

Leonard Cheshire Disability

Chipstead Lake - Care Home Physical Disabilities

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

Chipstead lake is a residential care service providing accommodation and personal care to adults with a physical disability. It is registered to accommodate 24 people.

This inspection was carried out on 18 January 2016 by three inspectors. It was an unannounced inspection. There were 22 people using the service at the time of the inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Action had been taken to reduce the risks to people's safety.

There were sufficient staff to meet people's needs. Thorough recruitment procedures were in place to ensure staff were suitable to work with people.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The service was clean, well maintained and designed to meet the needs of the people that used it.

Staff were knowledgeable and skilled in meeting people's needs. They had the opportunity to receive further training specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions and had an annual appraisal of their performance. Staff felt supported in their roles and were clear about their responsibilities. This ensured they were supported to work to the expected standards.

Staff worked creatively to enable people to overcome difficulties and to achieve their goals. Staff provided a caring service that treated people with kindness and compassion and recognised their individuality. They knew each person well and understood how to meet their support and communication needs. People's privacy was respected and people were assisted in a way that respected their dignity.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted where

needed and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements. Staff sought and obtained people's consent before they provided care.

People were provided with meals that were in sufficient quantity and met their needs and choices. People were happy with the quality of the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. The service provided an effective physiotherapy service that maintained and increased people's mobility and wellbeing.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews with people's consent. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. Clear information about the home, the facilities, and how to complain was provided to people and visitors.

People were involved in the planning of activities that responded to their individual needs and interests. A broad range of activities and outings were available for people to choose from. People were supported to use IT equipment and internet services and adaptations were made to the equipment to meet their needs.

Staff told us they felt valued by the registered manager and supported to provide a high quality service. The registered manager was open and transparent in their approach. Emphasis was placed on continuous improvement of the service. The registered manager kept up to date with any changes in legislation that might affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice.
Medicines were administered safely.

The environment was secure and well maintained.

Is the service effective?

Good 

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application under the DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Staff had worked with individuals to understand how to support them to make decisions.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. Staff had worked to overcome restrictions relating to people's dietary needs to ensure their wishes were met.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good 

The service was caring.

Staff were caring and treated people with kindness, compassion and respect and recognised their individuality.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when their needs changed. The delivery of care was in line with people's care plans.

A broad range of activities was provided. People were supported to spend their time how they wished to.

The service sought feedback from people and their representatives about the overall quality of the service. People were encouraged to be involved in running the service through the residents committee. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focussed on people. The registered manager welcomed people's suggestions for improvement and acted on these. Emphasis was placed on continuous improvement of the service.

The staff told us they felt supported and valued under the registered manager's leadership.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was taken promptly to implement improvements.

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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 carried out 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 to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 18 January 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service.

We looked at six people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with five people who lived in the service and five of their relatives to gather their feedback. We reviewed comments and feedback sent to the commission and the service to understand people's experience of the care provided. We spoke with the registered manager, the care manager and five members of care staff.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I feel safe, if I had a worry I would speak to the manager, but I don't." Another person said, "I feel safe and comfortable." People's relatives told us they were confident that the service provided a safe place to live and that their relative was being well looked after.

People told us that sometimes there were not enough staff on duty in the evenings to meet their needs. One person said, "The nights are difficult and sometimes we have to wait." The registered manager told us they had, within the last week, reviewed the staffing arrangements for the evening shift to provide additional staff to work until 11pm.

The registered manager completed a monthly assessment of the dependency of each person using the service to ensure staffing levels reflected their needs. Rotas indicated sufficient staff were in attendance on both day and night shifts. Staff told us that staffing levels were such that people's needs could be met and other tasks involved in the day to day operation of the home could be completed. They said there was enough ancillary staff to clean, cook and look after the premises. During the inspection there were sufficient staff available to respond to people when they used their call bell within a reasonable timeframe. There were some vacancies for housekeeping staff for which the registered manager was actively recruiting. Whilst there were no vacancies for care staff the registered manager was interviewing to fill care roles to provide additional staff and interviews took place during the inspection. The registered manager told us, "We always over recruit to ensure we have enough staff to cover holiday, sickness and training." The service also used a wide range of volunteers to provide activities and support people in the service. There were sufficient numbers of experienced and qualified staff deployed to provide the care people needed.

