Modus Care Limited

Chalk Hill

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection that took place on the 14 October 2014. At our last inspection in October 2013 we found the service had met the requirements of the regulations.

Chalk Hill is a detached property located in Kingswood, Surrey. The home is registered to accommodate up to three people and supports those with learning disabilities and autism spectrum conditions, such as Asperger's Syndrome. At the time of our visit there were two people living at the home.

There was not a registered manager in post. They had left the service two weeks before our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager was in post and had begun the application process to become the registered manager.

The manager had fallen behind on staff one to one meetings and appraisals, but they had a clear plan in place to catch up. Staff felt supported by the manager and the organisation.

Summary of findings

People who lived at Chalk Hill had a very positive experience because the staff team was dedicated to supporting them and promoting their independence.

People were kept safe as staff carried out appropriate checks to make sure that any risks of harm in the environment were identified and managed. The risk of harm from activities, medicines and other aspects of people's lives were also identified and suitable controls were in place. These were done in a way so that the restrictions to people's lives were kept to a minimum. Where restrictions were in place, the service had followed legal requirements to make sure this was done in the person's best interests.

There were enough staff at the home, and the numbers of staff varied to meet the needs of the people that lived there. Staff were kept up to date with training to ensure they could meet the needs of the people that lived there.

People were involved in their care and support, and were encouraged by staff to do things for themselves. They had an understanding of what their medicines were for, and why they were taking them. People had the food and drinks that they liked and were involved in selecting and preparing their meals.

People's care and support needs had been identified with them, and their relatives. These had been reviewed regularly to ensure their needs were still being met. People had access to health services to make sure they kept healthy.

People were supported by caring staff that treated them as individuals. Over the course of our inspection people were spoken to in a kind, caring and encouraging manner. Staff took the time to work at people's own speed. People were never hurried or rushed, but enabled to do things for themselves to promote their independence.

The staff responded well when people's needs changed. People were also involved in their care, and targets and goals were set with them.

The manager had a good understanding of the aims and objectives of the home, and ensured that people were supported to be as independent as possible. The provider and manager carried out a number of checks to make sure people received a good quality of care. Everyone we spoke with was very complimentary about the service and the staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People felt safe within the home. Risks of harm to people had been identified, and measures were in place to keep them safe.

There were enough staff to meet people's needs during our visit. Staffing varied to ensure people were able to go out when they wanted.

People's medicines were managed safely, and they were involved in the process.

Is the service effective?
The service was effective

Good

The manager was behind on staff one to one meetings and appraisals. They had identified the issue and a plan was in place to get them completed. Staff felt supported by the manager and the provider.

People received healthy and nutritious meals, along with appropriate support from staff. Where special dietary needs had been identified, these were met.

Where people's liberty was restricted the service had followed the legal requirements to ensure this was in the person's best interests.

People received regular checks by staff and external health care professionals to make sure they were healthy.

Is the service caring?
The service was caring.

Good

Feedback from people and relatives was positive about the home and the staff. Staff had an understanding of who people were as individuals which enabled them to provide good care to people.

People were treated with dignity and respect by staff. People's independence was encouraged and supported by staff.

Is the service responsive?
The service was responsive

Good

People and their relatives felt the service responded well to their needs.

Where people's needs changed, staff responded quickly to ensure they received the correct level of support.

People were able to go out and take part in activities that interested them.

Information about how to make a complaint was readily available. Where complaints had been made the manager took appropriate action to investigate.

Summary of findings

Is the service well-led?

Good

The service was well led.

People had the opportunity to feedback to the manager about any concerns or ideas they may have.

People and staff felt the manager led the service well. She was approachable and listened to people.

The provider and manager carried out a number of quality assurance checks to ensure the service was meeting the needs of the people that lived there.

Chalk Hill

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.

This was an unannounced inspection that took place on the 14 October 2014.

Due to the size of this service the inspection was carried out by one inspector, who had a background in learning disability care homes.

We spoke with two people who used the service and a relative. We also observed the care and support being provided to the two people that lived there. We spoke with three staff which included the manager. We also looked at a range of records about people's care and how the home was managed. For example we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with the local authority and various professionals to gain their feedback as to the care that people received.

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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

At our last inspection in October 2013 we found the service had met the requirements of the regulations.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. A relative felt their family member was safe as the staff supported them in a safe way.

Staff went through a number of checks before they were able to work with people. This included an induction process that checked their identity, their experience and qualifications, and if they had any criminal record that could affect their suitability to work with people. This is called a Disclosure and Barring System (police) check. The induction process also included a number of reviews where the staff member was observed by the manager to make sure they did things correctly and in a safe way.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. Information on who to contact if abuse was suspected was also displayed in the office. The provider's aims and objectives statement on display in the reception hall also included a statement that people should be able to live free from abuse, discrimination, bullying and harassment. During our observations over the course of the day we saw that staff worked in a way that matched these objectives.

