Care Quality Commission

Voyage 1 Limited

Chiltern View

Inspection report

Oving Road
Whitchurch
Aylesbury
Buckinghamshire
HP22 4ER
Tel: 01296 641146
Website: www.voyagecare.com

Date of inspection visit: 20 and 27 January 2015
Date of publication: 18/05/2015

Ratings

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

Overall summary

Chiltern View provides accommodation for ten people with a learning disability. At the time of our inspection eight people were using the service.

Chiltern View has 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.

The inspection was unannounced and undertaken by one inspector on the 20 and 27 January 2015.

People told us, or indicated through gestures that they were happy living at Chiltern View. Those who could communicate with us told us they felt safe living in Chiltern View and would let staff know if they were worried or unhappy about anything. Relatives we spoke with confirmed they they were always kept informed of any changes in their relative's health.

Summary of findings

Staff understood the needs of the people living in the home and were knowledgeable about how to keep them safe. Staff knew how to identify any suspected abuse and how to escalate it further to the correct people.

The care provided was personalised to meet people's individual needs. Staff understood the needs of the people living in the home and provided care and support with kindness and compassion.

Risks to people using the service were identified and incorporated into their care plans to enable staff to manage any such risks appropriately and keep people safe. Information within people's care files were not always up to date and fully completed. However the registered manager had identified this through their own auditing procedures and had begun to take appropriate action to address the issue. Similarly accurate records were not maintained of routine appointments with dentists, opticians and chiropodists to ensure peoples health care needs were being met appropriately.

Robust systems were not in place for checking in medicines when they were received from the pharmacy. Whilst checks were made against people's medicine administration records, no reference was made to people's prescriptions to ensure they matched up with their prescribed medicines.

The service had robust recruitment procedures in place but these were not always followed in practice. Staff files did not always contain an up to date photograph as a means of identity. The organisation had recently changed agencies and had a service level agreement with them. We noted they had generally gained a profile for each member of agency staff which detailed all relevant recruitment checks had been undertaken, checked their eligibility to work proof of identity any qualifications they held and relevant training they had undertaken. However whilst they had profiles for eight agency staff, they had not gained these for two of the agency staff to ensure they were suitable to work with people who lived in the home.

There were shortfalls in staff supervision and annual appraisals of their work where they could meet with their line manager formally and discuss any issues about their role or personal development needs.

We noted that whilst two people attended meaningful activities within their local community in which they could build friendships and relationships with people outside of their home this did not appear to be the case for everyone who lived in the home. Concerns about the lack of meaningful activities were also raised by some healthcare professionals and two relatives we spoke with. The organisation were aware of this and were and we saw they had had begun to take appropriate action to address the issue.

There was a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). The MCA is a law about making decisions on what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no DoLS authorisations in place, however the registered manager had identified the need and was in the process of making applications to people's funding local authorities (the supervisory body) for people who they felt were or may become deprived of their liberty for their own safety.

Where people were assessed as not having capacity to make a decision a best interest decision was made involving family members, representatives or people who knew the person well and other healthcare professionals.

The provider had systems in place to monitor the home and gain feedback from people who used the service, staff, relatives and health and social care professionals involved in the home. Management undertook audits to ensure the quality of the service and to identify where improvement was required. Where accidents and incidents had occurred, these had been thoroughly investigated to assess any trends or patterns.

We have made a recommendation that the provider develops a system for checking in medicines in a robust manner to ensure the medicines match those prescribed by people's GP's and correlate with those detailed on people's medicine administration records.

Summary of findings

We found a number of breaches 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.

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

Some aspects of the service were not always safe

Robust systems were not in place for checking in people's medicines when they were received from the pharmacy.

The registered person failed to operate an effective recruitment procedure to assure themselves that relevant checks had been undertaken and staff were suitably skilled and qualified to undertake their role competently and safely

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were provided with an induction and were provided with training opportunities to provide them with knowledge and skills to assist them in their roles.

There were shortfalls in staff supervision and annual appraisals.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

People were given choices in relation to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat.

Staff interracted with people in a kind, caring manner.

Staff showed patience and encouragement when supporting people, had a good understanding of people's needs and knew them well.

People's independence was promoted and aids were provided to assist them to remain independent where possible.

Is the service responsive?