Staff knew how to identify abuse and how to respond and report any concerns. Staff described factors which increased people's vulnerability to abuse and what they did to help reduce and manage this. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. People were provided with a copy of the local authority leaflet "How to protect yourself from abuse" to ensure they understood their rights and how to report concerns. People were actively encouraged to raise concerns and challenge when they felt their own safety or that of others was at risk. The monthly service users' committee meeting included a standing agenda point 'Do we feel safe?' Concerns had been discussed with the Registered Manager and solutions sought and action agreed by the group. For example, people had requested improved security and a new security entry system had been fitted. Staff training records confirmed that their training in the safeguarding of adults was up to date. Staff told us that staff meetings routinely included the discussion 'Is the service safe' as an agenda item. Staff understood their responsibilities to report any concerns about abuse and were confident to do so. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns anonymously or with other agencies outside the service. The service had a policy to ensure people's equality, diversity and human rights were protected. Staff we spoke to had a good understanding of equality, diversity and human rights. People were protected by staff that understood how to recognise and respond to the signs of abuse.

The registered provider followed robust procedures for the recruitment of new staff and volunteers. The staff files we viewed contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. Recently a full refurbishment programme of the premises had been carried out including the replacement of the hot water and heating system. An area of ramp in the grounds had been identified as unsafe following an incident where a person's wheelchair slipped from the ramp. The registered manager had restricted access to the ramp until repairs could be made. A temporary repair was scheduled and a longer term plan for replacement of the railings on the ramps devised. We saw that people were able to move safely around the premises. The security system had been updated including an electronic entry system. People had their own electronic pass which enabled them to come and go as they wished. All staff had a passcode to get into the premises and visitors were required to ring the front door bell ensuring their identity was checked. Risks within the premises had been identified and minimised to keep people safe.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced. People's call bells were checked and regularly maintained. Bed safety rails were in place, where needed, and assessments for the use of these were being reviewed during the inspection. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale.

Risks to individuals had been assessed as part of their care plan. This included the risk of developing pressure wounds and poor nutrition. These were reviewed monthly to ensure they remained effective. Staff were aware of the risks that related to each person, for example in respect of one person who chose not to follow guidance issued by a speech therapist to aid swallowing of food. There was a detailed action plan in place for staff to follow to minimise the risks and keep the person as safe as possible. People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and effective care plans that ensured they were frequently helped to change position. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. The risks to individuals' safety and wellbeing were regularly assessed and minimised.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation. Staff were trained in providing first aid. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. There was always a member of staff on duty who had been trained as a fire marshal. Fire training included a practical drill to evacuate individuals according to their personal evacuation plans, that were based on their needs. This meant that staff knew how to respond in an emergency to ensure people's safety.

People's medicines were managed so that they received them safely. People told us they received their medicines when they needed them. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. The registered manager ensured all medicines were

correctly ordered and received, stored, administered and recorded. Recently a new medicines room had been built to allow additional space for the safe management of people's medicines. We saw staff administering medicines and accurately recording when people had taken these. People had been supported to retain a level of involvement in the administration of their own medicines if they wished. Procedures for administering emergency medicines for people experiencing epileptic seizures had been reviewed and improved following an incident where its use had been required. People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

People lived in a clean environment. People and their relatives told us that the service was kept clean. One person said, "The home always looks clean, it's lovely and I love living here." Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a thorough understanding of infection control practice and understood the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Is the service effective?

Our findings

People and their relatives told us that the staff had the skills and understanding required to effectively support and care for people. One person told us, "They are good at what they do" and another said, "The staff have the skills to care for me, the training seems very thorough." A person's relative told us, "Staff do a really good job."

People told us they enjoyed the meals provided. One person said, "Lovely food" and another said "The food is marvellous".

People told us that they were supported to make their own decisions about their lives and their care and that their wishes were respected. They told us they were free to leave the service if they wished. One person said, "We can come and go as we please, we just have to let someone know we are going out." Another person told us, "I have total freedom to go out when I want; I just use the in/out board by the front door to say I am out." People told us they had their health needs met and could see their GP or other health professional when they needed to. They said staff respected their right to do so alone, but would accompany them for appointments if they wished them to.

