Optima Care Limited

The Chilterns

Inspection report

5-9 Sea Road
Westgate On Sea
Kent
CT8 8SA

Tel: 01843832628
Website: www.optimacare.co.uk

Date of inspection visit:
27 July 2016
28 July 2016

Date of publication:
26 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 27 and 28 July 2016.

The Chilterns is formed of three separate buildings on the seafront with gender-specific accommodation of various types, from shared to single occupancy in self-contained flats. The service is registered for a maximum of 26 people who live with mental health conditions and /or a learning disability. Some people are in transition from a secure environment, some people are there on an informal basis and some people are under Mental Health Act sections or Community Treatment Orders. At the time of the inspection there were 19 people living at the service.

The service is run by a registered manager who was present on the day of the inspection. 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 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 was supported by a registered mental health nurse and team leaders. The service had been in the day to day control of an acting manager for the previous six months while the registered manager took on an area manager role; however, they were not present at the time of the inspection.

There had been a plan in place to ensure staff were up to date with their training, however, the acting manager had not followed this and staff had not completed refresher training when it was due.

People's records were reviewed every six months and some had been updated as changes had happened, however this had not been consistently done. People's confidentiality was respected; conversations about people's support were held privately and care records were stored securely. The provider told us people's personal information may not have been safeguarded and this was being investigated.

When people were transitioning into the service this was done in a structured way. However, there were no transitional support plans or risk management plans in place for people who were at the service for a short stay.

Staff understood how to protect people from the risk of abuse and the action they needed to take to keep people safe. Risk assessments gave staff guidance, which was followed in practice, to reduce the risks to people.

People told us they felt safe living at The Chilterns. Staff were confident to whistle blow to the registered manager and were confident that the appropriate action would be taken. Staff said they would not hesitate to contact other organisations outside the service if they needed to.

The provider had a recruitment and selection policy which was followed to make sure staff were of good

character and safe to work with people.

People received their medicines safely and told us they received their medicines when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Improvements were needed relating to the storage and administration of some medicines.

People were supported by sufficient numbers of staff who knew them very well. All qualified professionals were receiving clinical supervision by a clinical supervisor independent to the service. Staff completed an induction when they started working at the service. Staff were encouraged and supported to complete adult social care vocational qualification for their personal development.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported especially relating to healthcare treatment. They put these into practice effectively, and ensured that people's human and legal rights were protected.

People were supported to maintain a healthy and balanced diet. Staff supported people in a 'healthy eating group'. This focused on projects related to healthy eating and environmental projects related to food.

People were supported to maintain good mental and physical health and had access to health care professionals when needed. Staff had strong working relationships with health professionals, such as, GPs, psychiatrists and the local mental health team.

People said the staff were caring and they were able to approach staff to talk about their feelings or concerns. People were involved with the planning of their care. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes and preferences.
People told us staff understood the support they needed and staff were responsive to their needs. People said that they received the support they needed when they wanted it and they trusted the staff.

People told us they were encouraged to be as independent as possible and supported to learn new skills. People were able to identify their own areas of strength and development and were supported by staff to improve their independent living skills in areas, such as cooking and gardening.

People and staff told us the service was well-led. Staff said they felt supported, that the registered manager was approachable and that they worked closely as a team. There was a positive, person centred and open culture at the service. Staff and people had developed strong links with the local community.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.
Regular quality checks were completed on key things, such as, fire safety equipment, medicines and

infection control. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. However, shortfalls identified during the inspection, such as inconsistent record keeping, care planning and risk management had not been highlighted during the audits arranged by the provider. Emergency plans were in place so if an emergency happened, like a fire or a flood, the staff and people knew what to do.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People told us they did not have any complaints about the service or the support they received from the staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had a recruitment and selection process in place to make sure that staff were of good character. This was followed in practice.

Risks to people's safety were not always identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely, some improvements were needed regarding the storage and administration of some medicines.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received the appropriate training and supervision needed for them to carry out the duties they were employed to perform.

People were supported to maintain good mental and physical health and had access to health care professionals when needed.

