

Chiltern Support & Housing Ltd

Chiltern Support and Housing

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

About the service

Chiltern Support and Housing provides care for people who live in supported living accommodation. The provider supports people in seven properties in the High Wycombe, Aylesbury and Barnet areas. The numbers of people supported in each property ranged from one to eight. All people supported had an individual bedroom, shared main bathroom and kitchen facilities.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection 20 people with a range of needs including learning disabilities, autistic spectrum disorder, brain injury and neurological conditions were supported with the regulated activity of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Where required people were supported with prescribed medicines. However, records did not always reflect best practice. We have made a recommendation about this in the report.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found some improvements could be made to ensuring everyone was supported in line with the Mental Capacity Act 2005. We have made a recommendation about this in the report.

We observed people were supported to live a life of their choosing. People were supported to be independent with their life skills and chosen activities.

People were supported by staff who had been recruited safely and had received training to ensure they had the right skills and attributes.

People were supported by staff who demonstrated they were kind and considerate. Staff were able to provide dignity to people.

People received a personalised care service. Care plans were written to reflect their likes and dislikes and staff were knowledgeable about people and their personal circumstances.

The service had a clear management structure. Relatives told us communication was good and felt the service was well-led.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the provider at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Some minor restrictive intervention practice was used as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chiltern Support and Housing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides personal care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 August 2019 and ended on 22 August 2019. We visited the office location on 14 August and one of the supported living homes. On the 15 August we visited another supported living home and spoke with one person. We contacted people and their relatives on the 22 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff.

We reviewed a range of records. This included three people's care records and one medicine record. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information sent through to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We found some improvements could be made with the records relating to medicine administration.
- We found mixed practice in the management of records relating to people being supported with their prescribed medicines.
- We looked at records relating to prescribed medicines. We found some improvements were required to ensure the records followed national guidance. A team leader told us, the local pharmacist provided a typed medicine administration record (MAR). However, sometimes there was a delay in the service receiving the document. In the interim staff completed a hand-written MAR. The hand-written document we viewed did not record all the requirements to ensure safe administration. For instance, name, dose, frequency and route were not routinely recorded. We discussed this with the quality assurance manager, who agreed improvements were required.

We recommend the provider seeks support from a reputable source on the management of medicine records.

- Where people required support to manage and administer their prescribed medicine this was detailed in their care plan.
- Staff received training on how to safely support people with their medicines.
- Additional guidance was available for staff on when to administer medicine for occasional use. This ensured people were not over or under medicated.
- We received positive comments from one relative who told us "They know exactly how to deal with [Name of medical condition], they do so well with medication."

Staffing and recruitment

- Records we looked at demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- We found some staff files contained references from previous employers after the start date. We discussed this with the quality manager. They provided us with information the member of staff had not worked alone with people until the information was received. We spoke with a member of staff and they confirmed this had been the case.
- We found mixed evidence about the deployment of staff. Some people were assessed as needing the support of two staff at all times. In one supported living home we observed one person required support from two people and this was routinely provided. However, in another home we observed one person's care

plan stated they required "One to one support when at home and in the community." The care plan of another person in the same home, stated they had three hours one to one support daily. We observed only two staff had been rostered to work within the home on a regular basis.

- We spoke with the team leader in the home about this. They told us a floating member of staff was deployed to work across the homes. We spoke with the quality assurance manager about staff deployment. They advised us the organisation had already recognised this as an area of improvement. They advised one member of staff was now responsible for managing staff deployment. Staff we spoke with were positive about the recent changes.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Staff had receiving training on how to recognise and report abuse. The local authority safeguarding team's telephone number was readily available to staff. Information was available to people in a format which they could follow, on how to get help if they felt concerned about their safety.
- The provider and staff were aware of the need to alert the local authority when they had identified potential abusive situations.
- People's relatives told us they did not have any concerns about their family member's safety. One relative told us "I know they are in a safe place."

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of choking had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medicines and potential risk for falling.
- Risk assessments were in place and routinely kept under review for people who had the potential to experience behaviours that could challenge. We found staff were very knowledgeable about the risks and how to minimise potential harm. Risk assessments clearly identified how potential risks could be preventing from escalating. For instance, advice for staff on how people demonstrated they were getting into a distressed state. This included facial expressions or changes in their verbal language.
- Potential environmental risks had been considered. The health and safety of people being cared for in their supported living accommodation had been assessed. The provider reported required repairs to the landlord. Staff told us they worked closely with the landlord and repairs were completed in a timely manner.

Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Where people required support with the preparation of meals they were supported by staff who had received training in food safety.
- A quarterly infection and prevention audit was carried out and monitored by the quality team.

Learning lessons when things go wrong

- Staff were supported to identify when incidents and accidents needed to be reported.
- The provider monitored accidents and incidents to identify any trends. The quality team were in the process of implementing new monitoring systems across all the provider's locations.
- The provider had systems in place to cascade learning across all their registered locations. For instance, registered managers attended regional managers meetings where lessons learnt were discussed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection (COP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found mixed practice around the application of the MCA and record management within the service.
- The service identified if people had difficulties making informed decisions. We noted mental capacity assessments had been completed in the three people's files we looked at. However, they did not routinely follow the code of practice of the MCA. We found they did not always record what the capacity assessment was referring to. Where the decision should have been recorded this was blank. We discussed this with staff. They told us they understood capacity assessments should be completed regarding a specific decision and not a generic document.
- We found applications to deprive a person of their liberty were not routinely applied for. Three people who were supported by the service had not been referred.

We recommend the service seeks support from a reputable source to ensure people are supported in line with the MCA and records reflect this.