Risks to people were managed to keep them safe, but also to protect their freedom. People's care plans contained specific sections on keeping people safe, and how staff should support them. These included examples such as being aware of people's limited road safety awareness. Details of how people managed the risk themselves were also included, in addition to what staff would need to do. Community access guidelines were also in place for staff to follow.

These enabled people to go out when they wanted, and gave staff the knowledge to understand how a person could react to specific situations while out, and how to support them. The guidelines did not impose any restrictions on people's access to the community.

People were kept safe because hazards around the home and the risks they posed to people were identified and plans were put into place to manage them. Staff completed regular checks to make sure people were protected from a number of risks, such as fire and infection. This included risks posed by individuals to themselves, for example where someone refused to leave the building when the fire alarm sounded. Records showed the manager had discussed this with the person. They had also put in a plan with the local fire services to manage this behaviour to keep them and others safe in the event of a real fire.

Clear guidelines were in place for staff's roles and responsibilities for keeping the home safe. These included duties for the night staff, such as turning off plug sockets and making sure exterior doors and windows were locked, and 24 hour contact details of senior managers for staff to ring in the case of emergency. Staff also received regular training in health and safety to make sure their skills were up to date with current best practice.

People we spoke with and a relative thought there were enough staff to meet the needs of the people that lived there. A staff member said "The good thing about this company is that if someone needs one to one or two to one support they do not break this protocol."

When people went out during our inspection they had the correct staff support ratio as detailed in their care plan. The staff that remained in the house also met the support requirements for the person who had not gone out. Clear plans were in place to cover absence of staff due to holidays or sickness so that people's support needs would not be affected.

People's medicines were managed safely. Staff received training in medicines to ensure they had the skills to give them safely. Staff carried out appropriate checks before medicine was given, for example by checking the Medicines Administration Record to ensure that the medicine was given to the right person, at the right time, and the right dosage. Two staff checked the medicines and signed to say they had checked it. Medicines were stored securely in locked metal cabinets to stop unauthorised people from getting to them. Where people took medicines with them when they stayed with relatives, these were booked in and out, so that staff had an accurate stock figure so medicines would not be lost.

People were involved in the medicines process. Staff explained to each person what the medicine was for and if they wanted to take it. Staff recognised the risk of choking when taking medicines. Where someone was lying down in bed when staff gave them medicines, they were asked to sit up before they took it. They agreed to do this. People were also able to tell us what their medicines were for when asked, for example by pointing to their stomach. Both

Good

Is the service safe?

people were involved in counting out the medicines and were able to identify the medicine by the day they were taking it. Guidance was available to staff for managing 'as required medicines' and homely remedies, such as items you can buy from a chemist without a prescription from a GP.

Good

Is the service effective?

Our findings

People received support from staff that had the necessary skills. Induction records had been fully completed. This recorded that they had achieved the provider's required standard in subjects such as behaviour management, health and safety, record keeping and safe working practices. The induction also included a period of assessment by the manager to ensure staff had the practical skills to be able to support people effectively.

Staff were kept up to date with training over the course of the year. Subjects such as moving and handling, autism, Asperger's awareness and mental capacity were all competed by staff. This kept them up to date with current best practice. Staff were behind on their one to one meetings and appraisals with the manager. The manager had a clear plan in place to address this issue, and had begun to catch up. The staff we spoke with said they felt supported by the manager.

Each person's communication needs and how staff should talk with them were clearly identified in the detailed care plans. Particular ways of communicating with individuals were recorded and staff were seen to communicate in these ways over the course of the day. People were able to understand staff and staff understood what people said.

Where people may not be able to make certain decisions for themselves the manager and staff followed the requirements of the Mental Capacity Act (MCA) 2005. People's care records contained details of their understanding of certain aspects of their life, such as medicines, and if they could make an informed decision for themselves. The records showed what had been done to help the person understand the decision, and if they could not who had been involved in making the decision for them. Examples showed the person, their relatives and social workers had all been involved where a person could not understand and make a decision for themselves. This ensured any decision made was in the best interests of the person.

Where people's freedom was restricted, the manager made sure that a Deprivation of Liberty Safeguard (DoLS) application had been made. This is a legal requirement to ensure that if a person's freedom is being restricted to keep them safe, it is done in the least restrictive way possible and authorised by the local authority. Each application to restrict someone's freedom had a review date on it. The manager's computer had these dates set on it so it would automatically flag up when a DoLS authorisation had to be reviewed to see if it was still necessary. This ensured that people's freedom would not be restricted indefinitely without someone looking and seeing if it was still really necessary and in their best interests.