People were encouraged and supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet with a choice of healthy food that they told us they liked.

Is the service caring?

Good

The service was caring.

People said they were happy living at The Chilterns. Staff treated

people kindly, compassionately and respected their privacy and dignity.

Staff were aware of, and promoted, people's preferences and different needs.

People were encouraged and supported to increase and maintain their independence. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's choices and changing needs were not consistently recorded, reviewed and kept up to date. Records for people transitioning into the service were not detailed.

Staff knew people and their preferences well. People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The acting manager had not supported staff with regular supervision meetings and had not made sure people's training was kept up to date. The registered manager had identified these shortfalls and begun taking action to resolve these.

Other shortfalls identified during the inspection, such as inconsistent record keeping, had not been highlighted by the registered manager.

There was an open and transparent culture where people and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service.

The Chilterns

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

The inspection took place on 27 and 28 July 2016 and was unannounced. This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using mental health services or caring for someone with mental health conditions.

Before the inspection the provider completed 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met all the people living at the service. We spoke with staff, team leaders, the registered manager and members of the multi-disciplinary team including the responsible clinician. During our inspection we observed how the staff spoke with, engaged with and supported people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans. We looked at a range of other records, including safety checks, policies, staff files and records about how the quality of the service was managed.

We last inspected The Chilterns in July 2015 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at The Chilterns. One person said, "I feel safe here and can bring things up with my doctor regularly".

At the last inspection in July 2015 staff did not know who they could report safeguarding concerns to outside the organisation and the provider had not established effective systems to respond to abuse.

At this inspection people were protected against the risk of potential abuse. Staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. Staff said they would escalate concerns to the Kent local authority or the Care Quality Commission (CQC) if they did not feel the correct action was being taken by the organisation. Staff told us they completed training on safeguarding people and the training records confirmed that most, but not all staff's training on this topic was up to date. All staff being trained about safeguarding people from harm and abuse was an area for improvement. A 'safeguarding noticeboard' was in the staff room and included information about how to report abuse and contact details of who to report any concerns to. Staff knew the correct procedures to follow should they suspect abuse.

The registered manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. The registered manager had a clear understanding of what should be reported in line with current guidance. When there had been notifiable incidents these had been reported to CQC and / or the local authority.

At this inspection staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible. One person told us they had unescorted leave. They said staff helped them to manage this to ensure their safety and commented, "This was really good and made me feel confident that I can look after myself". Unescorted leave is a term used when people, detained under the Mental Health Act 1983, are able to go out without the support and supervision of staff.

Risk assessments gave staff guidance, which was followed in practice, to reduce risks to people. For example, when people lived with diabetes there were risk management plans detailing what the person's blood sugar level range was normally and at what level staff needed to administer insulin. Staff were knowledgeable about this when we talked with them. However, some assessments were not up to date and were contradictory placing people at risk of receiving inconsistent care and support.

When people were transitioning into the service staff told us they met with the health professionals that escorted the new people to the service on their first short stay visit and discussed people's personal details, risks, behaviours and any triggers. However, this information was not clearly documented. There were no short term risk management plans in place. This meant that staff were reliant on verbal handovers from staff in order to plan and manage people's support.

The provider failed to ensure that timely care planning and risk assessing took place to ensure people's health, safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Since the last inspection regular reviews had been implemented and involved the senior clinical team at The Chilterns. People and staff were involved in the reviews which were chaired by the responsible clinician. The responsible clinician is the person in charge of the care of somebody detained under the Mental Health Act, or on a community treatment order. People were reviewed every six weeks by a team of professionals such as a psychologist, mental health nurse, care manager/social worker and the registered manager, to monitor their mental health needs using the care programme approach (CPA). The CPA provides the framework for the delivery of secondary mental health services. It is a system of care delivery for people with long term or permanent mental health conditions.