Staff had completed the training they needed to provide safe and effective care. Where refresher courses were required this had been identified and courses booked. Staff in all roles completed training sessions in health and safety, equality and diversity, safeguarding adults, fire safety and infection control. Additional training was provided for staff across all departments in the service, which included person centred care, working in an empowering way, epilepsy and behaviour support awareness. Training was arranged to respond to the specific needs of individuals, for example, staff were provided with training delivered by the Huntington's Disease Association for England Wales to enable them to support a person with this condition. A staff member told us, "We have excellent training, over and above the mandatory courses." The registered manager had completed training with the local authority and other providers including "Mental Capacity Act Modules 1-4, Adult Protection Awareness Level 2 – Practitioner's Role, Personalised Care & Support Planning and Community Connecting.

New staff were required to complete the 'Care Certificate' that was introduced in April 2015. The care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Four staff had completed the certificate and others were working on this. Staff were able to show that they applied the skills and knowledge obtained in their learning to their everyday practice, for example by following safe moving and handling procedures. Staff were supported to gain qualifications and study for a diploma in health and social care. Sixteen staff had completed a qualification and three further staff were working towards this. The registered manager had completed a range of management and leadership qualifications and courses. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff told us they felt supported in their roles. Staff had a supervision meeting with the registered manager or the care manager every three months. They said this was an opportunity to discuss their work and to

identify any further training or support they needed. Records showed that positive feedback was given to staff in supervision along with guidance and support relevant to their role. New staff have an identified mentor who met with them regularly throughout their probationary period to provide support, guidance and advice. The registered manager sent staff a monthly bulletin of key updates relevant to their roles. The most recent bulletin included information about the progress of the refurbishment work and feedback on an audit of call bell response times. Staff were thanked for their hard work and informed that Christmas treats would be provided on certain dates at work. The registered manager monitored staff skills and competence regularly to make sure they were using training in practice and were working to the expected standards. An annual 'work review' of staff performance took place for all staff to ensure expected standards of practice were maintained. This system had been recently reviewed by the registered manager to ensure it was more useable by staff. This process included seeking feedback from people using the service about staff performance. This ensured that staff were appropriately supported and clear about how to care effectively for people.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the principles of the MCA were applied in practice. Staff described factors which had an impact on people's capacity to make decisions and what they did to reduce these. Staff understood the importance of communicating clearly and giving people the time they needed to think about and make decisions. For example the service had supported a person who found it difficult to make decisions to develop a 'decision making tool'. This stated how the individual made decisions, which decisions they found hard to make and what additional support would be needed, such as getting the family involved. The decision tool was created by the person with the support of the staff team. We saw that staff sought and obtained people's consent before they helped them. Staff were able to describe how they would support a person if they refused care. When people had been assessed as not having the mental capacity to make specific decisions, a recorded meeting had taken place with their legal representatives to decide the way forward in people's best interest. People were able to make choices if they had capacity, even if the choices they made were unwise. For example, one person with diabetes was encouraged to choose low sugar foods and was advised of the consequences of not doing so, but staff were aware that they could also choose to eat sugary foods if they wished. This ensured people's rights to make their own decisions were respected and promoted when applicable.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The registered manager had considered the least restrictive options for each individual. This ensured that people's right to liberty were protected.

People were consulted when menus were planned and specific requests were taken into account. There was a four week rolling menu that provided a choice of meals. People had an assessment of their nutritional needs. The chef referred to clear documentation about people's allergies, dietary restrictions and preferences. They were knowledgeable regarding the types of food that were suitable for people's specific health conditions. For example one person was at risk of choking and was following speech and language therapy guidance to have a pureed diet. However, this person enjoyed chocolate. The service had explored alternative ways to ensure that they had an opportunity to have chocolate, including providing soft chocolate, and had purchased a chocolate fountain so that the person could enjoy chocolate at the recommended consistency. There was a coffee bar area in the dining room where people and their relatives could help themselves to drinks and snacks when they wished. Staff also offered people drinks frequently throughout the day and at mealtimes. Where people were assessed as being at risk from dehydration, staff monitored their fluid intake. We saw that the records were completed and running totals of fluid intake were

maintained. There was a system in place to allow people to place orders for specific snacks or treats they wanted. Where people wished to have fridges or drinks making facilities in their rooms this had been provided. People were provided with sufficient food and drink to meet their needs.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. People had been referred to healthcare professionals when necessary. People were weighed monthly and fluctuations of weight were noted and acted upon. Those identified as at risk were weighed more frequently and were referred to their G.P or a dietician when necessary. Staff told us that they had a very good relationship with the GPs who were very supportive of the people in the home. People's care plans included relevant, up to date information about their specific health conditions. A hospital admission sheet was in place for each person to take with them should they need to go to hospital. This provided important information about their needs and preferences. Records about people's health needs were kept and the outcome of health appointments was recorded within people plans so that staff knew what action to take.