People were involved in choosing and making their own meals and drinks. Meal plans were on display in the kitchen so people could clearly see what was on offer for each meal. Meals were prepared from fresh ingredients, for example a chicken casserole was made by staff with help of one of the people who lived there.

Where a need had been identified staff monitored a person's fluid intake or weight. This was done to make sure they were getting enough to drink or not eating too much. Healthy option food was available in the form of fresh fruit, but people were also able to choose snack foods if they wished, for example biscuits with their hot drinks. People had a good supply of drinks on offer during the day of our inspection. People were involved in making their own cups of tea whenever they wanted one.

People were assured that the food plans were nutritious because they had been reviewed by a dietician before they were used. The menus had been designed around the particular health needs of the people. This ensured that they were not given food stuffs that could affect their condition in a negative way. This ensured people had a balanced diet to help keep them healthy.

People were supported to keep healthy. Each person had a health plan in place which detailed the various health care professionals they had visited and when these had taken place. For example people had regular trips to the GP, optician, and dentist. GP appointments recorded the reason for the visit and what the outcome was. This made sure staff knew if they had to make any changes in a person's support needs. Where a particular support need had been identified staff were seen to give this to the individual during our inspection. The person was also aware of what they needed to do with regards to food, to make sure they stayed healthy. They talked through with the staff what they were doing, and why they were doing it.

Good

Is the service caring?

Our findings

People said they liked living at the home and staff were nice to them. A relative said, “This is the right place for my family member. Staff and everything are perfect for him.”

People were treated with kindness and compassion by staff. A routine fire alarm test was postponed as one person was not feeling well and was still in bed. The other person was kept up to date by staff on the delay in the test.

People were supported by staff who knew them as individuals. During our observations we saw staff talking to people about their interests, and plans for the week ahead. Staff were able to describe people’s interests as well as support needs and what they needed to do to help them. They were also able to explain how people communicated and what certain behaviours meant, and what caused them. For example one person had a particular way of saying thank you and staff knew the reason behind this.

Staff spoke to people in a calm and respectful manner. Staff gave guidance and encouragement while they supported people with daily tasks. Staff never rushed in to do something for an individual if that would interrupt what they were doing. Staff responded by talking through with the person the different steps of what they were trying to do, for example make a cup of tea. People were given time to gather their thoughts and complete the task themselves. Staff promoted people’s independence. Staff understood how they could influence this. One told us “We can de-skill people very quickly if we don’t get them to do things themselves. For example counting petty cash can take 20 minutes. If we did it on our own it could be done in two. We involve them to do it to keep their skills about recognising money.”

Where someone was unwell, or displayed early signs of agitation, staff understood the change in their behaviour and reacted quickly to help them. For example staff saw that their presence in the kitchen was affecting a person’s ability to make a drink. They apologised and left the room. The person was then able to focus and continue on with what they were doing. The staff member knew they were the cause of the issue, and what they needed to do to help the person carry on.

People were involved in decisions about their day to day care and support. This ranged from helping with their own laundry, making their own food and drinks, to deciding what they wanted to do during the day, and what support they needed.

Information was provided to people in a way they could understand. For example staff that would be supporting them were identified on boards in their rooms, and these matched the staff that were in the house. People also had an understanding of why they needed to do certain things such as eating slowly, or taking medicines, which showed it had been explained to them.

Staff asked people what they would like to do when going out, and also discussed ways that people could become more independent. For example rather than staff knocking on a door to wake a person in the morning; they were now trying to use an alarm clock to wake themselves up. The service was very active in identifying long and short term goals with people and helping them achieve them.

People’s privacy and dignity were respected and promoted by staff in a number of ways. People had access to private rooms if they wished to be alone. Staff respected people’s privacy by asking permission before going into people’s rooms. Where staff saw something that may cause a person embarrassment, such as a stain on their clothing when they were due to go out, they gently brought it to the person’s attention and asked if they would like to change it. The person agreed and went to change it.

As people became more independent they were encouraged to carry out personal care tasks on their own. Records and discussions with staff showed how support had been slowly reduced over time so people were safe, but also increased their privacy and independence.

Relatives were able to visit when they wanted, and there were private rooms where they could meet and see their family members. People had their own private spaces as well as communal areas, so if they wanted privacy from others they could have it.

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs. One person said "I am happy here, I am able to go out when I want, and I can use my computer when I want." A relative confirmed they had been involved in developing and reviewing care plans with their family member. They had also been involved in and agreed the risk assessments. They said, "We have been involved in decisions about care and we receive a lot of communication from the staff team."