Some people had behaviours that may challenge others. Occasionally people became upset, anxious or emotional. Staff knew people well and spoke with and supported them in a caring manner. Staff took time to support people who became agitated. There was guidance for staff on what might trigger a person to have a behaviour that was challenging and how to de-escalate behaviours quickly to ensure people were supported in a safe and consistent manner. Staff had completed training about behaviour management. They told us they were trained on 'therapeutic management of violence and aggression' (TMVA). TMVA provides solutions to all levels of challenging behaviour, with the emphasis being on de-escalation and safety. Staff said this included distraction and diversion techniques to move people away from situations and prevent behaviours escalating. Staff understood how to support each individual's behaviour and protect them from the risk of harm. It was evident throughout our observations that staff had the skills and experience to manage situations effectively as they arose. The provider had developed a new risk and care planning tool – 'positive and proactive support plan' (PPSP). This was in the process of being implemented. The completed PPSP we looked at provided descriptions and guidance for staff to manage key behavioural risks and help staff support people to remain safe.

Staff monitored people's mental and physical health and took prompt action if they noticed any changes or decline. When people conditions were prone to deteriorate there was clear guidance for staff on what signs to look for and what action to take. Referrals to health professionals were made, for example, when people's mental health had deteriorated staff contacted the doctor and a consultant psychiatrist. Medicines reviews and changes to medicines were made and staff continued to monitor people's progress. On occasion, people were admitted to hospital for further treatment and during this time continued to receive support from staff as often as possible.

There were enough staff on duty to meet people's needs and keep them safe. People said there were staff there when they needed them. People told us, "The staff have been great with me. I don't normally have to wait too long if I want to go out" and "They are improving but more staff could be scheduled on at weekends. This is the time we notice a lack of staff". Staff told us there were enough staff available through the day, night and at weekends to make sure people received the care and support they needed when they needed it. Staff also said there had been some problems with staff numbers but that these had been resolved. This was confirmed in staff meeting minutes from March 2016. One member of staff told us, "We are always on the go, but we help each other out. I think we have enough staff on duty". The staff rotas confirmed there were consistent numbers of staff working at the service. Staffing was planned around people's needs and any support they needed for appointments. Some people received support on a one to one basis and this was taken into account when the staff rotas were planned. During the inspection staff worked flexibly and in a cohesive and co-ordinated manner to meet people's needs. Each shift was led by team leaders who maintained contact with staff throughout the shift. Staff were not rushed. The registered

manager reviewed the staffing levels, and increased the numbers when necessary, to make sure people had the support they required. A 24 / 7 on call system was in place to make sure staff always had management contact in the case of an emergency.

The registered manager followed safe recruitment practices and checks were made to ensure staff were of good character and suitable for their role. The provider's recruitment and selection policies were robust and thorough. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Notes made during interviews were kept in staff files which were well organised. Two written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. When people were employed from Europe a 'certificate of good conduct' was obtained from the European Police. A disciplinary procedure was in place and was followed by the registered manager.

People told us they were supported to take their medicines safely and on time. One person said, "Staff helped me to get new medication and it makes me feel settled. I can cope with what is going on now much better". People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. Staff told us how they used a 'blister pack' system and that it worked well. No-one at the service was looking after their own medicines and staff told us that some people, who were aiming to live independently in the community, were involved in a self-medication programme to give them the confidence to manage their medicines in the future.

Medicines were generally stored securely. However, the medicines cabinet in the clinical room for houses 5 and 9 was not suitably secured to the wall with appropriate fixings in line with the Royal Pharmaceutical Society guidelines. This was an area for improvement. A new cupboard, which met requirements, had been purchased and the registered manager had arranged for this to be fitted. The medicine cupboards were clean, tidy and not overstocked. There was evidence of stock rotation to ensure that people's medicines did not go out of date. Medicines were disposed of in line with guidance. The temperature of the medicines rooms and medicines cabinets were checked and recorded daily to make sure the medicines would work as they were supposed to do.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines. These guidelines needed to be developed further to reflect best practice. For example, when a person is offered certain types of medicines there should be an explanation of the signs and indicators, such as restlessness, pacing or agitation, to enable staff to identify when the use of these medicines is appropriate. This was an area for improvement. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Regular fire drills took place and people told us they knew what to do in the case of the alarm sounding. A business continuity plan contained plans in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to keep people in a safe environment. People smoked in designated areas in the garden and did not smoke in the service. Staff locked people's lighters in the office and checked they were returned after people had finished smoking. People told us they knew this was a safety measure.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in July 2015 the provider had failed to make sure all staff received appropriate training, supervision and professional development necessary to fulfil their roles.

