

South West Action For Learning and Living Our Way Limited

64 Chilcompton Road

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

This inspection took place on 31 March and 1 April 2016 and was unannounced. When 64 Chilcompton Road was last inspected in August 2013 there were no breaches of the legal requirements identified.

64 Chilcompton Road provides a respite service and an opportunity for people with learning disabilities to learn and develop their independent living and personal skills in a safe environment. The service opens each afternoon and includes the option of overnight stays for up to three people at a time.

The service has a registered manager. 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 staff had received training regarding how to keep people safe. They were aware of the service safeguarding and whistle-blowing policy and procedures.

Staffing was arranged in a flexible way to respond to people's individual needs.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

Each person was supported to access and attend a range of working, educational and social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.

The service maintained daily records of how peoples support needs were met

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to people.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

Risk assessments had been carried out and provided information for staff on how to support people safely.

The service had safe and effective recruitment systems in place.

Medicines were administered only by members of staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

There was a staff induction procedure in place and staff received regular supervision and a yearly appraisal.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People were involved in planning how to meet their nutrition needs.

Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's preferences and needs.

Is the service responsive?

Good ●

The service was responsive

People had been involved in recognising their needs and the planning of how support was to be provided to them.

The staff had worked with people, relatives and other services to recognise and respond to people's needs and aspirations. Each person had their own detailed personalised care plan.

The service had a robust complaints procedure.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by their manager.

People and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided.

To ensure continuous improvement, senior staff conducted regular quality assessment and monitoring audits. The audits identified good practice and action areas where improvements were required.

64 Chilcompton Road

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 which took place on 31 March and 1 April 2016. This inspection was carried out by one inspector. Before our inspection, we reviewed information we had received in relation to the home; which included any incident notifications they had sent us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with four people who use the service. We also spoke with three staff members and the registered manager. We observed how people were supported and looked at three people's care records. We also made observations of the care that people received.

We also looked at records relating to the management of the home such as the policies, incident and accident records and audit reports.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us "I feel safe and the staff are nice" while another person communicated this with sign language. Support plans also recorded that there were discussions between staff and people living in the home about keeping themselves safe when they were outside of the service.

The service had a policy and procedure regarding the safeguarding of people and guidance was available in the office for staff to follow. Staff told us that they would report any issues of concern to the registered manager. Staff also knew that they could speak to the safeguarding team directly if they felt this was appropriate. One staff member said "I don't think there would be a need to go beyond the management here, they would follow up any safeguarding straightaway".

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Risk assessments had been carried out and provided information for staff on how to support people safely. This included using community facilities and supporting a person to undertake activities. Each risk assessment considered actions required to keep the person safe whilst undertaking the activity, strategies to use if the activity became unsafe and post strategies to use to reassure the person afterwards. We saw risk assessments for people which included road safety, 'stranger danger' and excessive spending.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. For some people this was more about reassurance rather than physical assistance to leave. We saw that each plan was individual to every person and had considered their physical and emotional needs.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

The staff explained how staffing levels were assessed and organised in a flexible way to support people to pursue their choices of how they spent their day. Staff told us there were enough staff to meet people's needs throughout the day. We found that the staff rota was planned and took into account when additional support was needed for planned activities outside of the service.

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application

form, an interview and previous employer references to assess the candidate's suitability for the role.

The service had developed suitable arrangements for the safe storage and administration of people's medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of contra-indications. We saw that staff had been trained in the administration of the medicines. The main assistance provided by staff was to prompt people to ensure they had taken their medication at the correct time.

People were cared for in a safe, clean and hygienic environment. People, with support from staff mainly undertook their own laundry and cleaning chores. The rooms throughout the service were well-maintained. Regular equipment and maintenance checks were undertaken. Where actions were required they were taken forward within a reasonable time limit by the landlord.

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received regular refresher training. Training subjects included first aid, infection control and food hygiene. All of the staff we spoke with told us they had been given training relevant to support the people they supported. Training included specific training to support staff to recognise and meet the needs of people. For example a member of staff told us they completed specific autism and epilepsy training to enable them to understand the needs of the people they were supporting. Another member of staff told me, "I get quite a lot of training and we have competency checks to make sure we understand the training".

All staff we spoke said they had been supported with regular one to one supervisions throughout the year and records we saw demonstrated this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. A member of staff told us "The best thing is it's like an extended family working here, I feel supported by the team".

We spoke with staff and saw from the training records that staff had received training and were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been assessed and appropriate. People who used the service were not subject to DoLS.

Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible. One member of staff said "We listen to what our members want and let them influence how the service helps them to achieve their choices".

We made observations of people being offered choices during the inspection, for example what activity they wanted to undertake during the evening of their stay. Where a person was unable to communicate staff utilised a number of techniques such as using simple sentences and sign language to enhance their understanding of the person's requirements.

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. People went shopping for food and discussed with staff the ingredients and meals they would like to purchase. We observed an example of this; staff discussed with one person which ingredients were already available at the service and what they would need to buy to make their evening meal. We saw the staff make arrangements to go shopping with the person to buy the additional ingredients. One person communicated with us that they were supported to cook meals for themselves and that they enjoyed doing this. Records showed that the staff also worked with people to look at healthy eating options.

People were supported to maintain their well-being and good health. As the service provided overnight respite for one or two days at a time there was not generally a need for people to access health care services whilst staying at the service. We saw however that daily records were maintained so that the staff could

monitor changes in people's health and behavioural conditions and refer information to people's primary guardians if necessary.

