

Chatsworth Care Larkrise

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 inspection took place on 14 October 2014 and was unannounced.

Larkrise is a small care home which provides accommodation for up to six young adults with a learning disability. At the time of our inspection there were five people, all male, living at the service. Each person had their own room with en-suite facilities. There was a large communal lounge, sensory room, kitchen, dining room and laundry room. At the rear of the home there was a large well maintained garden.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager on our records left the service in May 2014. We were notified at the time, by the provider. A new manager has since been appointed and had made the appropriate registered manager application to the CQC.

At the last inspection on 11 October 2013 we found the service was meeting the regulations we looked at.

Relatives told us people were safe at Larkrise. Staff knew how to protect people if they suspected they were at risk

Summary of findings

of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew to minimise and manage these to keep people safe from harm or injury in the home and community. The home, and equipment within it, was regularly checked to ensure it was safe. Medicines were stored and administered safely.

People were cared for by staff who received appropriate training and support to meet their needs. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible in the home and community. We observed staff that supported people had a good understanding of their needs. They supported people in a way which was kind, caring, and respectful.

Staff encouraged and supported people to keep healthy and well through regular monitoring of their general health and by ensuring people attended medical and healthcare appointments. People were encouraged to eat a well-balanced, healthy and nutritious diet. Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt and appropriate care and attention from healthcare professionals.

Care plans were developed which reflected people's diverse needs and their individual choices and beliefs for

how they lived their lives. People's relatives and other healthcare professionals were actively involved in supporting them to make decisions about their care and support needs. Where people were unable to make complex decisions about their care and support, staff ensured appropriate procedures were followed to ensure decisions were made in their best interests.

Relatives told us they were comfortable raising any concerns they had with staff and knew how to make a complaint if needed. They said concerns raised in the past had been listened to and dealt with responsively.

There were systems in place to monitor the safety and quality of the service provided. Learning from incidents and investigations had been used to make improvements and changes to the service that people wanted or needed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. The provider had policies and procedures in relation to the Mental Capacity Act 2005 and DoLS. Staff had been trained to understand when an application should be made and in how to submit one. This helped to ensure that people were safeguarded as required by the legislation.

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?

The service was safe. There were enough skilled staff to support people. Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people. Medicines were stored and administered safely. Known risks to people were minimised and managed by staff to keep people safe from injury and harm.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

We found the location to be meeting the requirements of DoLS. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Good



Is the service caring?

The service was caring. People were supported to be independent by staff who were caring and respectful.

People and their relatives were involved in making decisions about their care. They attended regular meetings with staff to review these needs.

Staff respected people's dignity and right to privacy in the home and community.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans of care reflected people's individual choices and preferences for how they lived their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

Relatives told us concerns and complaints had been dealt with responsively.

Good



Is the service well-led?

The service was well led. The views of relatives and staff were welcomed and valued. They were used to make changes and improvements to the service where these were needed.

The service was regularly monitored to ensure people experienced safe and quality care.

Learning from investigations was used to drive improvements.

Good



Larkrise

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 inspection took place on 14 October 2014 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive a copy of the PIR because the form had been sent to the former registered manager,

who had left the service in May 2014. We reviewed other information we had about the service including notifications we received this year relating to safeguarding concerns about people.

During our inspection none of the people using the service were able to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we spent some time observing how they received care and support from staff in the home. We spoke with the manager, three support workers and a relative of one of the people using the service. We looked at records which included three care plans, three staff files and other records relating to the management of the service.

After the visit we contacted four relatives of people using service, and staff from the local authority and asked them for their views about Larkrise.

Is the service safe?

Our findings

Relatives we spoke with told us people were safe. One relative said, "He is definitely looked after in the home and out in the community." Another told us, "I think he's safe in the home." Training records showed staff had received recent training in safeguarding adults at risk of abuse. Staff we spoke with understood what they must do to protect people from the risk of abuse or harm. They were able to explain what constituted abuse, the signs they would look for to indicate someone may be at risk of this and the action they would take if they had a concern about a person. There were policies and procedures accessible to all staff which set out how they should do this. The provider had ensured staff had the appropriate information and support they needed to protect people against the risk of abuse, neglect or harm.

Where there had been safeguarding concerns about a person, the provider dealt with these appropriately. Staff from the local authority told us the service cooperated fully with all safeguarding investigations. We looked at safeguarding records and found that the provider worked within the safeguarding adults processes to carry out investigations of incidents and took action to address issues raised. In one instance, disciplinary procedures were taken against a member staff where their poor practice had placed a person at risk of harm. This showed the provider had taken prompt and appropriate action when needed to ensure people were protected from avoidable harm or abuse that breached their rights.