At this inspection all qualified professionals were now receiving clinical supervision by a clinical supervisor independent to the service. The acting manager had been holding one to one meetings with staff however these had not been as often as they should be. The registered manager had already identified this shortfall and had a plan in place to complete one to one supervision meetings. Staff told us they felt supported by the registered manager and team leaders.

There had been a plan in place to ensure staff were up to date with their training, however, the acting manager had not followed this and staff had not completed refresher training when it was due. Staff told us that since the registered manager had returned to having daily oversight of the service that a training schedule had been implemented to ensure they were up to date with training. One member of staff commented, "The training has improved. We can now have tailored training from someone who knows how we sit within the organisation and what our needs are as team members. This helps in working with people who use this specific service". There was a noticeboard in the staff room which confirmed which staff were due to attend different training courses and these were taking place.

The provider failed to ensure staff received appropriate training and supervision as necessary for them to carry out the duties they are employed to perform. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008, Regulated Activities, Regulations 2014.

Staff completed an induction when they started working at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed other staff to get to know people, their individual routines and their preferences. The registered manager told us that new staff completed the new Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were encouraged and supported to complete additional training for their personal development. This included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Training courses were relevant to the care needs of people and included mental health, epilepsy and autism and Asperger's awareness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Some people living at The Chilterns had authorised DoLS in place and these were kept under regular review to make sure they were still necessary.

The registered manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time each day. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff knew they must act in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. However these were not consistently put into practice effectively, to ensure that people's human and legal rights were protected. For example, some people had restrictions in place which meant they had limited access to things, such as lighters, cigarettes, hard drives, mobile phones and the use of cameras and telescopes. There were no capacity assessments in people's care files to show how and why these decisions had been made. People told us they understood these items were looked after by staff for their own safety and they asked staff when they wanted the items and staff supported them as needed.

The registered manager told us that if people did not have the capacity to make complex decisions, meetings would be held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The multi-disciplinary team, which comprised of the registered manager, the responsible clinician psychiatrist, a clinical psychologist, a registered mental nurse and team leaders, involved people in structured reviews. At these reviews people were able to openly discuss their DoLS / Community Treatment Orders and were supported and encouraged by staff to make their own decisions as far as possible.

People told us they were supported to eat a healthy and balanced diet. People said, "The food portions are good" and "The food is good". Another person told us there were personal touches such as birthday cakes and other celebrations and "That makes us feel more valued and provides a better experience for us all". When people were not eating their meals because their mental health was deteriorating, or they were unwell, staff encouraged people to have regular snacks. When people had concerns with their weight the staff referred them to specialist health professionals, such as dieticians.

Staff supported people in a 'healthy eating group'. This focused on projects related to healthy eating and environmental projects related to food. This had included a group of people being supported to redecorate a dining area and growing vegetables in the garden. From this group a 'cooking school' had developed and was run by the staff to encourage and support people to become more independent and develop their cooking skills. People completed the same training on food hygiene that staff completed and were awarded certificates on completion. People told us they really enjoyed the cooking school. One person told us, "We have a cooking group and we learn new levels of skills".

Meal times were relaxed and social occasions with people chatting together. Snacks and drinks were available at any time of the day and night and people were supported to help themselves to what they wanted when they wanted it. The food looked appetising. Some people chose to eat together and others preferred to eat alone. This choice was respected by people and staff. When people were out during the day staff checked on their return whether they had eaten. Staff supported people to cook or cooked for them when they returned to the service. People told us the staff used to eat their meals with them and this had recently stopped. One person commented, "There have been changes where the staff have to bring in their own lunches due to changes by the organisation. This has had an impact on us and the staff as it was good to have the staff sharing meals with us. It gave us all a chance to talk and it should be looked into again". Minutes of a staff meeting noted the registered manager had agreed 'Staff can still eat their own brought-in food with people at lunchtime and do not have to eat their food during their allocated break time'. We raised this with the registered manager during the inspection and they said they would speak with staff to remind them about eating their meals with people.

