Care Quality Commission

Downing (Chertsey Road) Limited

The Chestnuts

Inspection report

42-44 Chertsey Road
West Byfleet
Surrey
KT14 7AN
Tel: 01932 336200
Website: www.downingcare.co.uk

Date of inspection visit: 6 July 2015
Date of publication: 08/10/2015

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

The Chestnuts provides accommodation, care and support for a maximum of 20 adults with learning disabilities, some of whom also have physical disabilities and/or sensory impairments. There were 18 people using the service at the time of our inspection.

The inspection took place on 6 July 2015 and was unannounced.

There was a registered manager was in post. 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.

People's medicines were administered and recorded accurately. Risks to people had been assessed and control measures had been put in place to minimise these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Summary of findings

People were kept safe as the provider had a robust recruitment procedure to help ensure only suitable staff were employed. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant that people's care was provided in the least restrictive way.

People were supported to stay healthy and to obtain treatment when they needed it. People's nutritional needs were assessed and any dietary needs recorded in their care plans. People enjoyed the food provided by the service and were supported to eat a well-balanced diet.

The service provided accessible, safe accommodation. The premises were suitably designed for their purpose and adaptations and specialist equipment were in place where needed to meet people's mobility needs.

Staff were kind and caring and knew people's needs well. People had good relationships with the staff that supported them. Staff treated people with respect and promoted their independence. People received support in a manner that maintained their privacy and dignity.

People's needs had been assessed before they moved into the service and kept under review, which meant that their care plans accurately reflected their needs and preferences about their care. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred.

People were involved in decisions that affected them. Staff worked co-operatively with other people who could support the person in making decisions, such as relatives and healthcare professionals.

People had opportunities to go out regularly and to be involved in their local community. They had access to a range of activities and were supported to enjoy active social lives. People were supported to maintain relationships with their friends and families and to share in celebrations and events.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Staff told us that senior staff were approachable and available for support and advice. Staff met regularly as a team to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring, which meant that key aspects of the service were checked and audited regularly. Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

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

There were enough staff to keep people safe and meet their needs in a timely way. People were kept safe as the provider had robust recruitment procedures.

People's medicines were managed safely.

There were procedures for safeguarding people at risk and staff were aware of these.

Risk assessments had been carried out to keep people safe whilst promoting their independence.

Is the service effective?
The service was effective.

Good

People received consistent care from staff who knew their needs well.

Staff felt supported and had access to the training they needed to provide appropriate care and support.

The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to stay healthy and to obtain treatment when they needed it.

People were supported to maintain a balanced diet and were involved in choosing what they ate.

The service provided safe, accessible accommodation. Adaptations and specialist equipment were in place where needed to meet people's mobility needs.

Is the service caring?
The service was caring.

Good

People had positive relationships with the staff who supported them and were sensitive to their individual needs .

Staff supported people in a considerate way, ensuring their wellbeing and comfort when providing their care.

Staff treated people with respect and promoted their independence.

Is the service responsive?
The service was responsive to people's needs.

Good

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed.

Care plans were person-centred and reflected people's individual needs, preferences and goals.

The service sought people's views about their care and support and acted on their feedback.

Summary of findings

People were supported to go out regularly, to be involved in their local community and to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints which were easily accessible to people and their relatives.

Is the service well-led?

Good

The service was well led.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to.

Staff told us that morale was good and that they worked well together as a team.

Staff had opportunities to discuss any changes in people's needs to ensure that they provided care in a consistent way.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately. There were effective systems of quality monitoring and auditing.

The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

The Chestnuts

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

The inspection took place on 6 July 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. The provider had 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.

During the inspection we spoke with nine people who lived at the service and a visiting relative. Some people did not express themselves verbally and were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff. We also spoke with the registered manager, newly appointed service manager, deputy manager and five care staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with two relatives and a healthcare professional after the inspection to hear their views about the care people received.

The service was last inspected on 17 October 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe at the service because staff understood their needs well. They said that staff were always available when they needed them, including during the night. One person told us, "The staff here all know the care I need. They check on me at night." Relatives were confident that their family members were safe and received care and support that met their needs. One relative told us, "He's safe here. They know all about his conditions and how to look after him." Relatives said that there were always enough staff available to meet people's needs in a timely way and we observed during our inspection that people's needs were met promptly. Staff told us that there were always enough staff on each shift to enable them to provide people's care and support in an unhurried way. We checked the staffing rota and found that the staffing levels on each shift were sufficient to meet people's assessed needs. The provider had recruited bank staff to cover sickness and annual leave. The registered manager told us that this had reduced the use of agency staff, which meant that people received consistent care from staff who were familiar to them.