Risks to people's health, safety and wellbeing in the home and community were assessed and reviewed by staff. On people's care records there was detailed guidance for staff on how to minimise these risks and keep people safe from harm or injury. The guidance also covered what staff should do to keep people safe in an emergency such as a fire in the home. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of harm to them. For example, a support worker told us they did not leave a person they cared for unattended when they provided personal care due to risks to them from seizures.

Accidents and incidents were reviewed by the provider. A support worker told us reviews took place following any incidents in the home and people's records were updated if changes to how people should be supported were

identified. The manager told us they had changed the way accidents and incidents were reported by staff. This had been a recommendation for the service following a safeguarding investigation. We looked at records of recent accidents and incidents. We noted these contained details of the accident or incident, the actions taken by staff and whether these were appropriate, and what action should be taken in the future to reduce the risk of recurrence. This ensured learning took place to minimise the risk of harm or injury to people.

The provider carried out regular service and maintenance check to ensure the home and equipment within it, were safe. We looked at maintenance and service records and saw up to date checks had been made of fire equipment, gas boilers, first aid boxes, audio monitors, emergency medicines, water temperatures, legionella testing and food safety and hygiene.

There were enough suitable staff to care for and support people. During the inspection we observed staff were visible and present in the home throughout the day particularly in communal areas. When people needed help or assistance moving around the home, we saw staff responded promptly. In the afternoon people went to activities outside of the home such as swimming and horse riding. They were supported by enough staff to ensure they could undertake these activities safely. People were not left unsupported. During the afternoon shift handover, staff took it turns to support people in different parts of the home so that all staff had an opportunity to contribute and share information. We observed staff had a good understanding and awareness of the needs of people they cared for. We looked at the staffing rota and discussed with the manager, how staffing levels were planned to ensure the needs of people could be met. The manager told us each shift was planned so that the staff on duty had the appropriate skills and knowledge to meet these needs.

They said staffing levels were planned and reviewed daily, based on who was at home, the activities people undertook outside of the home and in each individual case the level of care and support the person required.

People were supported by staff to take their medicines as prescribed. Records showed people received their medicines safely. Each person had their own medicines record. This detailed all the medicines prescribed to them, why this had been prescribed, the amount that should be taken, how and when. There was also information for staff

Is the service safe?

about the possible side effects of these medicines and the appropriate action to take if these should occur. Staff had signed people's records each time medicines had been given.

Training records showed staff had received recent training in the safe handling and administration of medicines. The

manager assessed staff's competencies in handling and administering medicines, which ensured staff supporting people to take their medicines, had the skills and knowledge to do this safely.

Medicines were kept safely in the home. People's medicines were stored in a locked cupboard. During our inspection we observed this cupboard was kept locked and only accessed by staff when people were due to take their medicines.

Is the service effective?

Our findings

Relatives told us staff who cared for their family members had a good understanding of how to meet their needs. One relative said, “The home has some good staff and they are so good with [my relative] I feel confident they are meeting his needs now.” Another told us, “Overall, they meet his needs.” And another said, “I think they have a good understanding of [my relative’s] needs and they are delivering these.” Staff told us they received regular training which they felt was relevant and helped them to understand the needs of people they supported. Training records showed there was an annual training programme in place for all staff to attend training in topics and subjects relevant to their roles. On the day of our inspection, some staff were attending training in dealing with behaviours which may challenge others. Staff also told us they had regular one to one meetings (supervision) with their line manager and felt well supported by the manager. This ensured staff received the training and support they needed to enable them to care for and support, people, appropriately.

Relatives told us continuity and consistency in the way their family members were cared for, was important to them. We looked at training provided to new staff to check how the provider ensured this could be achieved. All new staff had to complete an induction programme during which their competency was assessed by the manager. The manager told us new staff were not allowed to work with people unsupervised until they had shadowed more experienced staff to build up their knowledge and understanding of how to provide people’s specific care and support needs. This was confirmed by a new support worker who told us they had shadowed staff and gradually built their understanding and knowledge of people’s needs so that they felt confident by the end of their induction period in being able to meet these.

People were supported to make decisions and when they were not able to make decisions these were made in their best interests. Staff sought people’s consent to care using a variety of communication methods. For example, pictures were used by staff to help people make choices and decisions on a day to day basis. One support worker said about a person they cared for, “He has rights and if he doesn’t want to do something I won’t force him to do it.” It was clear from speaking with relatives, they were actively

involved by staff in supporting their family members make more complex decisions about their care and support needs. People’s care records evidenced this. Where people lacked capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded where these had been made, in people’s best interests.