Requires Improvement

The service was not always responsive

Accurate records were not maintained of routine appointments with dentists, opticians and chiropodists to ensure peoples health care needs were being met appropriately.

Systems were in place to manage complaints.

Care plans were in place that reflected people's individual needs.

Summary of findings

Is the service well-led?

Good

The service was well led

Incidents were used as opportunities to learn from and improve the service.

There was a culture within the home in which the provider encouraged people to provide feedback on the care and services people received. This enabled them to make improvements to areas which mattered to people using the service.

Systems were in place to assess and monitor the quality of the services and implement changes where improvements could be made.

Chiltern View

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.

The inspection took place on 20 and 27 January 2015 and was unannounced which meant staff and the provider did not know we would be visiting. It was undertaken by one inspector over the course of two days.

We previously inspected the service on the 10 March 2014 as a follow up At that time the service was meeting the regulations we inspected.

Whilst two people who used the service were able to communicate with us there were six people who could not communicate with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people living at the home, five relatives, three permanent staff, two agency staff, the registered manager, operations manager and the deputy manager. We also spoke with five relatives after the inspection, and gained feedback from four health and social care professionals involved with the home.

We looked at two people's care and support files, four staff recruitment files, four staff personnel files and staff training records. We looked at a number of documents in relation to the management of the service. For example, records of equipment servicing, portable appliance testing, provider quality assurance reports and a correlation of the satisfaction survey undertaken in October 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information provided within the PIR and information the Commission holds about the service. The provider notified us of important events that affect people's health, safety and welfare as they are required to do under the Health and Social Care Act 2008.

Requires Improvement

Is the service safe?

Our findings

We spoke with two people who used the service who were able to communicate with us. Both said they felt safe living in Chiltern View and would let staff know if they were worried or unhappy about the care they received. Relatives we spoke with after our visit told us they were always kept informed of any changes in their relative's health and staff contacted relevant healthcare professionals when needed. One relative we spoke with told us " They [named person] is very safe there I wouldn't want them to go anywhere else I have no worries at all, [named person] seems to be happy. I know most of the staff, they are all very nice and [named person] is always looked after very well." They went on to tell us of an occasion when they were visiting the home and their relative had a seizure. They told us the staff had been kind and caring and dealt with the situation professionally and very well. Staff we spoke with were knowledgeable about people's needs and told us they picked up on cues from people's gestures and behaviours.

We noted robust systems were not in place for checking in medicines when they were received from the pharmacy. Medicines received were checked against people's medicine administration records (MAR) but no reference was made to people's prescriptions to ensure they matched up and there were no errors on the MAR. For medicines that were prescribed to be administered only as needed, such as pain killers, each person had a separate sheet for each as needed medicine as well as their MAR. We looked at three people's MAR records. One medicine was recorded as administered on an as required basis medicine (PRN) and should have been given regularly to the person. The registered manager contacted the GP who confirmed the medicine was initially to be administered on an as required basis medicine but due to complications with their health they advised the medicine be administered on a regular basis. We were supplied with a copy of a letter sent to the home from the GP surgery clarifying this.

We noted the medication room was locked and people's medication was stored securely. Daily recording of the refrigerator and medicine cabinet temperatures were undertaken to ensure people's medicines were stored at the correct temperatures. Monthly audits of people's medicines were undertaken to ensure procedures were being followed safely and people received their medicines as prescribed by their GP. Where any concerns were highlighted actions were put into place to ensure people were protected from any risks.

Staff who handled medicines had completed medication training and competency checks were undertaken before staff took on the responsibility of managing and administering people's medicines. Agency staff told us they did not administer medicines, that this was undertaken by permanent staff who had been trained to do so.

We looked at the recruitment records for four staff who were employed since our last visit in March 2014. The provider had a robust recruitment procedure in place to ensure only suitable people were employed to look after the people who lived in the home. However this was not always followed in practice. The provider completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with vulnerable adults. References, employment histories and medical histories had also been sought. Two of the staff files did not contain an up to date photograph as is required. The registered manager assured us they would obtain up to date photographs and hold them on the staff files as a means of recent identity.

