R & G Sparkes Limited

Champions Place

Inspection report

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Ratings

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

Overall summary

Champions Place is a residential home which provides care and accommodation for up to 19 older adults with mild to moderate learning difficulties, Down syndrome or Autism. The service provides personal care and support both within and outside of the home to enable people to live as independent a life as possible. The home, which is set over three floors, is located in extensive grounds. There is a dining and lounge area on the ground floor, together with an activities room and a level garden to the rear of the building. On the day of our inspection12 people were living in the home.

This inspection took place on 12 and 17 November 2014 and was unannounced.

The home 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 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.

Although people told us they felt safe and staff had written information about risks to people and how to manage these, we found the registered manager needed to consider additional risks to people in relation to the kitchen and how to ensure people were safe when accessing it.

Summary of findings

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. The provider carried out appropriate checks on staff to help ensure they employed suitable people to work in the home.

Care was provided to people by a sufficient number of staff who were trained and supported to keep people safe. People did not have to wait to be assisted. One relative told us, "There are always staff around."

Medicines were managed effectively and staff ensured people received the medicines they required in the correct dosage at the right time.

Staff were provided with the correct knowledge to provide effective care. For example, staff had undertaken training in dementia associated with people with Down syndrome.

The registered manager and staff explained their understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They currently had no one living at the service who was restricted in any way.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We heard how relatives could join their family member for lunch if they wished. People felt the food was good and were seen to enjoy their lunch and dinner.

We read in people's care plans staff ensured people had access to healthcare professionals when needed. For example, the doctor or optician.

People appeared happy and relaxed and were enjoying each other's company. It was evident staff knew people well and had developed caring relationships with people. However, we observed a couple of occasions where staff did not act in a respectful way towards people. People were not always provided with the dignity and privacy they should expect.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Care plans were reviewed regularly and relatives were happy for staff to make decisions in the best interest of their family member. For example, one relative told us, "I am happy to let staff do what they think is best as they are with her 24 hours a day."

People had personalised care responsive to their needs. For example, one person was moved to another bedroom to enable them to remain as independent as possible. Another person, had equipment to enable them to move around the home in a safe way.

Complaint procedures were accessible to people and people where reminded on how to make a complaint. Relatives told us they had never needed to make a complaint but knew they could speak to the registered manager if they needed to.

We saw examples of activities undertaken by people displayed around the home. We heard of the ways in which staff supported and enabled people to maintain their independence and keep up their individual hobbies and interests to reduce the risk of social isolation.

People were helped to complete regular satisfaction questionnaires to express their views on the care and support they received.

The registered manager told us how they were involved in the day to day running of the home. This was supported by our observations and staff comments. One staff member told us, "The (registered) manager is always around."

Staff were encouraged to develop professionally and progress in order to improve their skills and working practice. Staff meetings were held on a regular basis and staff told us they felt they could speak openly at these meetings.

The provider had quality assurance systems in place to audit the home. This included regular audits on health and safety and care plans. The home had recently had a medicines audit by the local pharmacy. The registered manager met CQC registration requirements by sending in notifications when appropriate.

During the inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report in relation to the breaches in regulation.

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?

Requires Improvement

The service was not consistently safe.

Risk assessments were in place for people and people were able to remain independent in a safe way. However, risks that related to the kitchen had not been considered.

The provider ensured there were enough staff on duty to meet the needs of the people.

Appropriate checks where undertaken to help ensure suitable staff worked at the service.

Staff followed good medicines management procedures.

Is the service effective?

Good

The service was effective. Staff were suitably trained and supported to deliver care effectively.

People were provided with homemade, freshly cooked food which supported them to maintain a healthy diet.

Staff ensured people had access to external healthcare professionals when they needed it.

Staff had a good understanding of DoLS and the Mental Capacity Act. We were shown evidence staff had received training.

Is the service caring?

Requires Improvement

The service was not always caring.

We observed occasions when people were not treated with dignity or given the privacy they could expect.

Staff let people make their own decisions about their care.

Staff knew people well, their preferences and past histories.

Is the service responsive?

Good

The service was responsive.

People were able to express their views and were given information how to raise their concerns or make a complaint.

Care plans were regularly reviewed so staff had up to date guidance on people's needs.

People were supported to take part in activities that meant something to them.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider and registered manager had created an open, relaxed atmosphere in the home where staff felt supported.