People were supported to maintain good physical and mental health. The staff worked closely with health professionals, such as, the psychiatrist and psychologist. People told us they had regular contact with health professionals and were involved in six weekly reviews of their care and support. People's care records showed relevant health professionals were involved with their care. Staff supported people to attend healthcare appointments and consultations. Medicines reviews and changes to medicines were made and staff continued to monitor people's progress.

Good

Is the service caring?

Our findings

Most people told us they were happy living at The Chilterns. Some people expressed they would like to be living in their own home but they all understood why they were living at the service. One person commented, "I really like it here, everyone is very friendly and have made me feel welcome". People said the staff were caring and they were able to approach staff to talk about their feelings or concerns. One person told us they had been upset by a recent event and were able to talk through their feelings with staff. They said, "The staff are easy to talk to and able to calm me down". A local police trainee, who had completed a placement at The Chilterns commented about the staff noting, 'I was impressed by the knowledge and compassion displayed'.

The registered manager and staff spoke about people with warmth, empathy, compassion and a genuine concern for their well-being. Staff respected people's personal space. People told us staff treated them with dignity and respect. Staff knew people well and were aware of people's preferences and life histories. Each person had a 'pen portrait' which gave an overview of people's mental and physical health conditions, their background and any behavioural patterns and triggers they had. Staff listened to people, were patient and responded in a considerate and kind way. During the inspection there were many positive interactions between staff and people.

The registered manager and staff promoted people's differences and spoke with people openly about beliefs, disability and sexual health. One person told us, "I play video games but I know that it isn't possible sometimes due to things going on for me. I am able to talk to staff to work through things but it is hard when I can't do the things I like to do". They told us they were encouraged to play their games but that staff talked through risks with them so they fully understood what they were doing.

People said they were involved in the planning of their care and support. People had their own goals, aims and objectives. One person told us, "This year I have been able to work with staff members who have encouraged me to walk more. This has benefited me a lot. I wanted to be able to do something to dedicate to a relative I had lost and two staff helped me prepare for a walking event for charity. They also came with me at the event and even walked the last bit with me to encourage and motivate me to finish".

A structured six weekly programme of care reviews with the multi-disciplinary team (MDT) was in place. People were supported to write their own assessments and chair their own meetings with the team. The registered manager commented, "Individuals are central to their care and we take every opportunity to encourage involvement in making decisions that affect them. Individuals have the opportunity to chair their own review meetings, write their own care plans where possible and make comments written about their care".

People living at The Chilterns were able to make their own decisions. Some people had family members to support them if they needed to make complex decisions about their care and support. The registered manager ensured advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure

their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Care and support plans and assessments were located promptly when we asked to see them. People's care and support plans gave staff guidance on what people could do for themselves and what support was needed. Staff had a good knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen. During the inspection one person discussed a personal matter about their care choices and risks with staff. Staff were caring and compassionate in their response and talked with the person about wider support networks and contacting the MDT for further advice. The person was reassured by the staff and felt listened to.

People could choose whether to spend time in the community, in their room or in communal areas and were supported, when needed, by staff to do so. When people chose to spend time in their bedroom or in a quiet area of the service staff respected their privacy. Staff checked on people regularly to see if they needed any support. One person told us about aromatherapy treatment and how it was helpful to maintain their well-being and made them feel valued. They said, "A massage lady comes in and does feet massage. It makes me feel relaxed and calm and sometimes I even fall asleep!"

Requires Improvement

Is the service responsive?