The registered manager told us they had recently changed agencies and had a service level agreement with them. We noted they had generally gained a profile from the agency which detailed all relevant recruitment checks had been undertaken, checked their eligibility to work proof of identity any qualifications they held and relevant training they had undertaken. However whilst they had profiles for eight agency staff they had not gained these for two of the agency staff working at the service.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care and support was planned in a way to ensure people's safety and welfare both within the home and in the wider community. We saw any risks had been taken into consideration and protocols were in place detailing how staff were to minimise such risks whilst maintaining people's independence as much as possible. For example we saw moving and handling assessments had been undertaken and mobility and physical assistance plans had

Requires Improvement

Is the service safe?

been put into place with guidelines for staff to follow. Similarly we noted an eating and swallowing plan in place for an individual who had eating and swallowing difficulties. This provided staff with guidance to ensure they were not placed at risk of choking during meal times. Emergency management plans were in place for people who were at risk of seizures. These detailed how staff were to deal with such situations and when to escalate the situation to emergency services. Staff we spoke with were knowledgeable on the protocols they were to follow in such instances.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. They were knowledgeable on the organisations policy and procedure and also of the of the local authorities safeguarding team's role in safeguarding adults. They were able to describe to us what constituted abuse and what they would do and who they would report any allegations or suspicions to. Staff confirmed they had received safeguarding training. We saw documentation to verify they had during their induction and annually thereafter. Staff were knowledgeable about whistleblowing and assured us they were encouraged to use the procedure and would have no hesitation to use the whistleblowing procedure to report any poor care practices.

The service had arrangements in place for responding to emergencies. For example we saw that personal emergency evacuation plans were documented and completed in people's care plans. These informed staff how people were to be evacuated in the case of an emergency such as fire.

It is recommended the provider develops a system for checking in medicines in a robust manner to ensure the medicines match those prescribed by people's GP's and correlate with those detailed on people's medicine administration records.

Requires Improvement

Is the service effective?

Our findings

Most of the staff we spoke with told us they felt well supported and received one to one supervisions where they could discuss their work and any personal development needs. However, whilst looking at staff personnel files we noted one staff member had not received supervisions in line with the organisations policy. The operations manager informed us it was the organisations policy to provide staff with monthly supervisions during their probationary period. Information in one staff members file showed they had taken a position in September 2014 and had not received a supervision We also found they had not been provided with an annual appraisal of their work performed in a previous role. We viewed the personnel files of three further long standing members of staff and found one of them too had not received an annual appraisal of their work where they could meet with their line manager formally and discuss any issues about their role or personal development needs.

Staff told us they were provided with a good level of training to assist them in their roles this was delivered both face to face and by e-learning. New staff completed an induction which provided them with the skills and knowledge to undertake their roles competently and safety. The induction covered the skills for care common induction standards. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff confirmed they shadowed experienced staff during their induction period until they felt comfortable and were deemed competent to work unsupervised. The induction included training in health and safety, moving and handling, food safety awareness, safeguarding, effective communication, equality and inclusion and person centred support. We saw documentation to verify this. Further training included medicine administration, epilepsy awareness and dementia care.

We spoke with two agency staff who told us they had been providing care and support to people living in the home for approximately one year. One told us they worked in the home once or twice a month and the other told us they were doing three shifts the week of our visit. They both told us they knew the people living in the home well and this was evident in discussions with them. Both told us they were inducted into the environment, introduced to the people who lived in the home and were made aware of their individual specific needs when they began working there and regularly read the care and support files.

The registered manager informed us in their PIR that they had accessed and received some training support from the local authorities quality in care team. This was to provide staff with further knowledge and skills and had included training workshops in safeguarding, medicines and person centred approach to care. This was verified to us by a representative of the quality in care team.

We saw dates had been booked for the staff team to attend a training session around nutritional considerations for people with learning disabilities in February 2015. This was to be delivered by a dietitian. Further booked training included moving and handling practical training had been booked for four staff and the registered manager in February 2015. Staff told us they did not undertake any moving and handling until they had undertaken the level 2 training which was the practical aspect of the training.