The service employed physiotherapists to provide regular therapy to people using the service. The physiotherapists completed comprehensive assessments and wrote detailed notes of the care provided. One person had significant pain when first admitted to the service, which had limited their enjoyment of everyday activities. A physiotherapy plan was agreed and the service worked with the NHS wheelchair service to provide a new powered wheelchair and the service provided and funded a specialist bed. This had resulted in the person reporting that they were pain free with increased mobility. The person was able to take up hobbies they had put on hold for several years due to being in so much pain. Each person had a health action plan that identified their health needs and set action plans for maintaining good health. The proactive approach to planning for people's health needs ensured that staff responded effectively when people's health needs changed.

The premises had been designed to meet the needs of people with physical disabilities. The service was provided on one level and corridors and doorways widened to allow people using a range of mobility equipment easy access. Automatic doors linked to sensors on people's wheelchairs had been fitted so that people could access their rooms and areas of the service with ease. All the bedrooms were large and had spacious ensuite shower rooms. Ceiling track hoists were fitted in each room and surfaces and equipment had been lowered or raised to meet people's physical needs as required. The registered manager told us they were planning to review the gardens in 2016 to make them more accessible and user friendly.

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. They told us, "They are respectful", "We are treated with kindness and compassion" and "Staff are perfect here, kind caring and respectful." People said that the staff knew them well and took time to chat with them about things that were important to them.

People said they were encouraged to be as independent as possible and had been involved in planning their care. One person said, "I am involved in my care and can see my care plan when I want."

The service had a visible person-centred culture. Staff had developed positive relationships with people. They had taken time to find out about people's life history, family, interests and what was important to them. Staff used this information effectively to ensure people were provided with personalised care and support. For example, staff were aware that one person was very concerned prior to moving in about keeping in touch with friends and family. They had never used a computer before, but were supported to set up an email account and send their first email. The person now emails friends and family and feels very much in touch with them. The registered manager was arranging for Wi-Fi to be fitted throughout the service to allow people to use internet and email to stay in touch with people more easily. Staff had positive relationships with people and recognised what was important to people when planning their care. For example, a person was nervous of using the newly installed shower in their refurbished ensuite. Staff worked with the person to devise a plan to support them to have a shower. Having had a shower, staff said the person was delighted and praised them for their patience and encouragement.

People had positive experiences which were created by staff that understood their personalities. Staff responded to people in different way, depending on how they preferred to be addressed. Staff spoke respectfully to people and took their time when providing support so as not to rush people. People were provided with communication aids appropriate to their needs to help them express themselves and to communicate effectively with staff and others, for example communication passports and computer programmes. One person, who communicated using a light writer, was supported to purchase new equipment to increase their vocabulary. They, together with the staff team, were supported with training to use this. Staff understood how to support people's communication needs.

People told us that their privacy was respected and that staff always knocked on their doors before entering. Staff were consistently discreet when offering to provide personal care to people. People's information and personal records were stored securely and staff were careful not to discuss information about people in front of others. Staff respected people's privacy and treated them with respect.

People were involved in their day to day care. They were involved in writing and reviewing their plans and their relatives were invited to participate in an annual review of their care plan with their consent. People had signed to show their involvement in their care plans. Some people had completed sections of their care plans themselves. People were encouraged to be in control of their care.