Staff were able to raise concerns and were encouraged to suggest new ideas.

Relatives told us the registered manager and provider were very visible.

The provider carried out regular quality assurance checks on the home and the service offered.

Champions Place

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 17 November 2014 and was unannounced. The inspection team consisted of one inspector and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

During the inspection we spoke with four people who lived at Champions Place, four care staff, four relatives, the registered manager and the provider. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the two lounges, activities room and dining area.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

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. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We last carried out an inspection to Champions Place in September 2013 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I like it here, staff make me feel safe." A relative said, "They are safe, as there are always staff around." Staff said they kept people safe by, "Making sure they asked people visiting the home who they were and asking them to sign in" and, "Ensuring there were a proportionate number of staff to people when we go out." Despite these comments, we found this was an area that required some improvements.

Staff assumed the kitchen was safe for everyone to use, but had not undertaken risk assessments to determine whether it was or not. When we arrived at the home we found the kitchen door open with the cooker on but no staff members present. There was a smaller kitchen area which had an urn for making hot drinks. Again, the door to this area was open. Staff told us people did not go into the kitchen unaccompanied and they did not use the small kitchen to make drinks as they were unable to do this independently. We raised this with the registered manager who said they would carry out risk assessments for each person to show staff had considered people's safety in relation to these areas.

The registered manager had written in the PIR, "We support our residents to take reasonable and fully though-out risks." This was supported when we read people's care plans. Risk assessments had been drawn up to help keep people safe. These included controlled risks. For example, two people liked to go to the local pub. One person was dropped off and given a lift back later, another person had lunch there. This showed people were supported to continue doing things they enjoyed but staff made sure they could do so in a safe way. One person liked helping around the home and we saw them washing the kitchen floor supported by a member of staff. Care plans included risk assessments around people's mobility, food and nutrition, behaviour and general health. One person liked to go out and their risk assessment demonstrated staff had considered the best way to allow this person the freedom they wanted, but still keep them safe. The number of incidents in the home were low and where incidents had occurred action had been taken to minimise re-occurrence.

As far as possible, people were protected from the risks of abuse and harm. Most staff had received safeguarding training. Staff understood the different types of abuse and described the action they would take if they suspected abuse was taking place. There were policies in place for staff to refer to and they knew how to access these. A flowchart was available for staff which showed how they should act if they had any concerns. One staff member said, "I would report anything to the manager" and another said if they had any worries they felt they couldn't report to the manager they would, "Call the CQC." We read in people's care plans staff had talked to them about how to raise concerns.

Staff said they felt comfortable raising any concerns with the registered manager or the provider. They told us they were both approachable and they felt they would be listened to if they talked to them.

Staff had systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were arrangements with a local church in the event the home had to be evacuated.

Staff recruitment records contained the necessary information to show the provider endeavoured to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (police) check.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. The registered manager said staffing levels were decided by her in agreement with the provider, based on the needs of the people living in the home. She told us she had recently increased staffing numbers by one to enable staff to care for one person whose mobility had deteriorated. This was confirmed by staff we spoke with.

Everyone said they felt there were enough staff on duty. One relative said, "There are good numbers of staff." Staff told us, "Enough staff and well trained", "We have time to sit and chat (to people)" and, "Having the extra person really helps, we have time to socialise (with people)." We saw staff attend to people quickly and when they needed it. People were supported without having to wait for staff to help them and staff did not rush people. For example, one person required assistance to and from the dining room. Staff were patient with this person and did not hurry them.

People's medicines were managed so they received them safely. Staff told us they received medicines training and we

Is the service safe?

confirmed this by looking at training records. Staff used a monitored dosage system for dispensing medicines which was supplied by the local pharmacy. Stock was replaced by the pharmacy and unused medicines taken away. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. Staff dispensed medicines into individual pots before giving them to people. We observed staff ensuring people had taken (and swallowed) their medicines before completing the MAR chart. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff. We read in the PIR the home had no medicines errors in the last 12 months. One member of staff said, "I am very hot on the way I give out the medication and I usually prefer two people (staff) to do it."

There was a recent pharmacy audit of medicines and actions had been identified as a result. These included putting photographs of people in their individual MAR chart which we saw staff had started to do, and recording the temperature of the medicines cabinet. This had yet to be actioned. We spoke with the registered manager about this who told us they did not hold stock of medicines required to be stored in a fridge, but would speak with the provider to obtain a small medicines fridge in the event it was needed.

