

Chiswick Care Limited

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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 

Overall summary

This unannounced inspection took place on 3 February 2015. The inspection was carried out by one inspector. Chiswick Care Limited – HSCA provides accommodation and support to six people with learning disabilities. At the time of our inspection five people were using the service.

At our last inspection on 4 November 2013 the service met the regulations inspected.

There was a registered manager 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 who used the service told us they felt safe in the home. Relatives of people who used the service told us that they were confident that people were safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home and the support they received from the registered manager and their colleagues.

We saw positive caring relationships had developed between people who used the service and staff and

Summary of findings

people were treated with kindness and compassion. People were being treated with respect and dignity and care staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were also reflected. People were consulted and activities reflected people's individual interests, likes and dislikes. People were supported to follow their interests, take part in them and maintain links with the wider community.

Systems were in place to monitor and improve the quality of the service. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The home had arrangements for quality assurance. This included a satisfaction survey, checks on medicines, health and safety and care documentation by the registered manager. Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns regarding communication.

We found the premises were clean and had been recently renovated. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People who used the service told us that they felt safe in the home.

There were clear safeguarding and whistleblowing policies and procedures in place to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff told us they felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. The registered manager showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

This service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Staff that they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were consulted and activities reflected people's individual interests, likes and dislikes.

There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well-led. The home had a Statement of Purpose which explained some of the values the home was supporting, such as privacy, dignity, independence, choice, rights and fulfilment.

The home had a clear management structure in place with a team of care staff and the registered manager. Staff told us that they felt supported by the registered manager and spoke positively about working at the home.

Good



Summary of findings

Effective systems were in place to monitor and improve the quality of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Chiswick Care on 3 February 2015.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

People in the home had mental health care needs and we experienced communication difficulties with some of the people who used the service. However, some of the people who used the service were able to communicate with us verbally. During this inspection we observed how the staff interacted with people who used the service and how people were being supported during the day.

As part of our inspection, we spoke with two people who used the service, three relatives of people who used the service and two healthcare professionals who had contact with the home. We also spoke with five members of staff including the registered manager. We reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us that they felt safe in the home. One person said, "I feel safe here." The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies. However, we noted that the home's safeguarding policy did not include the correct contact details for social services and the CQC and raised this with the registered manager. The registered manager confirmed that the policy would be amended to ensure that the correct contact details were included. Following the inspection, the registered manager sent us their updated policy with the correct details.

All staff had completed training in how to safeguard adults and we saw training records which confirmed this. Care staff were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the CQC.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk assessment included details of the risk, a risk rating, agreed steps to minimise the risk and identified possible hazards. We saw that risk assessments had been carried out to cover areas such as choking, road safety, aggression and self-neglect. The assessments contained information about what people could do on their own and when they needed assistance so that people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff and people, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas for a period between January 2015 to February 2015 and explained how staff were allocated on each shift. She told us staffing levels were assessed depending on people's needs and occupancy levels. The rotas correctly reflected which staff were on duty at the time of our inspection. Staff we spoke with told us that they felt that there were enough staff and had no concerns in respect of staffing numbers.

There were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the team leader. He was aware that soiled and infected linen needed to be washed at a high temperature.

Medicines were managed safely. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a pharmaceutical company and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. We saw evidence that daily temperature checks were carried out in each person's bedroom to ensure that medicines which did not require refrigeration were being stored at the correct temperature to maintain their effectiveness.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that this policy was reviewed in August 2014, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for all people who used the service. We noted that the MAR sheets had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

The registered manager explained that two people were present when administering medication so that one member of staff administers the medication and the other

Is the service safe?

checks this. We saw that this was recorded in the medication audit book which was up to date. The was

evidence that regular medicine audits had been carried to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home. One care staff told us, "It is a nice home. It's like a family here."

We spoke with two healthcare professionals who had contact with the home. They both said that they had no concerns about the care provided in the home. One healthcare professional told us that the care provided in the home was good. They said that people were supported according to their individual needs and people were safe in the home. Another healthcare professional told us that they thought the home was well run. They also said that the manager and staff were friendly and accommodating.

We spoke with staff and the registered manager and looked at staff training records to assess how staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervisions. We looked at a sample of staff records which confirmed that staff received supervisions six times in a year. There was also evidence that staff had received an annual appraisal in order to review their personal development and progress.

We spoke with care staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We looked at a sample of training records for six members of staff and saw that staff had completed training in areas that helped them when supporting people and these included fire safety, infection control, safeguarding, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, we noted that two members of staff out of the six we looked at required a refresher medicine administration training and raised this with the registered manager. The registered manager confirmed that these staff would attend a medicines refresher training course. Staff spoke positively about the training that they had received. One member of staff said, "The training is very helpful" and another said, "I learnt a lot from the training."

We noted that the home had a training matrix for staff, however it was not updated. Therefore it was not clear

when staff were due refresher training in various areas. The registered manager advised that she would update the training matrix so that it correctly reflected when staff required refresher training.

We also saw evidence that staff received an induction when they started working at the service. All staff we spoke with said that the induction had been beneficial.

Care plans contained information about people's mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this. When speaking with the registered manager, she showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

The CQC monitors the operation of the DoLS which applies to care homes. We noted that the service had submitted applications to a local authority in respect of three people who used the service and an appropriate assessment had been carried out. Appropriate policies and procedures were in place. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. The registered manager told us she was able to contact the local authority if she needed further advice about DoLS authorisations.