People were provided with information about the service. They were given a range of information brochures and leaflets that contained information about the services provided and how to make a complaint if they needed to. There was information in the entrance hall about how to access support from advocacy services and a copy of the complaints procedure. The registered manager said all policies and information guides could be made available in audio, braille or large print format. There was a notice board for people's use that included current information about the menus, activities, events and local services. People were provided with information about relevant services.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People's care plans were written to reflect what they could do for themselves and where they needed additional support. We saw that staff provided the care people's plans said they needed. They encouraged and enabled people to be independent, providing the right levels of support, for example one person's plan advised they wished to put their own laundry away. There was a good range of equipment and adapted plates, cutlery and cups to allow people to eat and drink as independently as possible. The height of the tables in the dining room could be adjusted to accommodate people in various types of wheelchair. The service had recently added two flats for independent living. People were supported to plan and prepare meals themselves and to do their own laundry and cleaning. Each flat had its own front door meaning that individuals could come and go independently. One person had never had the opportunity to live independently before and was apprehensive about their ability to do so. In order to prepare them for the change, staff supported the person to visit similar services to speak to other people and learn from their experience. People were given the support they needed to be as independent as they wished.

Is the service responsive?

Our findings

People and their relatives told us the staff responded well to their needs. They said that staff understood how they preferred to receive their care and respected this.

People told us they were able to spend their time how they wished and could control their daily routine. One person said, "I wanted to do more outings, but we have a driver now so we should be able to do more."

Each person's needs had been assessed before they moved into the service. This addressed their needs in relation to their personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. The assessment process included the person's views about their support needs and their goals and wishes for the future. Individualised care plans about each aspect of people's care had been developed in partnership with them or their representative. People's care plans included information about their communication needs, including if they required glasses or a hearing aid. Staff adapted their communication methods to each individual to ensure they promoted effective communication and people were provided with communication aids appropriate to their needs. Each person had a one page profile which outlined what people admire about them and what was important to them. This ensured that staff knew what people's preferences were before delivering their care.

People's care plans included information about their preferences, for example what time they liked to get up, whether they preferred a bath or shower and when and particular toiletries they preferred. Staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected. This meant that people received care that was personalised and met their needs.

We saw examples of personalised care in practice, for example one person had clear guidance in place for reducing anxiety around meal times. Staff were aware of the guidance and followed it in practice. Some people had goals for things they wished to achieve, for example one person wished to improve their verbal communication skills and had been supported to access a speech therapist. Another person had a memory book for use to aid their memory in conversations. Staff ensured this was available to the person when they needed it. One person had expressed a desire to keep a diary and their care plan included details of what things the person wanted to put in the diary and how staff could support them. Staff were clear about how to provide personalised care that met people's specific needs and preferences.

People were supported to undertake a range of activities and to spend time in the way they wished. Some people chose to access arranged activities at the resource centre attached to the service. The resource centre provided activities such as crafts, exercise classes, cookery and language activities. It also included the physiotherapy service and an IT suite with a range of adapted IT equipment. People were able to make requests for specific trips out they wanted to do using the trip request system. The registered manager also spoke with people each Friday to ask what they wished to do the following week. A new driver had been appointed for ten hours per week to take people out when they wished. Recent outings included a trip to a

heritage museum for a person interested in older machinery and vehicles. Other outings included trips to Belgium and France, a theme park and shopping. The service had links with the Royal Academy of Art and the London Philharmonic Orchestra. Representatives from both ran workshops within the service four times per year and people were able to attend an event in London organised by them. A range of activities was available for people to book including a boxing session, a scouting skills day, sailing, bowling and meals out. The organisation had set up a Leonard Cheshire heritage group with weekly sessions to explore the heritage of the organisation and of Chipstead lake as a service. Information was displayed on the notice board for people to book a space if they wished. People had their social needs and interests met.

One person expressed an interest in fishing and had been supported to start this up as a regular hobby. Another person wanted to go night clubbing and had been supported to do so several times. One person had been unable to go out without staff support before they moved to the service, but had been supported to develop their confidence and now regularly visited the local pub with other people that used the service. Two people had been supported to gain qualifications via e-learning. Staff understood how to plan care that took account of people's individuality, goals and interests.

People were involved in fundraising for the service. Some people were undertaking a sponsored cycle using the stationary bikes in the physiotherapy unit. People were involved in maintaining the social media page for the service and in developing a new website. A monthly newsletter was produced for the service by people with the support of the registered manager. This updated people on developments within the service and shared information about interesting events of activities. Staff supported people to create local community links with the local boxing club, attend village committee meetings and link with local artists, including having art exhibitions at the service for the local community. People were supported to attend events and fetes at the local primary schools and the service had a boat at the annual village dragon boat race. The service held an annual fete to which friends, families, volunteers, staff and the local community were invited.

