Affinity Trust

19 Chilgrove Road

Inspection report

19 Chilgrove Road
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Tel: 02392210602

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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

There was a registered manager in place. 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.

We met and spoke to all three people during our visit and observed the interaction between them and the staff. People were not able to verbalise their views and staff used other methods of communication, for example sign language or visual choices.

People were safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

Staff confirmed there were sufficient numbers of staff to meet people's needs and support them with activities and trips out.

People's risks were assessed, monitored and supported by staff to help ensure they remained safe. Risk assessments had been completed to help ensure people could retain as much independence as possible.

People received their medicines safely by suitably trained staff.

People received care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity and the Human Right needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

Care plans were person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff

had built strong relationships with the people they cared for. Staff respected people's privacy.

People or their representatives, were involved in decisions about the care and support people received.

The service was responsive to people's individual needs and provided personalised care and support.

People had complex communication needs and these were individually assessed and met. People were able to make choices about their day to day lives.

The provider had a complaints policy in place and the registered manager said any complaints received would be fully investigated and responded to in line with the company's policy.

The registered manager had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety of the care people were receiving. The provider's governance framework, helped monitor the management and leadership of 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 against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work with vulnerable adults.

Staffing levels were based on individual needs.

Systems were in place to ensure that ongoing learning took place when there were concerns.

Is the service effective?

Good

The service was effective.

People were always asked for their permission before personal care and support was provided. Where needed, people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and supported their independence.

People were involved in decisions about their care and the home.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and responded appropriately when these changed.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised.

Is the service well-led?

Good

The service was well led.

Systems were in place to ensure a quality service was being provided and developed further.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

19 Chilgrove 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 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 8 November 2018 and was unannounced.

This was the first inspection since the provider changed in November 2016. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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 met and spent time with all three people who lived at the service. The people living at the service had complex needs which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore, we observed how staff interacted and looked after people and we looked around the premises. We spoke to three members of staff and the registered manager. We looked at records relating to the individual's care and the running of the home. These included two care and support plans and records relating to medication administration. We also looked at quality monitoring of the service.

Good

Is the service safe?

Our findings

Whilst people could not tell us they felt safe, they appeared to be very relaxed and comfortable with the staff who supported them.

People had sufficient staff to support them based on the activity they were undertaking. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff confirmed additional staff were available when needed. One member of staff was on duty at night to ensure support was provided 24 hours a day. Additional support was available from on call staff if advice was needed or in the event of an emergency.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. To help minimise the risk of abuse to people, staff completed training in how to recognise and report abuse. Staff recorded and reported any concerns they had, including any bruising as well as changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. At the time of inspection there were no ongoing safeguarding investigations.

People were treated equally and their diverse needs were met because staff had completed training and put their learning into practice. For example, religious and cultural needs were respected in the home and people were enabled to participate in cultural festivals. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of their ongoing training.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. Staff were unable to start work until satisfactory checks and references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed to make sure people were able to receive care and support with minimum risk to themselves and others. Clear guidance was held for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be challenging to themselves or the staff. This helped staff to support people to help keep them safe.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager, and support was amended, for example additional staff support provided. This enabled the staff to minimise the risk of recurrence. Staff discussed any incidents to identify any learning for the individual involved or for the service.

People's finances were kept safe. People had appointees to manage their money where needed, for

example the local authority.

People received their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept showing when medicines had been administered. People had prescribed medicines on "as required" basis and there were instructions to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked, weekly fire tests were carried out, and people had personal evacuation procedures in place.

People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The home provided people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People's records included communication guidelines. This detailed how people communicated and how staff could effectively support individuals. People's "Health Passport ", which could be taken to hospital in an emergency, detailed how each person communicated, to assist hospital staff in understanding people.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example autism training, supporting people who could display behaviours that challenged and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. However, this had not been required as newly employed staff had previous experience of working in a care setting and had National Vocational Qualifications in health and social care. Staff confirmed the Care Certificate covered Equality and Diversity and Human Rights training.

Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of choking due to consistency of food had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suitable food choices and the appropriate consistency of food. A staff member said, "We get to know what people like and they can communicate what foods they prefer. If they don't want the suggested meals for the day we can prepare something else for them, it's no problem."

People were encouraged, where possible, to participate in meal preparation. Where a person had dietary requirements, staff were fully aware as to what foods were available for that person. For example; a member of staff showed us lists of foods that a person could eat to accommodate their individual dietary needs.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier live, for example swimming. People's health was continually monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as the learning disability community team and local GPs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people

who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had applied for DoLS authorisation for those they had assessed as requiring assistance to maintain their safety.

