Chailey Heritage Foundation

Willows Bungalow, Chailey Heritage Foundation

Inspection report

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Ratings

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

Overall summary

We inspected Willows Bungalow on 3 February 2015. This was an unannounced inspection. Willows Bungalow is one of two, purpose built, residential services for young adults aged over 19, with complex neuro-disabilities. The location forms part of the innovative 'Futures' project, which was developed to support young people with disabilities gain life skills in preparation for their 'transition' into adulthood. On the day of our inspection there were seven people living in the bungalow.

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

Summary of findings

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.

There were procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Personal risk assessments relating to specific areas, such as choking and swallowing, were in place.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific and complex care and support needs of people. They were knowledgeable about people's needs. Care was provided with patience and kindness and people's privacy and dignity were respected.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking.

People and their relatives told us and records confirmed that meeting social needs was promoted and activities reflected people's individual interests and preferences. People were regularly supported to access facilities and amenities in the local community.

The registered manager assessed and monitored the quality of care. Surveys were carried out for people and satisfaction questionnaires were used to obtain the views of relatives and other stakeholders. Audits and checks were carried out to monitor and address a number of areas such as health and safety and medication.

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?

Good

The service was safe.

Sufficient staff were employed, with the necessary skills and competencies, to meet people's complex care and support needs. People were protected by robust recruitment practices, which helped ensure their safety.

The service had effective systems to manage potential risks to people's welfare, without restricting their opportunities, and these were reviewed regularly. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?

Good

The service was effective.

People and their relatives were involved in the planning and reviewing of personalised care. People said staff knew them well and were aware of their needs. Relatives were happy with the care and support provided.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).This meant there were safeguards in place for people who may be unable to make decisions about their care.

People could access appropriate health, social and medical support as required and they received care from staff who were trained to meet their individual needs. They were asked about their preferences and choices and received food and drink which met their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect.

People were treated as individuals. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised activity programme had been developed reflecting individual interests and preferences.

A complaints process was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Surveys were carried out and meetings held to obtain the views and experiences of people, their relatives and friends.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Regular audits were undertaken. The registered manager monitored incidents and risks to ensure lessons were learned and used to drive improvements in care provision.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an inspector and a specialist advisor with experience of supporting people with complex needs. Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three people, four relatives, one senior support worker, two support workers, the cook, the registered manager and the director of Adult Social Care. We observed care practice, including the use of hoists and two physiotherapy exercise sessions, undertaken by care staff. We also observed the lunchtime routine, the administration of medicines as well as the verbal and physical interactions between the young people and staff, throughout the day.

We looked at documentation, which included three people's care records, staff training files and records relating to the management of the service.

This was the first inspection of this location since the registration was changed from children to young adults. This service was registered by CQC on 6 June 2014. We found that no concerns had been raised regarding the service during this time.

Good

Is the service safe?

Our findings

People told us they felt safe in the bungalow and staff treated them with kindness. One person, who had been at Chailey Heritage as a child, said "I have been here a long time. I love living here, staff say good night to me and all the people make me feel safe." Another person told us "I am not worried here, I talk to my key worker. I like her." We also spoke with one person who used a special typewriter to communicate. We asked them whether they felt safe. They typed "yes" in answer to our question.

Relatives spoke very positively about the service, they had no concerns about the way their family members were treated and felt that they were safe. One relative told us "We have real peace of mind knowing that he is safe, well cared for and his needs are being met."

The provider had developed comprehensive safeguarding policies and procedures, including whistleblowing. Documentation was in place for identifying and dealing with allegations of abuse. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. One member of staff told us "Their safety and welfare is always a priority for us and no shortcuts are ever taken that could compromise that."

Personal and environmental risks were appropriately assessed, managed and reviewed. Assessments were in place to identify and minimise a range of risks for the individual, whilst encouraging and promoting their independence. These included assessments for risk of pressure related skin damage that used a recognised tool (the Waterlow score) and nutritional screening using the Malnutrition Universal Screening tool. We noted that assessments and actions that needed to be taken to manage these risks were updated on a regular basis. This had ensured that people's care, support and treatment reflected relevant research and guidance and that risks to people's wellbeing were assessed and managed safely.