There were procedures in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place. Staff were also aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. Staff attended safeguarding training in their induction and at regular intervals thereafter. Staff told us that safeguarding had been discussed at team meetings and the registered manager had made clear the requirement to report any concerns they had about abuse or poor practice. There was information about safeguarding on display and readily available for staff, people living at the service and visitors.

People's medicines were managed safely. Medicines were stored securely and medicine stocks checked and recorded daily. There were appropriate arrangements for the ordering and disposal of medicines. All staff responsible for administering medicines had been trained and their competency had been assessed. Medicines audits were carried out regularly to ensure that people were receiving their medicines correctly. Each person had an individual medicines profile that contained information about the medicines they took, such as potential side effects, and any medicines to which they were allergic. We checked medicines administration records and found that these were clear and accurate. The service had access to advice from the dispensing pharmacist and people's medicines were reviewed regularly by their GP. Protocols were in place for PRN (as required) medicines.

There were risk assessments in place to keep people safe whilst promoting their independence. We checked a sample of risk assessments and found that plans had been developed to support people's choices whilst minimising the likelihood of harm. Staff were aware of people's individual risk assessments and told us how they supported people to keep them safe. Where an incident or accident had occurred, there was a clear record of this and an analysis of the event and any action needed to keep people safe. For example staff had identified the signs that indicated people were at risk of having a seizure and increased their monitoring of people when these signs were displayed.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The registered manager told us that bank staff were subject to the same recruitment procedures as permanent staff.

Fire procedures were displayed in the service and staff were aware of these. Staff attended fire safety training in their induction and regular refresher training. Each person had a personal evacuation plan which detailed their needs should they need to evacuate the building. Records demonstrated that the fire alarm system had been inspected and serviced within the last 12 months.

The provider carried out a monthly health and safety check of the premises and an action plan was put in place to address any shortfalls identified. We found evidence that adaptations and equipment such as hoists, profiling beds and adapted baths were checked and serviced regularly. Food was stored safely. Staff checked and recorded fridge and freezer temperatures daily and food that had been opened and stored was labelled with the date of opening and use-by date.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency. The

Good

Is the service safe?

provider had developed a 'Business Continuity and Emergency Response plan' which detailed the action to be taken in the event of an emergency, including the provision of alternative accommodation if required.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to provide effective care. Staff had attended training in the specific needs of the people they supported, such as epilepsy, diabetes and individual moving and handling requirements. We spoke with a healthcare professional who provided specialist training at the service. The healthcare professional told us that staff were "well trained and competent." The healthcare professional said that staff were receptive to training and that they followed their professional guidelines regarding the care people received.

As some people were unable to communicate verbally, it was important that the staff supporting them were familiar with their communication techniques. We observed that staff were able to communicate effectively with the people they supported. Relatives told us that staff understood their family member's methods of communication, which meant that their family members were able to make their needs and wishes known.

Staff told us that they were well supported in their work. They said that they had a comprehensive induction when they joined the team, which had included shadowing experienced colleagues. Staff told us that they were expected to develop a detailed understanding of people's needs during their induction through reading their care plans and observing how they preferred their care and support to be provided. One member of staff who had recently joined the service told us, "The induction is very good, very thorough."

Staff were required to successfully complete a probationary period before being confirmed in post. Each staff member attended a review at the conclusion of their probationary period to assess whether they had developed the competencies needed to perform their roles effectively. Staff told us that morale was good and that they worked well together as a team.

Elements of core training, such as safeguarding, fire safety, moving and handling, food safety and infection control, were delivered in the induction process. Refresher training was available in these areas but the training plan showed that some elements of refresher training were overdue for some staff. We discussed this with the registered manager who advised that refresher training had been booked for those staff who needed it. The registered manager told us that staff were working towards the Care Certificate, a set of standards designed to ensure that health and social care workers provide compassionate, safe and high quality care.

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. Staff were also expected to read the communication book at the start of their shift plan to ensure that they were up to date with any changes. The minutes of team meetings demonstrated that staff regularly discussed people's needs, health and well-being and whether the support they received was meeting their needs.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. DoLS ensure that people receive the care and treatment they need in the least restrictive manner.