Our findings

There was a risk that people may not receive the correct support. Records regarding people's consent to treatment and information regarding people's legal status and restrictions were not consistently updated. Some people were subject to restrictions under the Mental Health Act (MHA) 1983 but records of this were not always clear. For example, one person was under a MHA section 37 / 41. This is known as being 'sectioned' and that being at the service was the best thing for that person's health and safety. Another record in their care files, a health passport used when admitted to hospital, noted the person was on a community treatment order (CTO). A CTO means the person has an agreed level of supervision. Staff told us the person was still under a 'section' and were supported by staff. An entry in the person's daily notes stated, 'X went out unescorted'.

People's records were reviewed every six months and some had been updated as changes had happened, however this had not been consistently done. For example, one person's 'pen portrait' noted access to their mobile phone had been suspended. However, the mobile phone support plan for this person noted, 'I can keep my mobile phone for 24 hours a day, 7 days a week'.

People's confidentiality was respected; conversations about people's support were held privately and care records were stored securely. However, the provider told us some people's personal information may not have been safeguarded and this was being investigated.

A pre-assessment was completed when a person was thinking about using the service. This was used so that the registered manager could check whether they could meet people's needs or not. From this information an individual care and support plan was developed, with people, to give staff the guidance and information they needed to look after the person in the way they preferred.

When people were transitioning into the service this was done in a structured way. People had short stays at The Chilterns to see if it was the right place for them to stay. People told us they had enjoyed their short stays and were looking forward to moving in on a more permanent basis. Each person had a well written and detailed 'pen portrait' which gave staff important background information about each person. However, there were no transitional support plans or risk management plans in place during the short stay.

The provider failed to make sure that people received person-centred care that was appropriate, met their needs and reflected their personal preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff understood the support they needed and staff were responsive to their needs. People said that they received the support they needed when they wanted it and they trusted the staff. People were very relaxed in the company of each other and staff. Staff had developed positive relationships with people.

Care and support plans contained information that was important to the person, such as their likes and

dislikes, life histories and any preferred routines. Care and support plans were focused on people's aims and outcomes for people. The provider had designed a therapeutic care model called 'Shine' which aimed to ensure people of all ages, with severe / enduring learning disabilities and complex needs, and mental health issues realised their full potential. The care model was used by staff to support people to look at four areas: 'Where am I now?', 'Where do I want to be?', 'How do I get there?' and 'How will I know when I've achieved?' People told us about the goals they had set and how staff were supporting them to achieve these. For example, one person discussed with the multi-disciplinary team, during their review, about wanting to travel to France. Plans were implemented to support them to obtain a passport and plan their trip.

People told us they were encouraged to be as independent as possible and supported to learn new skills. Staff told us how much people were enjoying the cookery school and that it helped increase people's independence. They said it had been so popular it had been split into three groups; one when people needed total support in a group, one when people had developed their skills to be able to cook for themselves and a third for people who were being supported to write shopping lists, budget for food, shop and cook their own meals. People were able to identify their own areas of strength and development and were supported by staff to improve their independent living skills in things, such as cooking and gardening. Staff encouraged and supported people to follow their interests in a safe way. One person commented, "I am happy here. There is a choice of things to do and we are taught to use things like cameras responsibly and explore nature with the support of staff".

During the inspection staff were responsive to people's individual needs. Staff noticed if people were becoming unsettled or agitated and were quick to respond, staff spent time with them and offered reassurance. Staff kept in touch with each other between the three houses by radio and provided regular updates to the team leaders.

Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. A large activities board in one of the communal areas was used to remind people of the different things they could do. There were regular group activities, such as a photography group, art group and tai chi classes. People said, "I like football, I love to watch it. I was offered the chance to play in a team with some other people who go and play but I prefer to watch the training and the staff take me with them. I enjoy it" and "I had a lovely birthday recently and the cook made me a carrot cake, which I love. We played games and I went out with other people from here to a local café for lunch. I had a lovely day".

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People commented that they did not have any complaints about the service or the support they received from the staff. One person commented, "I can talk to staff about issues which concern me".

The complaints process was displayed in the service. People were able to raise any compliments or complaints, which they could complete anonymously if they chose to, using a suggestion box. The registered manager made sure that any complaints or compliments were shared with the staff. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly. Action was taken to resolve complaints when needed.