We looked at two support plans which included a range of individual risk assessments, including nutrition and swallowing. Advice and guidance in relation to this had been provided by Speech and Language Therapists (SALT). In each support plan there was a 'personal emergency evacuation plan' in place. This individualised plan contained detailed information regarding the specific support and assistance that the person would require in the event of an emergency on the premises.

Medicines were stored and administered safely and accurate records were maintained. During our inspection we observed medicines being administered and saw people were sensitively assisted to take their medicines. They were not rushed and simple explanations, appropriate to people's level of understanding were provided. We asked a relative about how medication was administered. They told us "We have no worries about medicines here. Even if they are just a few minutes late giving the medicine we get a call to say what has happened. We are always kept informed."

There were enough staff to meet people's care and support needs in a safe and consistent manner. The registered manager told us that staffing numbers were closely monitored and were flexible to reflect people's assessed dependency levels. One member of staff told us "There are enough staff here and that's so important. If someone is going out who needs two to one support, we bring in another member of staff to cover." A relative told us "Yes it is safe here and there are enough staff for our son's two to one and one to one. We like the set-up of the shared home." We observed one person going to a local college, being supported by two members of staff

Robust recruitment practices helped to ensure the safety of people and all relevant checks had been completed before new staff started work. Staff files contained evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke very positively about the service, the staff and the care and treatment they received. They told us they had complete confidence in the staff, who they said were "well trained" and "know what they're doing." Staff confirmed they received the necessary training to undertake their roles and responsibilities. One member of staff told us "The training here is really good, I've learnt so much and feel very confident now dealing with the guys."

As well as a comprehensive induction programme, staff received essential training both in-house and from external providers. Training records supported this. Staff also completed specific training and competency based assessments, appropriate to their role, to ensure they could demonstrate the required knowledge and skills. Examples of these assessments included enteral feeding (feeding through a tube into the stomach). The manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

There was a programme of training and formal supervision for all staff including bank staff. Supervision provides individual members of staff an opportunity to meet, in a confidential one-to-one setting with their line manager or a senior member of staff, to discuss their work and any related issues. It also enables any poor practice or other concerns to be addressed. We saw examples of staff supervision notes and annual appraisals. These showed that competency was monitored and training was arranged to make sure staff had the up to date skills they needed to support people. One member of staff told us "I get regular supervision and updated training, including the safe use of slings, like the ones used for the bath."

To enable people to access the community, there were three specially adapted mini buses and two wheelchair accessible cars available. A senior support worker informed us that "Staff have to be 23 years old or over, with a full driving licence, to drive the young people." For those staff able to do so, training is provided and their competence assessed, before they are permitted drive the mini buses and cars.

Care plans contained person specific consent forms to safeguard people's welfare. For example, bed sides would be used, following a risk assessment, to protect the individual by preventing falls during the night. Consent forms had been signed by the individual, or a relative or representative, acting in their best interests.

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, podiatrists, opticians and dentists and had attended regular appointments, as necessary regarding their health needs. People and their relatives spoke positively about the access to other health care services. One person told us "There are doctors and nurses to help me, I tell staff and they would sort it out."

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. They confirmed they had received training in these areas and demonstrated a good awareness of the code of practice. Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make specific decisions for themselves, or to support those who lacked capacity to manage risk.

There were DoLS in individual care plans, which contained person specific consent forms to safeguard people's welfare. For example, bed sides would be used, following a risk assessment, to protect the individual by preventing falls during the night. Consent forms had been signed by the individual, or a relative or representative, acting in their best interests.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. People were consulted about their food preferences each day and were given options. Meals that needed to be pureed were still separated out so that food could be tasted individually.