We observed that staff sought people's consent before they supported them. We saw that people's mental capacity had been assessed to determine whether they required support to make decisions about their care and support. The registered manager told us that the MCA and DoLS had been discussed at team meetings to ensure that staff understood the key principles of the Act and how they should implement these when supporting people. The registered manager told us that applications for DoLS authorisations had been submitted to the local authority where people were subject to restrictions in the delivery of their care, such as constant supervision and wheelchair safety straps.

People were supported to stay healthy and to obtain treatment when they needed it. Relatives told us their family members were able to see a doctor if they felt unwell and that staff supported them to attend medical appointments. The service had developed good relationships with local community healthcare professionals, including GPs, speech and language therapists, physiotherapists and the behavioural support team. Care plans demonstrated that people were supported to see healthcare professionals, such as dentist,

Good

Is the service effective?

ophthalmologist, chiropodist and district nurses, when they needed to. The outcomes of all healthcare appointments were recorded and any changes made as a result were recorded on the person's care plan.

An individualised heath action plan and hospital passport had been developed for each person. Heath action plans summarised people's individual health needs in an accessible format and identified any actions needed to ensure they maintained good health. Hospital passports were designed to ensure that medical staff had immediate access to all the information they needed should the person require admission to hospital.

People's nutritional needs were assessed and any dietary needs recorded in their care plans. Where people had specific dietary needs, such as gluten-free diets, these were managed effectively. One person told us that their keyworker supported them to enjoy their meals and to maintain a healthy diet. The person said, "My keyworker cooks with me and helps me make gluten free cakes."

We saw evidence that the input of speech and language therapists had been sought where people needed support to eat and drink. People had access to adaptations and equipment to enable them to eat and drink as independently as possible and staff were available to provide support with eating and drinking where people needed it. We observed that staff supported people to eat in a way that maintained their dignity and safety.

Staff used photographs of food items to encourage people to be involved in choosing what they ate for lunch during our visit. The menu was also displayed in pictorial form so that people could see what meals had been planned. We saw evidence that staff encouraged people to be involved in planning meals and shopping for ingredients. Staff encouraged people to make choices and respected their decisions. For example one person declined a meal that had been prepared for them at lunchtime. Staff offered the person an alternative and prepared the person's choice of meal.

The service provided safe, accessible accommodation. Adaptations and specialist equipment, such as hoists, adapted baths and profiling beds, were in place where needed to meet people's mobility needs. Accommodation was arranged over two storeys in three self-contained units, each with a kitchen and communal living space. There was a lift between floors. Each person had a single room with a basin and access to clean, comfortable communal areas and a large, well maintained garden.

Good

Is the service caring?

Our findings

People told us that staff were caring. They said that they got on well with staff and that staff were kind. One person told us, "I really like the staff, they're all very friendly." A relative told us that their family members received "good care from excellent staff." Another relative said of their family member, "They really do look after her well, she's very happy there."

Relatives told us that staff were kind and sensitive to their family member's needs. One relative told us, "The staff are lovely, they're all very friendly. They really care about the residents." Another relative said "The staff are brilliant, you couldn't wish for better" and a healthcare professional told us, "I've always found the staff to be of good calibre. They come across as very caring people."

We observed that staff were friendly and proactive in their interactions with people, making conversation and sharing jokes. Staff communicated effectively with people and made sure that they understood what was happening during care and support. Staff were attentive to people's needs and supported people in a manner that maintained their privacy and dignity. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted.

The atmosphere in the service was calm and relaxed during our visit. Staff treated people with respect and it was apparent that people had positive relationships with the staff who supported them. We observed that staff supported people in a kind and sensitive way, ensuring their well-being and comfort when providing their care. Staff were calm and professional when dealing with behaviour that challenged the service and effective in reassuring people who became distressed.

The registered manager said that staff were flexible in their approach to work to provide people with the support they needed, such as starting their shift early to enable people to attend an activity. The registered manager told us, "The staff work really hard to meet people's needs." A relative confirmed that staff were committed to supporting people to the best of their ability. The relative said of the staff, "They really do care, they're prepared to go the extra mile for the residents."

Relatives told us that they could visit their family members whenever they wished and that they were made welcome by staff. They said that staff were always available if they needed to discuss their family member's care and that staff communicated with them well. One relative told us, "They always keep me up to date with what's going on, which gives me peace of mind."