Staff understood their obligations with respect to people's choices. They were clear when people had the capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives to get information about their preferences.

We looked at care plans and saw that people were involved in completing their care support plan and these were person centred. Care support plans included details of people's preferences and routines. People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with healthcare professionals.

The arrangements for the provision of meals were satisfactory. People were supported to get involved in decisions about their nutrition and hydration needs. There was a set weekly menu and people chose what they wanted to eat and this was accommodated for. We also

Is the service effective?

saw that there were alternatives for people to choose if they did not want to eat what was on the menu. The registered manager explained that people decided what they would like to have on the menu every week during the resident's meeting. This was confirmed by people who used the service who were also positive about the food in the home. One person told us, "very good food. There is a choice of food." We saw that there was a pictorial format of the menu which had pictures of a variety of appetising food. Staff told us that they used this to encourage people to decide what they would like to eat. During our inspection we observed people eating lunch and dinner and staff supported those who required assistance. The atmosphere was relaxed and people appeared to be enjoying their meal.

We saw that people's weight were monitored and the registered manager explained that food and fluid charts would be completed for people if there was an identified risk in relation to their food and fluid intake. The registered manager confirmed that at present there were no such risks.

We also saw that each person had a completed hospital passport which included essential information about the person should they go to hospital or for a medical appointment.

Is the service caring?

Our findings

People who used the service and relatives of people told us that they were happy with the care and support provided at the home. One person who used the service told us, "It is a nice home." Another person said, "Staff are very nice. They listen to me."

One relative said, "It is an excellent home. I am really happy with it. Staff are all able to make relationships with people who used the service. I have no complaints." Another relative told us, "I am quite happy. They look after people well there."

Staff were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Records confirmed that keyworker meetings were held monthly, which helped to develop positive relationships.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. Staff told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection. People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were individualised and reflected people's wishes.

Care staff were patient when supporting people and communicated well with people and explained what they were doing and why. They were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. The registered manager and care staff we spoke with explained to us that they encouraged people to be independent.

When speaking with care staff about people's respect and dignity, they had a good understanding of this and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, "I always make sure people are comfortable and close doors when attending to personal care needs. I communicate with them and explain things."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's care plans contained information about their life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health.

Care plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the registered manager was aware of people's specific needs and provided appropriate information for all care staff supporting them. When speaking with registered manager and care staff, they were able to demonstrate that they were aware of people's personal and individual needs. One care staff told us, "It is a small home, but our focus is on the quality of care."

People who used the service, relatives and two healthcare professionals told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager. One relative said, "The manager is always helpful" and another told us, "The manager is nice. I have no concerns." One healthcare professional said, "The manager is always helpful and staff are obliging."

There was an activities timetable for each person. However, staff told us there was flexibility in terms of activities as it

depended on what people wanted to do on a particular day depending on their mood. On the day of our inspection, people were involved with daily household tasks such as washing the dishes after lunch. The activities timetable showed that some people attended a day centre, people also went to the cinema, bowling and the local market. One member of staff told us, "We plan activities around people. It is about what they want to do." We saw evidence that people had been on an annual holiday to a holiday park in 2014.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC but did not refer to the local government ombudsman. In addition, the contact details for the CQC needed to be updated. At the time of the inspection, the registered manager confirmed that she would update the policy accordingly. Following our inspection, the registered manager sent us an updated version of their complaints policy. When speaking with care staff, they showed awareness of the policies and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. We looked at the complaints file and noted that none had been received since our last inspection.

Is the service well-led?

Our findings

The home had a service users' guide and a statement of purpose, which explained some of the values the home were supporting such as privacy, dignity, independence, choice, rights and fulfilment.

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.

Staff told us they were informed of any changes occurring within the home through regular staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility to share any concerns about the care at the home. One member of staff told us, "The meetings are helpful. Everyone contributes in the meetings and management take comments on board."

There was a clear management structure in place with a team consisting of senior care staff, care staff, team leader and the registered manager. Care staff spoke positively about the registered manager and the culture within the home. One member of staff told us, "I feel supported. The manager is accessible and I am able to approach her." Another member of staff said, "I am supported by my manager. She is very good. I can go to her anytime. She is helpful." Staff told us that they worked well as a team. One member of staff said, "Staff get on. It is a strong team."

We saw evidence that the home had a system to monitor incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these.

The home held weekly residents' meeting to discuss the weekly menu, upcoming activities and any concerns or queries people had and we saw evidence of this. The registered manager also told us that she encouraged people and relatives to communicate with her at any time about any concerns they may have. People who used the service and relatives told us that if they had any issues they felt comfortable raising them with the registered manager.

The home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We noted that the policy was in need of an update. Following the inspection, the registered manager sent us an updated version of their quality assurance policy.

We saw evidence which showed weekly checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. We found checks covered various aspects of the home and care being provided such as premises, health and safety, medication and finances.

The provider sought feedback from people who used the service, relatives and healthcare professionals through an annual survey. We saw evidence that the service had carried out a satisfaction survey in February 2014 and the results from the survey were largely positive.

We found the home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Fire drills and testing of the fire alarm were completed on a weekly and monthly basis.