We discussed the staffing levels with the registered manager and operations manager, who informed us they had three full time staff vacancies which they were advertising. They informed us they used bank staff and agency staff to fill any shortfalls and during periods of sickness or annual leave. They informed us four staff worked during the daytime shifts with the registered manager and deputy manager working fifty per cent of their time working alongside the staff to provide care and support and the remaining fifty per cent of their time to undertake management duties. There were two waking night staff during the night with an on call senior who they could call upon if needed.. Two staff we spoke with felt that whilst they were able to meet people's needs within the home, further staff would enable them to support people to access more activities within the local community. The registered manager and operations manager told us they felt the present level of funding met people's basic care needs but did not allow for extra one to one hours to enable staff to support people to meet their aspirations within the community adequately. We saw documentation to evidence actions were being taken and they were aware of these issues and we saw they had had begun to take appropriate action to address the issue.

We saw there were enough staff available throughout the two days of our inspection.

Requires Improvement

Is the service effective?

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The provider had a policy on the Mental Capacity Assessment procedure to support staff in their practice. Where people were assessed as not having capacity to make a decision a best interest decision was made involving family members, representatives or people who knew the person well and other healthcare professionals. Feedback from a healthcare professional after our visit to the home and a conversation with a relative informed us best interest meetings were undertaken to ensure the home and staff acted in people's best interests.

Each person's care plan contained a communication plan which detailed how the person liked to be given information around decisions, the best way to present choices and the best times they were receptive to make decisions. This enabled staff to present choices to people according to their individual needs to assist their understanding to help them to make informed choices.

Where people could not communicate verbally a communication plan was contained within their care and support files. These informed staff of their level of communication and how they expressed themselves. Examples included expressing through the use of pictures, gestures and body language. Guidelines were in place to inform staff of people's particular gestures and behaviours and what these meant. These were in place to enable staff to communicate effectively. In discussion with staff it was evident they had a good understanding of people's particular gestures and what they meant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensures the service only deprives someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no DoLS authorisations in place, however the registered manager had identified the need and was in the process of making applications to the relevant local authorities (the supervisory body) for people who they felt were or may become deprived of their liberty for their own safety.

People were involved in the planning of the menu's each week. They were supported to make choices according to their known preferences. Staff used pictures as aids to help people in making decisions around what they would like to be included on the menus. Staff informed us alternatives were always made available on the day if people did not want what had been planned. Similarly mealtimes were not set at regimented times and people if people preferred to take their meal at later time they could choose to do so.

We observed staff supporting people with meals and drinks and wherever possible people were supported to remain independent. We observed one person making themselves a hot drink in the kitchen with support from staff. We saw that during mealtimes people were supported to maintain their independence through the use of appropriate plate guards and utensils and staff assisted them in cutting the food up where required. We noted staff did not rush people and enabled them to take their meals at their own pace without interruption. Assistance was provided to people who were unable to feed themselves and staff took care to inform them what the meal was before feeding them. People were offered a second helping and a choice of drinks was offered with their meals and throughout the day. We noted a detailed eating and swallowing plan in one person's file who was at risk of choking. We saw staff followed the plan for this individual. Their food had been blended separately so it looked appealing and they were attentive to ensure they were in the correct position whilst eating so as to reduce any risk of them choking. Thickened drinks were also provided as detailed in their eating and swallowing plan.

People who were able to communicate with us told us they enjoyed the food provided at Chiltern View. One told us they had helped staff to prepare the tea time meal of pizza, chips and fresh green salad followed by swiss roll and custard. When asked if they had enjoyed it they told us "I like the meal". We asked another if they enjoyed the meal

Requires Improvement

Is the service effective?

and they nodded. A further person was clearly enjoying their mealtime, they were making the gesture of blowing bubbles which their care file indicated this gesture indicated they were happy.

It is recommended the provider develops a system to ensure staff receive supervisions and annual appraisals in line with the organisations policy and procedure

Good

Is the service caring?

Our findings

Relatives felt the staff were kind and caring. One told us "[named person] is being looked after very well, the staff are all very caring, we couldn't do better ourselves….all in all I couldn't ask for any better." Another relative told us "My brothers always said [named person] is well looked after." Another relative told us the staff were "amazing" and told us of a recent period in which their relative was admitted to hospital. They told us "the nurses in the hospital were not used to people with learning disabilities, Chiltern view took over a lot of the care and between us we were able to provide almost 24 hour care, they were amazing, they supported him and assisted with his meals as he has to be fed in certain positions." Similar comments were made by another relative who told us their relative was also admitted to hospital for an operation. They told us some of the staff went in at mealtimes to support their relative with their meals and "they spent the best part of the morning with them."