Staff supported people in a way that promoted their independence. For example we observed a member of staff supporting a person to hold and use a spoon to feed themselves rather than performing the task for them. Each person had a home-based day every week, which was used as an opportunity to learn and maintain the skills needed for independent living. For example staff supported people to plan and purchase their shopping.

People were encouraged to be involved in decisions that affected them and the service consulted people's friends and families where they needed support in making decisions. Staff explained how they involved people in decisions about their day-to-day lives. They told us that they used visual cues for people who did not communicate verbally, such as showing people several outfits and encouraging them to choose one or showing photographs of different food items to encourage them to make a choice about what they ate.

People had access to information about their care and the provider had produced information in a range of formats to ensure that it was accessible to people. For example the menu was displayed in a pictorial format and there was a photograph of each member of staff so that people knew which staff were on duty that day. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved in to ensure that the staff could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred. We found that care plans had been reviewed regularly to ensure that they continued to reflect people's needs. Staff told us that they read people's care plans regularly to ensure that they were familiar with any changes.

One person was in the process of moving from another service. The registered manager explained how the person's transition had been planned and managed sensitively to ensure that the person felt comfortable at each stage of the process. The process had begun with staff visiting the person in their current placement and would progress to overnight visits and short stays before the person moved in.

The service sought people's views about their care and support and responded to their feedback. People met with their keyworkers regularly to give their views about the service they received and an action plan was developed to achieve any goals identified by the person, such as activities they wished to try.

People had opportunities to go out regularly and to be involved in their local community. Some people attended resource centres during the week and the service had an activities facility on site. The service had access to three vehicles which meant that people were able to choose when and where they wished to go. One relative said of their family member, "She gets out a lot. They go out on lots of trips and they have a week's holiday coming up." Each person had a planned programme of activities for the week which reflected their individual interests. Records of the support people received showed that these programmes were delivered but remained flexible enough to change if people's needs changed.

People were supported to maintain relationships with their friends and families. Families and friends told us that they were invited to summer and Christmas events and that birthdays and other events were celebrated. People were supported to enjoy active social lives and participated in activities including horse-riding, swimming and bowling. One group had been on holiday the week before our inspection and another group was scheduled to depart the week after our visit.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was displayed in the service and a 'speaking up' form had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had.

We checked the complaints record and found that complaints received an appropriate response. We saw that action was taken as a result of complaints to improve the service. For example, as a result of one complaint, the registered manager had reviewed documentation and had communicated the changes made to staff. None of the relatives we spoke with had made a complaint but all said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

Good

Is the service well-led?

Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives and other stakeholders were encouraged to contribute to the development of the service. Staff told us that they were encouraged to give their views about how the service could improve or to raise any concerns they had. The registered manager confirmed that they welcomed the input of staff in improving the service people received.

The provider's operations manager was the registered manager of the service at the time of our inspection. The operations manager had registered as manager following the departure of the previous postholder to ensure that the service had appropriate management support. A new service manager had taken up their post two weeks prior to our visit, who planned to register as manager with CQC. The operations manager told us that they would continue to support the running of the service so that the level of care was maintained.

Staff told us the registered manager had clarified the provider's vision and values for the service and set out expectations in terms of quality standards. They said that the senior staff were open and supportive and that they felt able to approach them for advice. They said the registered manager had an open door policy and encouraged people who used the service, their relatives and staff to speak with them if they had a concern. Relatives told us that the service was well run and that the registered manager was available to resolve any issues that arose.

The service had a staffing structure that comprised a manager, deputy manager, senior care workers and care workers. The rota was organised so that a member of senior staff was always on duty. Staff said that their managers were approachable and available for support or advice. They told us that morale in the team was good and that staff supported one another well. Senior staff told us that they had access to good support from their managers and the registered manager advised that they met with registered managers from other services operated by the provider regularly to share best practice.

Staff said that they met regularly as a team and that they had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way. There was a well-organised shift plan in place, which ensured accountability for the completion of key tasks during each shift. For example the shift plan identified which member of staff was responsible for responsible for providing the personal care people needed and for checking and administering medicines.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake, the medicines they were given and the activities they took part in. The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

The provider had implemented effective systems of quality monitoring and auditing. Staff carried out a programme of regular audits checking standards in key areas of the service, including medicines management, risk assessments, accidents and incidents and infection control. There was evidence that an action plan was drawn up to address any shortfalls identified during the audit.