Training records showed all staff had attended training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), which staff confirmed with us they had received. These safeguards ensured that a service only deprived someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The service had policies and procedures which gave staff instructions and guidance about their duties in relation to the Mental Capacity Act and DoLS. All staff had signed to confirm they had read and understood these. The manager told us applications for all of the people using the service had been made at the time of our inspection and two people were subject to a DoLS order.

Staff kept detailed records of the care and support people received. This included information about activities undertaken, outcomes from medical and health care visits and people’s general health and wellbeing. Regular health checks were made by staff and documented in people’s individual records. This information was monitored and shared with all staff to identify any potential issues or concerns about people’s health and wellbeing. Information and concerns were shared with other healthcare professionals such as the GP and the behavioural support team at the local council. Staff therefore ensured people received the appropriate care and support they needed from healthcare professionals where there were any concerns about their general health and well-being.

People were supported to eat and drink sufficient amounts to meet their needs. Relatives told us staff supported people to eat healthily. There were guidelines for staff on how to ensure menus were nutritious, promoted healthy eating and how people should be supported to eat well and in a safe way. We looked at the current menu which appeared well balanced and featured vegetarian alternatives and fresh fruit and vegetables. People had a choice about what they ate for breakfast each day. Lunch and evening meals had been planned with people in advance. During our inspection we observed the lunch and

Is the service effective?

evening meal. Some people were able to eat and drink independently but where people needed help or support, staff were present to provide this promptly. Staff demonstrated a good understanding and awareness of people's specific dietary needs. Some people were on

special diets and their dietary needs had been considered when menus had been planned. For example one person was on a specific diet and suitable alternatives were available to them throughout the menu.

Is the service caring?

Our findings

People were supported by caring staff. A relative told us, “The staff I’ve seen are very friendly and caring.” Another said, “I see [my relative] react to staff in a positive way. It’s definitely caring.” And another told us, “The service is definitely caring. From the top, down.” We saw interactions between people and staff were warm, respectful and caring. Staff engaged people in activities in a positive way. For example we observed one person playing a game with a support worker which they were both clearly enjoying. We observed the way staff spoke about people during the afternoon handover was respectful and kind. In conversations with staff we noted they talked about people in a warm, caring way. One said, “I like working here. It’s rewarding.” People’s care records contained information and guidance for staff on how their needs could be met in a caring and supportive way.

People were supported to express their views when making decisions about their care and support. Where they were not able to do this, their relatives told us the staff involved them when it came to making decisions about the care and support people needed. One relative said, “We get an opportunity to share our own experiences.” Another said, “I like to be part of a team when it comes to the care of my child. I have a good relationship with the manager and deputy manager and we can discuss what needs to be done, together.” During the inspection we observed staff used different communication methods to support people

to make choices about the things they wanted to do. For example we saw staff used pictures to enable people to pick the activity they wanted to do. On people’s records staff had documented how they had supported people to make choices about activities and outings they wanted to go on.

People’s right to privacy and independence was encouraged and supported by staff. We observed when providing personal care staff ensured this was done in the privacy of people’s rooms. The manager showed us ways in which people were supported to maintain their privacy. For example, one person had a fingerprint entry system for their room which only allowed access to people they wanted to enter. Relatives told us how staff actively supported their family members to develop greater independence in the home and community. For example, people were encouraged and supported to help in the preparation of their meals and with general tasks around the home. We observed during the day, staff provided positive support and encouragement to people they were supporting. People were able to take their time to do things around the home and were not hurried by staff. For example at lunch time we saw one support worker encourage a person to eat independently in a supportive way. People’s care records showed they each had individual goals and objectives, which were regularly reviewed by staff, aimed at increasing their independence in the home and the community. This included guidance for staff on how they could support people to do this.

Is the service responsive?

Our findings

People's needs had been assessed and information from these assessments had been used to plan the care and support they received. Relatives told us they were involved in assessing and reviewing people's care and support needs. One said, "We get involved in reviews and they will tell us how [my relative] is improving or changing." Each person had an individualised plan which detailed how their needs should be met by staff. These plans reflected people's specific likes and dislikes for how this should be provided as well as what was important to them, individually. We noted as part of the assessment and review process, the diversity of people's lifestyle choices and beliefs were considered to ensure these could be met and supported by staff. Plans were also in place which gave guidance to staff on how people were to be supported to access the health and medical support they needed.

People's care and support needs were reviewed by staff. Records showed their relatives and other healthcare professionals involved in their lives had been involved in these reviews. Staff told us care plans informed them how people should be supported. One support worker said, "People's needs are set out in their PCP (person centred plan) and that's how we know what we need to do." This ensured staff had the appropriate information they needed in order to provide the care and support that had been planned for people.