People were involved in making decisions and choices in their lives wherever possible. This included gaining their opinions on the choice of food they wished to have, planning the menus with the support of the staff with the aid of pictures and making decisions on the times they wished to get up in the mornings, retire to bed and choice of what clothes they wished to wear.

Staff supported people to undertake activities both within the home and some activities within the local community. These included walks out with staff, aromatherapy, drives in the organisation's transports to local areas, shopping visits into the local town, eating out locally, film evenings in the home, weekly sensory cookery sessions. We were informed two people were supported by staff to attend the local adult education centre each week where they took part in arts and crafts and music. They both also attended a weekly social club held in the evening where they enjoyed meeting others and dancing. Both people had attended college on the days of our visit. One told us they had made shapes and spoke of two friends they had at college. The other person told us they too had been and enjoyed going.

We noted that whilst two people attended meaningful activities within their local community in which they could build friendships and relationships with people outside of their home this did not appear to be the case for everyone who lived in the home. Similarly one relative we spoke with told us people used to attend the gateway club more regularly than recently and that their relative had not had a holiday during the last two years We also received feedback from two health care professionals and one social care professional who raised the same concerns about the lack of meaningful activities within the local community. In discussion with the registered manager it was evident they were aware of these issues and we saw they had had begun to take appropriate action to address the issue.

On both mornings of our visit people were enjoying a cooking session. This was a new activity which had been organised by the registered manager in conjunction with the local adult education centre. The activity was brought to the home to enable people to experience and learn cookery skills within their own surroundings. We saw staff engaged with and supported people in a kind patient unrushed manner to follow, understand and enjoy the new experiences they were experiencing at the instruction of the tutors. By bringing the classes to the home, people were enabled to enjoy learning new skills and enjoy what they as a team had produced for their lunchtime meal.

Throughout our visit we observed staff interacting with people in a kind, caring manner. We heard them speak with people politely and respectfully and calling them by their preferred name. Staff showed patience and encouragement when supporting people, had a good understanding of people's needs and knew them well. We noted staff took time to sit with people spending one to one time with them engaging in conversation and some one to one activities.

Staff we spoke with were compassionate about the people they cared for. One staff member told us "there's some genuine, caring staff, they work hard and we try to make it fun for the service users. We never bring issues into work. Everyone wants to do things with them and make things better for them."

Throughout our visit we noted staff were aware of people's dignity and respected their individuality. One staff member noticed a person had spilt some of their drink on their top and discreetly asked them if they would like to change into a clean one to preserve their dignity. They accompanied them to their room to do so. We spoke with the member of staff afterwards about how they respected people's dignity

Good

Is the service caring?

and privacy. They told us "we always provide people's personal care in privacy with their doors closed, the curtains closed and cover them with a towel. They said "it's what you yourself would expect, our own standards."

We observed a staff member spending time talking to a person after their lunch in the communal lounge area. They had squatted down at the person's level and held their hand whilst they were talking with them. There was some laughter and chatter and people seemed very relaxed and comfortable with the staff.

There was a keyworker system recently put in place so people had a named member of staff who reviewed their care with them each month, or sooner if their needs changed. People could speak with their key workers if they had any concerns or issues. For those who were unable to verbalise, their keyworker and staff were knowledgeable about people's gestures and sounds which people used which meant they were unhappy and had the ability to read their body language. This was evident with one individual in which staff had picked up they were in pain due to the way in which they were walking. Staff showed concern and made contact with relevant health professionals to ensure their health care needs were met and to provided them with comfort.

Important events and memorable occasions such as people's birthdays and Christmas were celebrated with them. We were informed over the Christmas period everyone who lived in the home were supported by ten staff to enjoy a day out in Milton Keynes to see the Christmas decorations and do some shopping and then afterwards enjoyed a meal out in a pub/restaurant. This enabled people to enjoy the Christmas festivities in the local community.

We were informed that whilst there was nobody in the home who used an advocacy service, people would be assisted to access an independent advocate to speak up for them and support them if required. Similarly they would support people during their reviews of care if they felt they needed an independent person to support them in the process.

Requires Improvement

Is the service responsive?