People's medicines were reviewed so people's behaviour was not controlled by the use of medicines. For example, one person went through a period of behaviour which was difficult for staff to manage. The registered manager spoke with the GP to review and reduce their medicines and as a result the person was less agitated and more alert.

Good

Is the service effective?

Our findings

One person told us they liked doing things on their own, rather than with others. They said that staff let them do that. We heard staff ask people for their consent when they supported them.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member described to us when a best interest meeting should be held. The registered manager told us they had booked to attended MCA Level 3 training which they would then disseminate to staff. Staff had access to a MCA policy as well as information on advocacy services should a person need this. The registered manager said no-one in the home was subject to a DoLS authorisation but they knew they would need to make an application should they wish to, or need to, deprive someone of their liberty. One person required a mental capacity assessment following deterioration in their health and we read in their care plan this had been done. The rest of the people living at Champions Place had capacity. There were no restrictions on people's movement and people could move around and leave the home when they wanted.

People received care from well trained and supported staff. Staff underwent a 12-week induction programme before they became a keyworker for someone. A keyworker is someone who co-ordinates all aspects of someone's care. One member of staff told us, "The induction really helped me." We read in the training information, staff received regular training in health and safety, manual handling, safeguarding and first aid. The PIR stated all staff had a diploma or national vocational qualification in care (NVQ) up to Level 4 and the cook held Level 2 in food hygiene. This was confirmed by one member of staff who told us they were currently taking their NVQ Level 3. Another staff member said, "We are encouraged in our training (to take extra)."

Staff received ongoing training to meet people's needs effectively. For example, they had dementia training which included an element of dementia awareness in people with Downs syndrome. Other staff had Makaton training (Makaton uses signs and symbols to help people communicate). Staff were supported in their role through regular supervision and an annual appraisal. This was confirmed by the records we reviewed. A staff member told us they had asked for medicines training at their last appraisal and this had been arranged for them.

We heard how the care staff provided was effective. One relative told us, "We could see the difference in her in weeks." They added, "We are delighted at the change in her. She has improved so much; really come out of herself. She is shining – even with her speech."

Lunch and dinner were cheerful, relaxed occasions. We heard people laugh and chat with each other. People helped to set tables and offered support to each other when they sat down. Staff ate their lunch with people which meant it created a feeling of a family sitting down together to eat. All food was home cooked and freshly made. Meals were chosen by the registered manager and cook based on people's likes and dislikes which were recorded in people's care plans. This was because people did not show an interest in getting involved in choosing meals. No one in the home had any specific dietary requirements or risks related to food. Everyone was able to eat unsupported, although staff were on hand to assist if needed.

People were supported to have enough to eat and drink. We observed people being offered a choice of drinks during meal times as well as at other times during the day. People were offered a pudding or fruit following their meal. Staff helped people have a balanced and healthy diet. One relative said, "They have lost weight which they needed to do. If it had been left to them they would have eaten cakes and drunk coke." They added, "They have blossomed and look nourished."

People could make decisions about when they ate. The registered manager told us people could have a snack or drink during the night if they wished. They said one person would sometimes not come down for lunch and on those occasions lunch was provided to this person when it suited them.

The health needs of people were met as staff referred people to healthcare professionals as and when needed. For example, we heard from the registered manager how they had referred one person to a specialist as they appeared unwell. Another person had been referred to a psychiatrist when they went through a period of exhibiting behaviour which was difficult for staff to manage.

Good

Is the service effective?

Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person's changing needs. For example, one person had a mental capacity assessment undertaken and staff were advised to move this person to a room which would be more suitable for them. We saw this had happened as this person was now in a more appropriate room for their deteriorating health.

On a day to day basis, staff responded to people's changes in health. For example, we read one person had been sick during the night. The notes in this person's care plan demonstrated staff had responded quickly and appropriately and showed concern and compassion for this person.

Requires Improvement

Is the service caring?

Our findings

People told us, "I like it here, the staff are nice. I love the cook and the owner", "It's lovely" and, "It's nice here." Relatives told us, "Great admiration for the staff. Think they do a great job", "Staff work as a team" and, "Staff quite caring, he seems to get on with staff okay and likes them."