People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held with the health and social care professionals involved in a person's care and their relatives where appropriate.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms. People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Where possible people were asked to give their consent and this was recorded. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. Staff had received training in the principles and operation of the Act and were able tell us about people's rights to take risks when they had capacity.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

19 Chilgrove Road is a large family style home. The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wish. We observed people navigating around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised and there were resources and sensory stimulation for people to use at their leisure.

Good

Is the service caring?

Our findings

People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People appeared comfortable with staff working with them and there was a relaxed and calm atmosphere in the service. One staff said; "Couldn't imagine working anywhere else!"

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. We heard and saw plenty of interactions, laughter and smiles. Staff were attentive to people's needs and clearly understood when people needed reassurance, praise or guidance.

People's representatives were involved in decisions about their care. People had their needs reviewed regularly and staff from the service who knew people well attended these review meetings. Personal representatives, for example family members or advocates and health care professionals also attended.

Staff knew people well and understood people's nonverbal communication. Staff could explain each person's communication needs, for example by the noises and expressions they made to communicate whether they were happy or sad. Staff clearly understood people's nonverbal communication and explained to us how one person used sign language or certain noises to indicate when they wished to go to their own living space for quiet time.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and considered when care was planned.

People's independence was respected. For example, staff encouraged people to assist with meal preparation and make their drinks. Staff did not rush people and everything was done at the people's own pace. Staff members were kind and gave each person time. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person-centred way. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same staff members. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. A member of staff said "Each person has communication support to help them understand things for them."

Good

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. Staff explained that it was important for people to have choice and control over their lifestyle.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs.

The care plans included detailed information required for staff to provide care and support according to people's needs and preferences. Support plans were personalised. For example; they contained information relating to people's food likes, emotional wellbeing and even people's phobias. They also included information about what made a person happy, what made them sad and how staff would recognise when a person was happy or sad.

Support plans were goal orientated and contained information regarding people's 'dreams for the future'. Support plans included a 'communication passport' which gave detailed information to staff regarding how a person could communicate. For example, using Makaton and simple directive phrases and whether to look directly at a person when speaking to them or whether this made a person feel uncomfortable. For each person there was specific communication guidance including what words to use when speaking to the person. Staff gave us good examples of how they communicated with people, and how they were encouraging people to expand their use of sign language by having a 'word' of the month that staff used with them.

Staff had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations. People received individual one to one personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, visual choices or the use of sign language to assist each person.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as making drinks, as well as leisure activities and sessions to support their health such as swimming. We saw from care plans and staff confirmed the progress one person had made. For example, they went to the theatre the day of the inspection to a show especially produced for people with a learning disability and the audience was limited to six. The staff explained the milestones this person had achieved and how their quality of life had improved.

A complaints procedure was available however, people currently living in the service would not understand the procedure. Staff told us that due to people's nonverbal communication that they knew people well and

worked closely with them and would monitor any changes in behaviour. People had advocates appointed, including family members, to ensure people who were unable to effectively communicate, had their voices heard. The registered manager and staff demonstrated they would always act on changes in people's presentation. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. There were care plans in place ready to be completed. The manager said they would review this as the plans came up for review.

Good

Is the service well-led?

Our findings

The registered manager had created a culture of individualised support and person-centred approaches which was tangible in the home. The manager was visible within the home and knew people and their relatives well which enabled them to assist and guide staff and model effective approaches and thinking. Staff spoke highly of the registered manager and of the service. One member of staff said; "We all work well together and support each other here."

The registered manager was well respected by the staff team. They were open, transparent and person centred. The registered manager was committed to the company and the service they oversaw, the staff but most of all the people. They told us how effective recruitment was an essential part of maintaining the culture of the service.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team." Staff told us, "Our team has individuals with various background and we try to work together to utilise our strengths."

People benefited from a registered manager who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were an opportunity to look at and improve current practice. Staff spoke positively about the leadership of the company.

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The results of the first survey since registration had not yet been analysed.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. The registered manager and senior management monitored the culture, quality and safety of the service by visiting to meet with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had implemented the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff, we identified their knowledge was up to date with good practice.

The manager shared a business improvement plan with us showing how they were going to develop the service. For example, the registered manager has recently undertaken person centred active support training which means staff will deliver active support and encourage people to be more independent and active. Training dates have been booked for staff in December 2018 and a baseline assessment for the home to establish what happens now has been completed. This will demonstrate the changes they make as they aspire to improve the quality of support and empower people to have more control and choice in their home.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. The registered manager also liaised with other departments at the local authority to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to check accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.