During lunchtime we observed that staff sensitively and discreetly supported people who required assistance in a calm and unhurried manner. People sat together at the table which was set to various heights to accommodate different size wheelchairs. People who had a gastro feeding

Good

Is the service effective?

tube also sat at the table, making it a sociable and inclusive experience. The atmosphere was relaxed. Staff spoke with people during their meal and everyone had time to eat at their own pace.

The cook told us "Once a week all the young people come together and decide on a menu for the week, everyone gets a preference and any special diets and different food preparation needs are catered for." The food was home cooked, and portion sizes were generous. We received many positive comments from people regarding the quality of the meals provided. A relative told us "The food always looks and smells very good and the cook is a lovely helpful lady."

Good

Is the service caring?

Our findings

People and relatives spoke very positively about the caring and compassionate nature of the staff. We found that positive, caring relationships had developed between the young people and members of staff and the key worker system was very effective. One person told us "I like my key worker. We get on well, she is young too, and we go out together." A relative told us "We needed a place that fully understands his level of disability, where people will understand him and there is a high base level of staff skill. He is very happy here and they will always call us if anything new happens." Another relative told us, "We are not unhappy with any aspect of our daughters care, she is very busy, I would recommend it here, we have seen other places and I feel very happy that she is being cared for here."

In each of the individual care plans we saw that all the young people required comprehensive support with their personal care, including all transfers, toileting, bathing, dressing and undressing. Guidance was provided for staff who were directly involved in physiotherapy type activities including swimming, regular stretches, lying groups and cycling. A member of staff told us that people were encouraged to participate in decision making about their care and activity programs and to understand the implications of the conditions they had. For example this could be attempting to understand the reasons for a specific diet to assist in the management of diabetes. The manager explained that Individual young adults also at times required immediate interventions and monitoring from staff, this included emergency medication and oxygen therapy at any time of the day or night. This was supported by care plans we looked at and confirmed by staff.

We saw examples of people being offered choices about all aspects of daily living, including what they wanted to wear, what they wanted to eat or drink and how they would prefer to spend their day. We observed one person being asked his preferences regarding a board game. They were given time to react and respond and the staff member clearly understood their facial expression to indicate yes or no. Their preferred option was to sit and relax as they had had a busy morning with physiotherapy, speech and language therapy and had been supported to use the standing frame. Their choice was understood and respected and they were left to enjoy some quiet time.

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they were supporting. They were respectful of people's complex needs and demonstrated a kind, sensitive and compassionate approach to their role. People were supported with consideration and gently encouraged by staff to express their views. We observed that staff involved people as far as possible in making decisions about their care, treatment and support.

People's personal choices also featured prominently in their individual care and support planning. They had clearly been involved in the process and in choosing how they wanted their care to be provided .In one plan there was detailed guidance for staff, effectively written in the first person, relating to personal care. Guidance on mouth hygiene and the support required included: 'I like to rinse my mouth and spit out when my teeth are clean.'

One person told us "I feel respected and staff treat me with dignity. They close the door and cover me up when washing:" We observed staff knock on the door before they entered a bedroom to provide personal care. They carefully and patiently explained the details of the personal care they were going to provide and ensured that the person completely understood what they were going to do before they started.

Relatives spoke positively about how people's dignity and privacy was respected. One relative told us "Curtains are always pulled, doors closed and they always knock." Another relative told us "The staff here are all totally professional and always very respectful in their dealings with our son. We have a very good relationship with them and trust them completely."

Good

Is the service responsive?

Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. One person told us "The staff know what like I go out for takeaways and to the pub and to the disco I like McDonalds and KFC."

Relatives spoke very positively about the communication with the service and their involvement in their family member's care. One relative told us "My daughter likes to phone us and she is helped to do this by the staff. When she comes home she brings her day book with her, which tells us what she has been doing. We also have regular phone calls and reviews and can talk about everything. We feel we are very involved with her care."

People's individual assessments and support plans were reviewed with their participation or their representatives' involvement. Key workers worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. The manager confirmed risk assessments and support plans were reviewed every month or when there were any significant changes to a person's healthcare needs or condition. This ensured any changes were accurately reflected in the care, support and treatment they received.