Although we saw staff interacting with people in a relaxed, friendly manner we did not always feel staff treated people with the respect or dignity they should be entitled to. For example, we heard one member of staff shout over to a person in the lounge in front of others about a personal issue. When we arrived at the home a person came to say 'hello' to us, and a staff member poked them in the arm to prompt them to tell us their name.

One person had reduced mobility and we noted they were not dressed appropriately. Staff told us this person often refused to let staff support them to dress them in more appropriate clothes. The person needed two staff to support them with their personal care and required a hoist for all their moving and handling needs. Staff were not always able to meet this person's needs quickly enough. We spoke to the registered manager who said they had spoken to this person's care manager and also the family about the decision at the time (to not put underclothing on this person) and they were supportive of it. However, we felt this did not show respect or dignity to this person. The registered manager informed us following our inspection they had ordered a hoist sling which would make it easier for staff to dress this person appropriately.

The registered manager confirmed that everyone living at Champions Place required support with personal care, but we felt this personal care was not always provided in a way that maintained people's dignity. When we asked staff they told us there were two bathrooms which were used by men and women respectively. Staff said, "We shower one person at a time and keep the door closed" and, "We turn away when they are in the shower." We looked in the bathrooms and found that neither of the shower cubicles had frosted glass or a curtain and in one bathroom there were no curtains or blind at the window. This meant people may be exposed to people seeing in from outside, or feel exposed when receiving personal care because there was a lack of privacy.

People were not always provided with privacy. The medicines cabinet was stored in one person's room which meant staff had to go in and out of there when medicines were required. We also found boxes of gloves stored in the room, together with a staff member's coat and bag. We talked to staff and the registered manager about this who told us, "Once they are out of their room, they don't return to it until the end of the day" and, "It used to be our staff room, but we have converted it to a bedroom because they needed a room downstairs." We were told this person had moved to this room approximately one year ago. The registered manager told us they would speak to the person concerned to see if they were happy for the medicines cabinet to remain in their room. However, even if the person agreed, we felt this was a lack of a person's privacy as staff would be accessing this person's room each time they needed to dispense medicines. The registered manager said they would move the boxes immediately. The lack of suitable arrangements to ensure the dignity, respect and privacy of people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We heard staff speak to people in a kindly and caring manner. Staff treated two people with compassion when they became upset and distressed and staff listened to people when they were talking to them. It was clear staff knew people well. They knew their likes and dislikes and how they liked to spend their time. One person liked to get involved in helping around the home and staff encouraged this. Another preferred to sit quietly colouring and again staff supported them to do this. We observed some people choosing to remain in their rooms and others wishing to be in the lounge area in the company of other people and staff.

People's needs were understood by staff. For example, one person had their friend to visit and join them for lunch once a week. We saw this on the first day of our inspection and it was clear to us this arrangement meant a lot to both people.

Staff encouraged people to make decisions about their care. For example, one person liked to remain as independent as possible despite having reduced mobility. We saw that although staff were on hand when this person

Requires Improvement

Is the service caring?

moved about, they allowed them to walk unaided. Another person preferred staff to undertake all their personal care and moving and handling and staff were seen to do this for them.

Relatives told us they could call unannounced, were always welcomed and were not restricted when they visited. One relative said, “Not only does she (our relative) come to greet us, everyone else does too.” Another told us, “I can sit in the dining room whilst she is having lunch and staff are more than happy for me to do that.”

Good

Is the service responsive?

Our findings

People were encouraged to make their own decisions about their care. A relative said, “She makes her own decisions as much as she can.” One member of staff said, “I ask people if they want help. They all have their own way of communicating whether they do or not.” Another member of staff said, “I help choose people’s clothes in the morning and lay them out for them” and, “When we go out we make sure people are dressed impeccably.” This was confirmed by relatives, as one told us, “She doesn’t look bedraggled anymore. She’s dressed nicely.” We read information in people’s care plans to show staff discussed people’s wishes with them. This included their preferred routine during the day and their likes and dislikes. This information was reviewed regularly and care plans were updated. Where possible people had signed to say they agreed with their care plan.

Staff supported people to follow their interests and take part in social activities and work opportunities. One person worked in a local charity shop and staff supported them to do this by providing lifts to and from the shop each week. Another person enjoyed colouring and staff provided colouring materials for them to do. Displayed around the home were examples of pictures and paintings people had done which they were keen to point out to us. A further person helped out at a local farm as they particularly liked animals. The home had resident chickens and this person helped to collect the eggs each day.