- In other records we saw the service had fully complied with the MCA. Where people had a COP authorisation to place conditions on the support they received we observed this was followed.
- We noted the provider had made referrals to the local authority to support them with applications to

deprive people of their liberty. We saw the provider had kept in contact with the local authority to seek updates on their progress.

- We observed in both supported living homes we visited, people were routinely asked for consent prior to being supported and involved in decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to eat and drink enough to maintain a balanced diet

- Prior to a person being supported by the service, a full care needs assessment was carried out. This included gathering important information about the person's health, physical, mobility and social needs.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- Where people had been admitted to hospital the service ensured they could still meet their needs when they were ready for discharge.
- People were supported to maintain their nutritional needs.
- Where people required a specialist diet this was detailed in their care plan. One person required a thickener to be added to fluids to prevent them from choking. Staff told us how they would prepare the drink. We observed this was in line with the person's care plan and prescription.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction into their role and training the provider deemed mandatory. The provider had systems in place to monitor staff training.
- New staff were not allowed to work alone with people until they had been deemed competent. One member of staff told us "I have been shadowing existing staff."
- Staff told us they felt supported in their role. Comments included "I know structure in the company. My team leaders are supporting me" and "To be honest we have a supportive team here."
- Relatives told us they felt the staff were well-trained. One relative told us "If I thought they could not cope and [Name of person] was not going to be safe I would not send them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who had good communication skills and worked as a team.
- Important information about people was shared between staff. A daily handover meeting occurred between each shift. Staff told us "Staff finishing shift and staff starting shift. All information about the service user as well as information about his needs are included in the handover. I think it is very effective."
- Each person had a hospital passport and health action plan in place. These two documents were designed to support external healthcare professional to support the person in a person-centred way.
- We observed people whose health deteriorated were supported to get medical help, either emergency care via an ambulance or attendance at the GP surgery. Staff ensured information about any follow up appointments were managed well and known by all.
- The service worked well with external healthcare professionals. Referrals had been made to occupational therapy and psychology support as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed staff to be kind and considerate towards people. Two people we spoke with told us staff were "Very good" and "Very kind".
- Relatives were happy with the care and support their family member received. They told us "I am so happy, everything is good, they [Staff] are so good, lovely people" and "They [Staff] take care of him, I am happy, he is ok there."
- People were supported to be as independent as they could be. People were supported with their chosen activities both within their home and the local areas.
- We observed one person liked to smoke cigarettes. Due to their condition they had agreed for staff to manage how many they smoked a day. We were talking to the person and they expressed it was their 'cigarette time', we made staff aware who responded professionally and calmly to the person. When the staff offered to take the person out, they responded with a big smile and it was clear the activity was very important to them.
- Staff demonstrated they knew how to provide dignity to people. Staff moved to an office area if they needed to have a private conversation about people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in discussions about their care and support.
- Each person had a keyworker, which was a named member of staff who supported the person to co-ordinate their care. Keyworkers were responsible for meeting with people on a monthly basis.
- People's relatives felt involved in decisions about their family member's care and support. Relatives told us communication was good. One relative told us "They [Staff] let me know all the time what [Name of person] has been doing." Another relative told us "Communication is good, I have a communication book, and everything is written down in there."
- People were given opportunities to provide feedback to the service in an easy read feedback form. This was a pictorial form which ask question such as 'Do you feel involved in making decisions about your care?' and 'Do you feel listened to by carers and managers?' as examples.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service from the staff. Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported.
- Information was obtained about people's life histories, family and friends and what was important to them.
- Care plans were reviewed at regular intervals or when changes occurred to ensure they were still accurate and up to date.
- People's culture, lifestyle needs and wishes were well known by staff. For instance, one person whose first language was not English was supported by a keyworker who spoke their first language. We observed notes from their monthly keyworker sessions were written up in both languages.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others
- The service understood about the AIS and had ensured information was available to people in a format that was able to be understood by them. For instance, fire evacuation procedures and how to make a complaint were in easy read formats.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which laid out what response people should expect if they had cause to complain.
- The provider had received complaints since our last inspection. Systems were in place to monitor complaints and learning from them.
- People's relatives told us they knew who they would speak with if they had a concern and said they had confidence in the service to deal with the issue.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs.
- The provider had recognised a need to improve end of life planning with people. The provider told us in the provider information return they had planned "Re-implementation of the end of life care planning as we

recognised this is not currently as detailed as it should be. Additional end of life staff training will be afforded to ensure this is effective."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear vision and culture with the service. Staff told us they felt supported by the management team.
- The provider had a clear management structure in place, and all staff understood their roles and responsibilities.
- People and staff were supported with their culture and lifestyle choices in line with the Equality act 2010. Staff had received training on respecting equality and diversity and the provider's policy supported best practice guidance.
- People and their relatives were asked for feedback about the service. Relatives told us communication was good with the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider was aware of their legal requirements to carry out certain actions, which includes an apology when things go wrong.
- The registered manager and provider kept themselves up to date with legislation which affected the care industry.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service, we had been notified when required.
- The provider had policies and procedures in place which reflected best practice or national guidance. Policies had date of issue and review timeframe on them. The Complaints policy was available in an easy read format for people.

Continuous learning and improving care; Working in partnership with others

- The provider advised us in the provider information return they had ensured continuous learning by "Establishing relationships with learning providers such as Skills for Care, Social Care TV, Log on to Care, SCIE etc for the training need of our service."
- Staff were complimentary about the training provided and felt it helped them manage potential challenging situations.
- The provider attended local managers and provider networks. The service was a runner up in the recent 2019 local authority dignity awards for collaborative working.
- The service worked in partnership with external healthcare and social care professionals to obtain the best outcomes for people they supported.