Our findings

Relatives we spoke with told us they were consulted with during the review of people's care. One relative told us "they keep me informed of any changes to [named person's] health and they arrange dental appointments and doctor visits when needed." They added that their relative had spent a recent period in hospital and the staff went in to the hospital to support them with their nutritional needs and stayed with them the best part of the mornings or afternoons. Similarly another relative told us staff went into the hospital each day to support their relative when they had been recently admitted.

Other relatives we spoke with informed us they were consulted with and have meetings to discuss their relatives care and support needs. They told us the service kept them informed of any changes to their health care needs and one added "I know what's going on they call and have a chat regularly to keep me informed."

Information within people's care files was not always up to date and fully completed. For example relationship maps detailing the people who were involved in people's lives, updating people's support files in changes to people's emergency medication in situations where they may have a seizure. However the registered manager had identified this through their own auditing procedures and had assigned two staff members to audit people's care and support files the week of our inspection to ensure information within them was complete and up to date.

Similarly accurate records were not maintained of routine appointments with dentists, opticians and chiropodists to ensure peoples health care needs were being met appropriately. One persons file showed they had a routine dental check up in October 2013 and stated their next appointment was due in six months. There were no records to show this had taken place. Similarly their records showed their last appointment with the Chiropodist had been in 2010 with no further records to show that an appointment had been attended since. Another persons file informed us they had a routine dental check up in March 2014 and a further appointment was to be booked in July 2014. There was no evidence that appropriate follow up's had taken place. On feeding these findings back to the registered manager, actions were taken to immediately ascertain what routine checks up's were outstanding for people in the home. The day after our inspection we received correspondence from the service to inform us one person who was due a visit to the opticians for a routine eye test had been booked. We were also informed appointments had been booked for all eight people living in the home to attend a dental appointment for a routine check up.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care and support plan. Each person had a care and support plan file in place and a health file. We viewed three people's care and support plans. The information within them was personalised, informative and flexible to the needs of the person. People's care and support plans included their personal details, and contained a relationship map which detailed who was important in their lives. The files also contained information about what was important to the individual for example one stated it was important for the individual to maintain and develop their independence and life skills.

Documentation within people's files showed us that people were supported to see appropriate health professionals to meet their specific health needs. Staff supported people to see their doctor, physiotherapist, occupational therapist, speech and language therapist and supported them at their hospital appointments. We saw records were maintained of appointments with professionals and the outcome of those visits were recorded along with any actions staff were to take. We spoke with a physiotherapist who visited people in the home. They told us most of the referrals received came from staff and the staff worked well with them. They told us that they provided staff with weekly training in areas such as passive movement so they could support people with their exercise regimes. They said they provide staff with recording charts to complete to show the intervention that has been undertaken. They told us the charts were not always completed to show the intervention that they had provided. They said the registered manager had been made aware of the lack of completing the

Requires Improvement

Is the service responsive?

records. We saw guidance from professionals was documented in people's files and equipment was provided for people to improve their posture, independence and comfort.

Also included was a document entitled a typical day/daily life which described how the individual liked to be supported to enjoy a good day and detailed their preferences in the time they liked to usually get up in the mornings and retire to bed at night, the activities they liked to undertake and an activity planner which detailed the activities they undertook during the week. Each contained a communication plan which detailed how each person communicated through their behaviours and expressions, which were particularly useful for people who did not communicate verbally. Where people could not communicate verbally, the information was clear on how they expressed themselves, for example, through body language, pointing to things or by use of sounds and gestures. In discussion with staff it was evident they knew the people who lived in the home well and understood how people communicated and what certain gestures or behaviours meant.

People's independence was promoted and equipment had been provided to meet people's individual needs. Examples included hoists, epilepsy alarms, wheelchairs and adjustable beds.

The service had a complaints procedure in place to enable people to raise any concerns they had. These were also produced in pictorial format to meet with people's individual needs. Relatives we spoke with were complimentary of the service and all those we spoke with told us they knew who to raise any concerns or complaints with and were confident they would be dealt with appropriately. One relative however did inform us that they had raised concerns in relation to the food provided but did not feel their concerns had been listened to or acted upon. We looked at the complaints log and saw that complaints were logged appropriately and actions taken in response to the complaints were documented. If new procedures were made as a result of the complaint these were documented and dated when the action had taken place.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us the manager was approachable and took time to talk with them about their relatives. Comments included " the manager is very approachable" " has an open door policy and I was able to grizzle down the phone to her".