To address the very limited verbal communication skills of many of the young people, the provider had researched and implemented a number of electronic systems of communication. A member of staff explained 'The Chailey Communication System' (CCS) to us, The CCS included the 'Tell us' and 'Eye gaze' computer systems which enabled people, often for the first time, to communicate effectively "with the outside world." It would be difficult to overstate the social and psychological benefits many people have experienced since these systems were introduced, in response to such a significant need.

We observed staff carried out their duties in a calm, unhurried manner and they spent long periods of time with people on a one to one basis. The service identified and responded appropriately to people's changing support needs, including their choice of individual activities, in accordance with their personal preferences. We saw examples of individual activity programmes, which included life skills, photo workshop, stretching, gym sessions and swimming. The manager confirmed that the service regularly consulted with healthcare professionals about any changes in people's condition or behaviour and we saw evidence in care plans to support this.

Concerns and complaints were taken seriously and acted upon. A complaints record detailed each complaint, as well as action taken and the findings of any investigation. Any actions that had been taken, as a result of the complaint, to change practice or improve the service were also recorded. Complaints had been managed and investigated, in accordance with the provider's published procedures and resolved to the satisfaction of the complainant. The Director told us that staff worked very closely with people and their families and any comments or concerns would be taken seriously and acted upon immediately. An independent advocate had also worked closely with people to encourage their views and to explain how to make a complaint.

People and their relatives told us they were very satisfied with the service and felt confident that any issues or concerns they might raise would be listened to and acted upon. One person told us "I have not made a complaint but if I was worried I would talk to Mum and Dad and they would tell the manager or my key worker – and they would sort it." A relative told us "Yes I know how to complain, I would contact the manager by phone or email. I have not had to make a complaint, but if I did I'm sure it would be dealt with professionally."

Good

Is the service well-led?

Our findings

People and their relatives spoke very positively about the dedication and commitment of the registered manager and the trust and confidence they had in her. Staff told us that morale amongst their colleagues was 'very good' and they said they felt 'valued' and 'supported' by the manager, who they described as "very approachable" and "the best." One person told us "I like the manager, she says good night to me."

One relative told us "The management is inspired from the top down with a 'can do' attitude. The staff are all enthusiastic, competent and educated – and very open to working together. We actually feel part of the team here and are very much involved in our son's care plan. The staff are always coming up with ideas, they are proactive - not static." Another relative told us "The manager is very good, excellent, all the staff are hardworking, conscientious and communicate very well." Another relative said "There is a wonderful atmosphere in the home, we like the setup of the home it's not clinical, we looked at other homes and this is the best". "Our son is getting on really, really well here, we have seen an improvement in every aspect."

We also received very positive feedback from members of staff regarding support from the manager, and how the service had 'brilliant shift communication' to help ensure consistency and continuity of care. One member of staff told us "I am very happy working here, the manager is amazing. I have no issues but if I did, I would go to the manager. Another member of staff told us "This is the best place to work, the manager is brilliant and people are always around to help."

The culture and values of the service were evident throughout our inspection. Throughout the day we saw many examples of people being directly involved in their care and treatment and being treated with the upmost dignity and respect. Staff were clearly motivated and spoke with enthusiasm about their roles and responsibilities. Without exception, they all confirmed that the welfare of the young people was their priority and said they were "at the centre of all we do" and "the reason we are here."

We saw posters around the building with the vision statement and complaints procedure clearly displayed. The manager explained that when young adults and their families were initially referred, they were provided with all relevant information – which included the vision and information on the complaints policy. They also told us that an advocate from an independent advocacy service had held a number of sessions with the young people last year to go through the vision of the service and explain what it meant for them.

Effective systems were in place to monitor and review the quality of service provided. These included regular audits, undertaken by the manager, of care records and risk assessments, medication and accidents and incidents. Compliments were recorded and satisfaction surveys were undertaken annually. The Director told us "We welcome feedback and take all comments seriously. We never sit back and think 'that's it,' we are always moving forward and hopefully always improving."