The provider supported people to maintain relationships with those that mattered to them. It was clear from speaking with relatives, they were actively involved in the lives of their family members. Relatives told us they frequently visited the home. One said, "Relatives are always coming in and there are discos, parties and BBQ's. There was a birthday party just last week." Some people visited their families and stayed overnight. In these instances we saw from records, appropriate arrangements were put in place so that people continued to receive the care and support they needed away from the home, such as the medicines prescribed to them.

The service supported people to undertake the activities they wanted to do in the home and community. Relatives told us people were supported by staff to carry out activities they enjoyed. One said, "I feel activities are planned around what [my relative] needs. They don't push him to do too much but they do keep him busy." We observed throughout the day people were supported to go out to horse riding, swimming and cooking classes. In the evening, we saw staff had planned to take people who wanted to go, to the weekly social club at the local council offices. People who were at home between activities received one to one support from staff to play games or listen to music. During the afternoon shift handover, we observed staff discussed and reviewed people's enjoyment of activities they had taken part in. The shift leader also reviewed staffing to ensure there were enough staff to meet the specific needs of people to undertake the activities they wanted for the rest of the day.

The provider responded appropriately to people's concerns and complaints. It was clear from speaking with relatives, they had all had concerns about the care and support their family members experienced, following a number of safeguarding incidents at the home this year. Relatives told us when they had raised their concerns, the manager had dealt with these in a positive way which had led to improvements in the quality of care people experienced. For example, one relative said staff were now better matched with people they cared for to ensure they could meet their needs. Another relative told us, "This is a much improved service, bordering on excellent." Relatives said they knew how to make a complaint to the service and felt comfortable doing this. We saw the service had a complaints procedure which detailed how people could make a complaint about the service. We found this displayed on the communal noticeboard in the home. The procedure used pictures and diagrams to explain how people could complain and who to. We noted all complaints received by the service were logged by the manager and the actions taken to resolve these had been documented.

Is the service well-led?

Our findings

The registered manager on our records left the service in May 2014. We were notified at the time, by the provider. A new manager had since been appointed and had made the appropriate registered manager application to the CQC.

People were confident about the recent change in leadership at the home. Relatives spoke positively about the new manager, who had been in post since May 2014. One relative said, "I think their appointment will be positive. They are bringing in changes that are positive." Another told us, "The change in management has been a good thing. The new manager is on the ball and you get more straight answers from him." And another said, "I have a good relationship with him and the deputy manager. I can talk about any concerns and we discuss what needs to be done together." Staff told us the manager was approachable and supportive. A support worker told us, "I feel the manager is approachable and I would be listened to." Another said, "If I had any concerns I could report this to the manager straight away."

The manager encouraged a culture within the home in which people and staff were supported to be open and honest. Relatives told us they felt able to make suggestions about how things could be improved for people. One relative told us, "I try to make sure we work together as a team. I feel fully involved. The home doesn't restrict any involvement at all." Another said, "The staff are always asking for our feedback. And they share with us new things they have learnt that [my relative] may like." A support worker said about the manager, "They put people first. They won't tolerate bad practices and they will certainly take action if they find it." Another told us, "It's a very open culture. Your opinions are valued. I like working here and I love working with the people. It's a good place for people to be."

The provider carried out various checks to assess the quality of service people experienced. A relative told us the manager carried out unannounced visits to the service,

when not on duty, to check staff were engaging and supporting people appropriately in the home. People's views and experiences of the service were sought through annual surveys. We looked at the most recent surveys completed by relatives and other healthcare professionals involved in people's lives. We noted people rated their satisfaction with the quality of service as positive and had made suggestions for how things could be improved. A senior manager within the provider's organisation carried out a quality visit every six months. We looked at the report from their last visit, in April 2014, and noted they had reviewed all aspects of the service provided. They had made some recommendations for improvements following that visit. The manager explained how these had been made including ensuring the environment was kept clean and tidy, promoting positive interaction between staff and people and improving the quality of record keeping and documentation.

The provider used learning from investigations to make improvements and changes that were needed. Relatives told us they were aware improvements had been made following these investigations. One relative said, "Things are better now. It wasn't before but staff understand what is needed now. I feel much more confident that [my relative] is safe." We spoke with staff from the local authority about these investigations. They told us the service had cooperated with them to identify the reasons why people may have experienced poor care. They said following the conclusion of these investigations the manager had responded by making changes that were needed, and improvements had since been made. For example, they told us training and on-going support had been provided to staff to improve their understanding and awareness of positively managing situations where people's behaviours may challenge others. They said they had noted since then, the number of these types of incidences had reduced. People's records showed best practice had been in embedded within care plans and risk assessments to ensure staff used positive approaches to manage people's behaviours which may have challenged others.