about each person's background, day-to-day routines and their preferred methods of care delivery as outlined in the support plans. People using the service, their relatives where appropriate and health and social care professionals reviewed the agreed care which ensured that the support provided was in line with people's needs and preferences. Staff shared information about people's changing needs at the beginning of each shift to ensure they effectively adapted the care provided.

Staff encouraged community inclusion and supported people to go out for walks, shopping and eating out and taking part in social events. Staff had a schedule of people's preferred activities and knew the assistance each person required, for example one to one support to attend swimming. People were able to maintain relationships that were important to them. For example, staff worked closely with people and their family members to organise birthday and other celebrations, holidays and overnight stays. People enjoyed the events and as a result were not at risk from social isolation. People had developed and enjoyed a network of friendships with other people they had befriended at day services, social clubs and recreational places they attended regularly in the community. Staff understood what mattered to people and supported people with their spiritual and cultural needs.

We observed that people were enthusiastic about an outing taking place on the day of our inspection and were happy and cheerful when they came back.

People using the service and their relatives knew how to complain and were confident of a positive investigation of their concerns and complaints. An up to date complaints procedure was in place and detailed a transparent process and the timescales for resolving any concerns. Since our last inspection, the service had not received any complaints. The registered manager was proactive in getting people's views of the service and ensuring any concerns were resolved before they escalated.

People moving in had a smooth transition into the service. Care was coordinated with other agencies to enable people to have appropriate equipment, resources and support responsive to their needs.

Is the service well-led?

Our findings

A person centred focus at the service enabled staff to provide care appropriate to each individual. Care plans and decisions made at the service focused on the needs of each person. An honest and transparent culture at the service allowed staff to learn from incidents. Staff were able to question their practice and adopted current guidelines when providing care to people.

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

People using the service, their relatives and staff made positive comments about the leadership of the registered manager and the management of the service. Comments included, "An inspiring leader determined to see each individual achieve their full potential." "[Registered manager] is approachable, very supportive and eager to see us provide high standards of care." Staff understood their roles and responsibilities and told us the registered manager and the provider valued their work and ideas to develop the service.

The registered manager was passionate about the quality of care people received and demonstrated an interest and detailed knowledge about each person using the service. They understood the strengths of the staff team and used this to drive improvement at the service. Staff said the registered manager was hands on, operated an open door policy and ensured they embedded the provider's vision of enabling people to "pursue active and fulfilling lives." Teamwork and morale was good and staff worked together towards delivering a high standard of care. We observed staff had a good rapport with the registered manager and discussed people's plans for the day in a calm and friendly manner.

People benefitted from improvements made at the service. Monitoring checks carried out on medicines management, care planning, record keeping, and the involvement of people in activities ensured staff delivered care as planned. Regular reviews of the effectiveness of staff supervision and training allowed learning and development plans to be put in place. Audits of trends on incidents and safeguarding concerns enabled the registered manager to improve staff awareness and to minimise the risk of a recurrence. Checks on the accuracy and completeness of health and safety matters enabled the registered manager to identify and rectify any concerns in a timely manner. Out of hours and random spot checks encouraged staff to remain vigilant about maintaining high standards of care.

The provider had an oversight of the management of the service and worked closely with the registered manager to drive improvement at the service. An external professional carried out an independent assessment of the service and made recommendations to improve the quality of care. The registered manager acted on any shortfalls identified.

The annual satisfaction survey of 2016 completed by people using the service, their relatives, healthcare

professionals and staff indicated positive views such as "excellent cooperation by [registered] manager" and "high standards of care" and "a homely environment". People had their feedback sought through regular 'home meetings' which was listened to and acted on by the provider so that continuous developments and improvements to the service were made.

People benefitted from the close working relationships of the service with other agencies including the learning disabilities and community mental health teams. This ensured people received specialist care they required to improve their quality of life. The latest 2016 report from the local authority commissioning team showed joint working to improve the quality of care people received. Open communication and regular updates to healthcare professionals enabled people using the service to receive care in line with current good practice guidelines and appropriate treatment for their healthcare needs.