Information provided to us in the PIR informed us the service had employed three managers over the last twelve months. In discussion with staff it was evident the management changes had resulted in a low morale, lack of leadership and stability for the staff team and staff leaving the service. The present manager registered with the Commission for Social Care in June 2014. Staff we spoke with were generally complimentary about the registered manager One told us "The manager is nice, I genuinely think she wants to make improvements…since she's been here we are getting staff in." Another told us "I find the manager very approachable. There have been changes to staff and management, it's nice to have them stay you can build up a rapport with them and feel part of a team."

The registered manager and providers were keen to receive feedback on the care and services people received. These were sought on a day to day basis through general discussions and through reviews of people's care, and from feedback from staff, professionals and family and friends. The feedback gained enabled the provider to review where any changes could be made to improve the services provided to people who lived at Chiltern View. The last annual service review was undertaken in October 2014.

Each year the provider undertakes an annual service review to gain people's views on the services provided at Chiltern View. This involves sending questionnaires to people who use the service, staff, families and friends of people who receive support and professionals who have involvement with the home. The service then collate the findings to ascertain what works well and any areas for improvements.

The last service review was undertaken in October 2014. This involved sending questionnaires to nine families and friends of people who lived at Chiltern view, nine questionnaires to professionals and seventeen staff. Since the service supports eight people with communication difficulties and/or lacked the capacity to understand the questions fully, people's key workers used their day to day knowledge to answer on their behalf. The responses were shared with them and we were told that no one appeared to disagree with what was answered. Of the questionnaires sent, the service received responses from four people they support, seven relatives and friends, four staff and two professionals. We observed a development plan which had been produced from the findings. This informed us there had been positive feedback on the high standards of care and respect within the staff team, that there was open honest communication within the team and the recognition and respect that each person living in the home is individual with unique needs. The feedback indicated areas that were not working well and needed to be improved was a reduction in staff vacancies and changes, an improvement in the staffing ratios and a lack of external activities. All of which we saw the organisation were working to address.

The organisation had an audit system in placed which was based on the Care Quality Commission's five questions : "is the service safe, caring, effective, responsive and well-led?" The audit was on going process which was undertaken every three months and over the course of the year covered all of the Care Quality Commissions essential standards of quality and safety. The registered manager completed a self assessment each quarter and where any improvements are identified an action plan was put into place detailing any actions to be taken, the date they are due to be rectified and who is responsible to address the action. The audits are overseen by the operations manager who visits the service on a monthly basis. We saw from the current audit, which covered the months of October, November and December 2014 that the registered manager had drawn up an action plan. The operations manager oversaw and reviewed the audits and where any actions had not been completed they would be carried over onto the following quarters consolidated action plan. The operations manager visited the home regularly and also carried out other audits such as audits of medicines, training and health and safety audits.

Systems were in place to enable the organisation to review the complaints for any trends and fed into their quality monitoring process so any improvements could be made in response to them.

Most of the staff we spoke with told us they were confident in raising any concerns with the management but two felt they had raised some areas of concern but had not been listened to and no actions had been taken. We raised this

Good

Is the service well-led?

with the operations manager who informed us of the actions taken in response to the concerns. The actions taken were appropriate, but due to confidentiality reasons it would not have been appropriate to feedback the actions due to confidentiality reasons.

We also saw a complimentary letter in which a family member had complimented the home on the calm atmosphere they had experienced within the home.

Feedback from health and social care professionals was positive in that they could see improvements following the appointment of the new registered manager following the recent management changes. One told us the manager was very pro active and they could see "she's keen to give the best for the people in the home." Another told us there were a lot of issues with the previous management changes but that things had improved although there were still concerns that people were not accessing the community much. A further social care professional voiced similar concerns with regards to accessing meaningful activities within the community but added she was trying her best with the limited resources she has.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person failed to ensure people who use services and others were protected against the risk of unsafe or inappropriate care through maintaining an accurate record in respect of each service user.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person failed to operate an effective recruitment procedure and ensure information specified in schedule 3 was available in respect of a person employed for the purpose of carrying on a regulated activity and such other information as is as appropriate.**