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and people communicated with the staff when not able to verbalise with non-verbal communication. We saw people smile and use hand gestures to explain meanings to the staff. One person we spoke with said "I like that the staff are kind and I'm never frightened coming here".

We observed staff treating people with dignity and respect. Staff spoke in a polite way and clarified information with people so that everyone was sure of what had been agreed.

We listened to and observed staff working with a person to identify their plan for the evening. People were included in the discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

We saw in the support plans how the service had worked with people to identify and record their choices and preferences, this included foods and activities. It was clear from the information available throughout the service and the activity schedule for each person that they were consulted and that care and support was planned according to the needs and abilities of each person. One person told us that they liked the staff and said "I like coming here the staff help me to be independent". A relative said "The staff are kind and caring, they always contact me quickly if there are any issues".

Staff we spoke with described people and their needs as coming first, one member of staff said "It's really a home from home here. People come here and find themselves without any outside influences and ultimately we treat people as adults".

Is the service responsive?

Our findings

The service was responsive to people's needs for support. We saw that each person had a support plan. The service had a set structure to write, record and review information. We found that this approach meant that information was reviewed as per the service policy. The support plans provided the person with a support plan regarding their individual needs, what they did and how staff supported them. One person we spoke with said "I wrote my own care plan the staff helped me to do it".

We saw that staff had information on what people could do independently without their support. People communicated to us that they were involved in their reviews of care; we observed one person and a member of staff looking through a support plan together. We saw that the staff had arranged review meetings with people and that paperwork used was in an easy read format to assist people through the meeting and to gain their feedback. Other communication methods regarding people's specific needs were also recorded in the support records.

Staff also explained that additional documentation was introduced into support plans if required. For example, when one person was having what the staff described as a 'behavioural incident', monitoring charts were implemented for a period of time. This enabled the staff to analyse the behaviour and look for any potentially related health concerns and ways in which to assist the person out of the 'incident'.

Support plans and records of meetings confirmed that people had been involved in and had access to take part in a wide variety of community activities according to their personal preferences. There were visits and regular activities centred on each person's preferences. As the service provided support to people in the evenings activities ranged from cooking, pub visits, discos and visiting places of local interest. People from the local community had also been invited to events linked to the home. This had contributed in enabling people to get to know people not directly linked with the service and be part of the wider community.

Activities were not viewed as a permanent arrangement and were reviewed regularly to identify if aims and objectives were being achieved. People were able to stop some activities or use resources in favour of others. This demonstrated that people's choices were listened to and supported.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. Everybody we spoke with said they knew how to complain. We checked records for the last year and found where issues of concern were identified they were taken forward and actioned.

The staff recognised and responded to people's needs. Through knowing the people well staff were able to work with people to prevent them from becoming dissatisfied. The staff had worked with people to identify their chosen goals and had worked with people to develop their skills and knowledge to achieve those goals. One member of staff said "We help them to develop their independent living skills and progress to a stage where they can perhaps live independently or in supported living accommodation". We also spoke with a person who had previously used the service to gain independent living skills and now lived

independently. They told us that the service had been successful in this aspect and also helping them to secure a job. A visitor also said "Since [person's name] has been coming here he has been so much better at doing things for himself such as housework and cooking. I can really see a future where he can live in supported living".

Is the service well-led?

Our findings

Staff told us that a culture was promoted by the provider to put people's needs at the centre of the service. One staff member said "The provider is really approachable they have an open door policy and they're always keen to improve the service for members. They use the feedback from members to influence how the service is run".

People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. People were also provided with a regular newsletter's which provided current information regarding the service, such as updates on activity groups and courses.

To ensure continuous improvement the service utilised the Practical Quality Assurance System for Small Organisations (PQASSO). PQASSO is specifically designed for the voluntary and community sector. It's a quality assurance system which utilises a systematic approach focussing on what the organisation does, identify areas where they're doing well and not so well and decide exactly where improvements are needed.

The registered manager committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Using the PQASSO system, the service had recently sought staff views on leadership and management and implemented an action plan of areas which required development, such as communication plans. The registered managers and provider also conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; support plans, incident reports, health checks, medication and health and safety. The observations identified good practice and areas where improvements were required. We saw that where actions were required to improve the service there were action plans in place and that these had been followed up for completion.

We found that people were also involved in decisions about the home and the way in which it was managed. The service also held an annual evaluation day which is facilitated by an independent body. It provided an opportunity for people, staff, trustees and family member to discuss their dreams and aspirations. It provided an open forum for discussion and how the service could address their aspirations, such as providing independent living skills. People's comments regarding their experience of the service included; "Staff are kind and listen"; "Warm, instils confidence"; "Kind welcoming and accepting"; and "They help me be more independent."

Regular staff meetings were held and agenda items included safeguarding, quality checks and human resources. Staff we spoke with felt supported with their training and supervision programme. The annual 2015 staff survey highlighted that the majority of staff would recommend the service to a friend or colleague. Comments included; "I can think of no better place to be especially as we are user led and a charity" and "The training opportunities are very welcome and I feel that the supervision meetings are valued and

regular. I feel appreciated by management." Where concerns had been expressed regarding sickness the registered manager advised staff members "Sickness levels are being monitored and analysed, we will look to review our sickness management if this is found to be necessary".

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team regarding the individuals they supported. We saw that staff detailed the necessary information such as appointments, medication and activities. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service.