Requires Improvement

Is the service well-led?

Our findings

The service had been in the day to day control of an acting manager for the previous six months; however, they were not present at the time of the inspection. The registered manager had taken up an area manager role. In the absence of the acting manager the registered manager had begun to take back the day to day control and oversight of The Chilterns. They had begun to identify and resolve shortfalls.

Staff had not had regular supervision meetings and had not all had the training they needed to provide safe care and support. The registered manager had already identified these shortfalls and had begun taking action to resolve these.

The registered manager had systems in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. However, shortfalls identified during the inspection, such as inconsistent record keeping, care planning and risk management had not been highlighted during the audits arranged by the provider.

At the last inspection in July 2015 the provider failed to mitigate risks to people's safety because they had not taken action on identified health and safety shortfalls. At this inspection regular health and safety audits had been completed and, when needed, actions had been taken in a timely manner to address shortfalls. For example, quality checks, including health and safety audits, had been completed. When shortfalls had been identified an action plan was completed which noted the action to be taken, who needed to take action and when it was completed. Action was taken by the registered manager to check these actions had been completed.

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. People said they were pleased to see the registered manager back at the service. There was an open and transparent culture where people and staff could contribute ideas for the service. People told us that they felt the service was well-led and that they could rely on the staff to help and support them. The registered manager had given people information about inspections by the Care Quality Commission (CQC) so people knew what to expect. During the inspection people knew why CQC were there and spoke candidly with us.

The management team and staff created a person centred, open, inclusive and empowering environment and people told us that they trusted the staff and were able to rely on them. The registered manager was visible and had an 'open door' at all times. There was a clear and open dialogue between the people, staff, the registered manager and the multi-disciplinary team (MDT). Staff spoke with each other and with people in a respectful and kind way. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they supported. The registered manager monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they maintained oversight of the day to day running of the service.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service. Staff told us that they, the management team and the MDT all worked closely to make sure people received the support they wanted and needed. A quarterly Optima Care newsletter included important information for people and staff and included a competition for staff to demonstrate how they 'Made a difference' to the people they supported.

The staff team worked in partnership with key organisations. The cookery school included tailored programmes according to the level of support required by individuals. It complemented the 'healthy eating group' which worked in partnership with the local clinical commissioning group to promote healthy eating choices and lifestyles. Two members of staff wanted to begin Tai Chi classes for people. With the help of a clinical psychologist they designed and organised the classes. Feedback from people was that Tai Chi had had a positive impact on them and that it reduced their stress levels.

As part of the service's community collaboration initiative The Chilterns offered placements to local trainee police officers. Feedback received from one trainee after completing a placement was, 'My perceptions around both mental ill health and offenders have been changed by my experience at The Chilterns. I feel that I have really benefitted from my placement at The Chilterns'.

People were supported to have good links with the local community. Staff told us that they encouraged people to use the local cafes and shops and that people were well known by local shopkeepers. People told us that they often walked to the local shops and cafes and they enjoyed being able to do this.

Staff told us they were clear about what was expected of them and their roles and responsibilities. Results from a recent staff survey confirmed this. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. However, the provider told us some people's personal information may not have been safeguarded and this was being investigated.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident they could raise concerns with the registered manager and that action would be taken. The provider had a confidential staff phone line and staff told us they would not hesitate to use it if they felt they needed to.

The registered manager and staff worked closely with key organisations, other local mental health service providers and health professionals to support care provisions and to promote joined up care. These included local GPs, psychologists, community nurses, the community mental health team and psychiatrists.

Staff listened to people's views and made changes to the service in accordance with people's comments and suggestions. People were asked during their reviews about the quality of the service and support they received. A suggestions box was in the service for people to place their comments which they could complete anonymously if they chose to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to make sure that people received person-centred care that was appropriate, met their needs and reflected their personal preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that timely care planning and risk assessing took place to ensure people's health, safety and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training and supervision as necessary for them to carry out the duties they are employed to perform.