People were not socially isolated. We read in daily notes how people went out shopping with staff, to the local garden centre for coffee or to a restaurant for lunch. Two people attended a day centre and people had recently been supported by staff on a group holiday. Relatives told us their family members particularly enjoyed the holidays they had and really looked forward to them. We read in the satisfaction surveys people had completed, they all enjoyed their time away.

People were provided with support and equipment they needed to stay independent. We heard how one person had been moved downstairs as their eyesight deteriorated. This meant they could move around the ground floor as independently as possible. Another person had reduced mobility and staff had purchased a stair climber to assist with them to get to the first floor. We heard from staff that one person had a talking watch and another person an electronic communicator to aid communication when out in the community.

People were told how to make a complaint. The registered manager told us they had received no complaints in the last 12 months. The complaints notice was displayed in a way that was accessible and easy to understand by people as it was in pictorial format. People were reminded of how they could make a complaint when they completed the satisfaction survey with their keyworker.

Staff said if anyone wished to make a complaint they would support them to complete a form and pass this on to the registered manager if they were unable to help the person themselves. Relatives told us they had no reason to make a complaint, but would have no hesitation in speaking to the registered manager if they were unhappy about anything. The registered manager told us, following comments from people, the provider had purchased a new vehicle to allow staff to take more people out at one time.

Good

Is the service well-led?

Our findings

One relative told us, “The registered manager has done a wonderful job. She is accessible.” Another said, “When we phone or contact them, they are so helpful. They interact with us.” A further relative commented, “The registered manager knows people well.”

The home was an independently family owned home which had been in the family for over 40 years. Staff had a clear vision and set of values which were to provide people with, dignity, independence and choice. Staff told us they were reminded of these during staff meetings. We saw evidence of this in some minutes we read. One staff member said, “We want to make it their home.” Another told us, “We are here for the residents.” Staff told us the provider and registered manager had created an open, relaxed atmosphere and encouraged this during staff meetings and by being available and visible. One staff member said, “The provider mucks in with the jobs, and I have never known a (registered) manager to be so involved.” Another member of staff told us, “It’s nice to work in a home where it’s more relaxed, rather than clinical.” A further member of staff added, “This is (the providers) baby, his home and he used to come on all the holidays with us. He’s known some of the people for years.”

The registered manager said they were aware of the day-to-day culture in the home as they were out on the floor a lot and encouraged staff to talk to them openly. She added, she was honest with people if they made mistakes and used any mistakes as learning and to provide guidance to staff.

People were cared for by staff who felt safe to raise issues that might impact on people’s safety. We saw staff had a whistleblowing policy available to them in order to raise concerns. Staff meetings and appraisals were used as a forum for the provider and registered manager to drive improvement. We read from the notes of a recent meeting staff had discussed how to approach a person who had reduced hearing in an appropriate and considerate manner. Staff told us they felt comfortable speaking freely at staff meetings and were encouraged to offer suggestions and ideas.

The provider and registered manager told us the key challenges they needed to consider was to be able to continue to cater for the wide age range of people who lived at Champions Place and to maintain a good level of care. The registered manager said many of the staff had worked at the home for a number of years, so people felt comfortable with them and knew them well. This ensured a consistency of staffing within the home and supported people to feel relaxed and well looked after. The home had a ‘family’ feel, one in which people were able to move around freely, chat to each other, or spend time participating in their individual activity.

Care records and staff records were stored securely and confidentially but accessible when needed. The registered manager and staff were able to provide us with all the documents we requested without any difficulty, showing us they were aware of how to access policies and procedures. The registered manager was meeting CQC legal requirements by submitting notifications when appropriate.

We read in files that regular audits were carried out in the home. This included auditing of care plans, the fire alarm, water temperatures, lighting and cleaning, which showed the registered manager reviewed the delivery and safety of the service. The registered manager had not held residents meetings formally for about a year. They told us this was because people talked on a daily basis. We read in care plans people were helped to complete a questionnaire by their keyworker on a regular basis. This allowed people to express their views on the home and the care being provided to them. The registered manager told us the results of the questionnaires were used to determine whether or not improvements were needed to the home or the care provided, for example the additional transport.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The provided had not ensured suitable arrangements were in place to ensure the dignity and privacy of people.**