People's support needs and important information about their lives were recorded in detailed care records. These included at a glance 'quick support plans' which gave the most important information about each person. So at a glance someone unfamiliar with the person would be able to know what their needs were. This included personal details such as the person's likes and dislikes. People were portrayed as individuals with goals and aspirations in these records. Clear plans were in place to help people meet these goals.

Where people's needs changed, the service responded appropriately. Records kept by the service, detailed when and why people's needs had changed and what staff needed to do in response. Examples included increasing people's independence, or increased support if they felt unwell. Relevant records were also kept where a need had been identified. One person had their weight monitored to ensure the support they were getting was helping with their particular need. External specialists were involved when needed to make sure the person received the best possible help, and staff received the most up to date guidance about the issue.

Changes in people's care and support needs were discussed when new staff came on shift. A handover was given to update them on how people were and if there were any changes in their usual support needs. For example staff were informed that one person was unwell, and how this could affect their mood and their ability to do things for themselves. The handover also talked about what the person's wishes were for that day and what arrangements were needed to ensure these were met, for example going out. They also covered what medicines people had received. Staff were given a good understanding of what support people needed for the rest of the day.

Where people had expressed an interest or hobby, staff supported them to do it. One person liked to visit the library, and they told us they were able to visit and take out books whenever they wished. This meant they could do the things they wanted to, and integrate with the local community. Family were able to visit without notice, and people sometimes went to stay with relatives for the weekends. This enabled them to stay in contact with family and friends.

People were encouraged to give feedback about the service in a number of ways. A relative told us, "If I had a problem I would have no hesitation in approaching the manager. I have never needed to though." There was a clear complaints policy on display in the reception area so everyone could see it. It gave information on how to make a complaint and how the service would respond. It also gave information about outside agencies that people could complain to if they were unhappy with the response from the service. There was a comments box in the reception area so people could leave feedback anonymously if they wished.

There had been no complaints recorded since our last visit. The manager had a good system in place for recording if complaints were received. This included the action taken and timescales. This information would then be submitted in a weekly report so senior managers could see any issues that had been raised, and if appropriate action had been taken.

Good

Is the service well-led?

Our findings

People and staff were involved in how the service was run in a number of ways. Questionnaires were completed by people so they could give feedback about the food, personal care and support, their activities and the management availability for example. All the responses were very positive. Results from this feedback were also shared with staff so they could see how people felt about the home.

People were involved in their own care and support by staff during our inspection. This was very focused on the individual person, and not just about meeting their health needs. People could choose what they wanted to do during the day, for example going into the local community, and not have to stick to a rigid timetable.

Staff told us they felt able to talk to the manager to raise concerns or talk about ideas to improve the service when they needed to. There were also monthly team meetings where staff could discuss issues as a group with the manager.

The manager kept abreast of what was happening in the service. Staff fed back to them how the service was running and if any advice or guidance was needed. The manager also frequently looked at what was happening, and engaged with people. Interactions between the people, staff, and the manager were very good natured, supportive and friendly. This made it easier for people to talk about difficult issues they may have, as everyone was very relaxed with each other. This led to a very pleasant and open atmosphere in the home.

There was a new manager in post at the time of our inspection. They had begun the application process to become the registered manager. This had to be done to ensure the service met legal requirements. They had a good understanding of their responsibilities, for example sending in notifications to the CQC when certain accidents or incidents took place.

The manager had a clear understanding of the provider's goals and values. During the inspection we saw that they worked in a way which met them. For example one of the providers displayed values was about promoting independence. A staff member was seen to make a cup of tea for a person, rather than the person make it for themselves. The manager saw this and ensured the importance of people making their own drinks was emphasised to them. The staff member had a clear understanding of what they could have done differently.

There was good leadership at the home as guidance and advice from external agencies was acted on. At our last inspection we identified a small number of minor improvements that the home could make. For example the cleanliness of the carpet in the hallway, and the missing suggestion box in the reception area. Although these were not breaches in the regulations the manager had arranged for all these improvements to be made.

People received care from staff that had a clear understanding of their responsibilities and roles The staff handover involved a discussion about who would complete which task around the home, and confirmed how people would be supported. The manager also gave advice and guidance where plans needed to be changed to accommodate someone who was not feeling well.

People and their relatives were happy with the quality of the service provided. One relative had written a compliment to the staff team saying, "Thanks to all for keeping him safe and well."

The manager carried out a number of checks to make sure people received a good service and that any issues were resolved. Accidents and incidents were reviewed by the manager to ensure they had been effectively dealt with and lessons learned to stop them happening again.

The provider carried out a number of checks at the service. These included visits from senior managers to check a good quality service was being provided, and also reviewing reports submitted by the manager to ensure targets and goals were being met.