People were supported to meet their religious and cultural needs. The local parish rector attended the service once a week to hold a service. The service also hosted an Easter service, Harvest festival and Christmas service with the local rector and the local Primary School. People were also able to attend events held at the local school.

People's views were sought and listened to. People had formed a residents committee which held monthly meetings to discuss the service. They chose if they wished to invite a member of staff or the management team to discuss any particular issues and the registered manager usually attended at the end to receive feedback. People discussed and fed back to the registered manager whether they were happy with their care and if they felt safe in the service and they identified areas for improvement. Recently people had requested that the bar be reopened in the service. A person and their family agreed to manage the project and the registered manager agreed to provide any support they needed and ensure the facilities were safe for use. People also requested an additional sofa for the lounge and the registered manager told us this was on order. People's views were taken seriously.

The service sent a series of annual questionnaires to people and their relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. This was available in audio format. The last survey had been completed in 2015 and the results showed people were happy with the service. The registered manager had worked with people to develop an action plan from this. The action plan was displayed on the feedback notice board and reviewed with people monthly. It was identified that not everyone knew the complaints procedure and so this was reissued to people in the January 2016 residents committee meeting. A driver had been employed for people to use in response to

feedback.

Following the reissue of the complaints procedure we found that people knew how to make a complaint. The provider had a clear complaints policy and procedure. The complaints procedure was displayed in the reception area. People were asked if they had any complaints at their care plan review meeting and in residents' committee meetings. Complaints were recorded and responded to appropriately. We saw that the registered manager had dealt with complaints in an honest and transparent way.

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed effectively and in an open and transparent way.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. There was an open and positive culture which focussed on people and ensured personalised care. The registered manager was visible in the service and accessible to staff, people and their relatives. The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. People were involved in recruiting new staff by conducting a tour of home, asking questions and providing feedback to the registered manager on their views of prospective employees. The registered manager gave examples where they had challenged practices in the service that did not reflect personalised care. They regularly met with staff and the senior team to ensure they understood what was required of them. The registered manager carried out observations of staff in practice to ensure they demonstrated person centred values. People were placed at the heart of the service and the registered manager placed emphasis on continuous improvement in all aspect of their care.

The registered manager provided clear and confident leadership for the service. The people we spoke with were complimentary about the registered manager and her leadership. Staff praised the registered manager for her approach and support. They said that the manager was clear about what was expected in terms of how people were cared for. The service had an annual staff survey. The results of this were discussed with the staff team and a clear action plan agreed. This included introducing an 'employee of the month award'. Staff felt supported in their roles and were clear about their responsibilities.

The registered manager had effective systems in place for monitoring the quality and safety of the service and making continuous improvements. Staff reviewed people's care plans on a monthly basis and made changes as people's needs changed. A wide range of audits were carried out to monitor the quality and safety of the service. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. The registered manager also completed a monthly manager's audit, divided into the five key lines of enquiry. The registered manager also conducted quarterly 'Out of Hours' monitoring visits to the service in order to monitor the quality of service delivery at nights and weekends. Where shortfalls had been identified action had been taken quickly to address these. For example, the registered manager had spoken with the catering contractor where an expired food item had been found in the fridge. The registered manager had taken action to improve the procedure for administering emergency medicines following and investigation into an incident. There was an in depth health and safety audit carried out annually by the provider. The outcome of this, including the action plan, was displayed on the feedback notice board. The registered manager told us that the registered provider was supportive and provided the necessary resources to improve the service when needed.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings

concerning people's safety when necessary. They learned from mistakes to improve how the service was run. The registered manager regularly participated in external forums with other registered managers regarding quality of care in residential settings where views and ideas are exchanged. This included monthly meetings for the registered managers within the organisation. The meetings included learning sets on topics such as the care certificate and the Mental Capacity Act. The registered manager used relevant websites that included 'Skills for Care' and the 'National Institute of Excellence' that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service. They also volunteered as a mentor for other registered managers in the area. The registered manager said this allowed for reflection about their own service. The registered manager was proactive in staying up to date with best practice in providing good person centred care.

The registered manager kept accurate and complete records about the care provided to ensure people's needs were met. People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. Key staff attended Information Governance Training to understand the key principles of the Data Protection Act and their responsibilities and legal obligation to manage records in the service. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the care provided to people reflected the care required in their individual plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.