

R & G Sparkes Limited

Champions Place

Inspection report

Kent Hatch Road
Oxted
RH8 0TA

Tel: 01883722006

Website: www.champions-place.co.uk

Date of inspection visit:
12 December 2019

Date of publication:
15 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Champions Place is a residential care home providing accommodation and person care for up to 14 people with a learning disability, such as autism. At the time of our inspection 12 people were living at the service.

The service was working towards the principles and values that underpin Registering the Right Support and other best practice guidance. This was to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. As 12 people were using the service this is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

We identified some shortfalls at the service in relation to medicines checks, audits, people's feedback and their care plans. We have issued recommendations to the registered provider in relation to these.

People told us they liked living at Champions Place and staff treated them with kindness. People had the support required to enable them to make their own decisions and learn skills new to them. People said they had the medicines they needed and we read where people were at risk of harm staff followed guidance to reduce that risk.

People said they felt safe living at the service and had the ability to access a wide range of activities of their liking. They told us they did not have to wait to be supported by staff and that they liked the food that was provided for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People could access healthcare professional involvement when needed and where people had accidents and incidents staff responded to these to reduce reoccurrence. People were supported by staff who had access to training, were competent in their role and worked well together as a team.

Improvements had been made since our last inspection and this was evident through people's interaction

with each other and us. People were relaxed and happy and clearly comfortable in staff's company.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 20 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was because we had identified breaches of Regulation in relation to medicines and the Mental Capacity Act 2005.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

However, the service remains rated requires improvement. Therefore, this service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Champions Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Champions Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We reviewed notifications and safeguarding concerns we had received from the service. Services are required to send these through to CQC as part of their requirements of registration.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and six staff for supervision and appraisal. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate shortfalls found. They sent us evidence of actions taken immediately following our inspection in relation to medicines, the Mental Capacity Act and health and safety checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in medicines. This was because staff were not always following people's prescription guidelines. At this inspection, we found improvements had been made.

- People received the medicines they required in line with the prescription guidance. One person told us, "Staff support me with my medicines."
- People's medicines tallied with that on their medicine administration record (MAR) and we noted any handwritten entries for medicines were double-signed to confirm their accuracy.
- Where people required their blood sugar levels to be taken, these were done in line with requirements and their medicine was stored in an appropriate manner.
- We did however, find some out of date medicine for one person which was taken as and when required (PRN). We spoke with the registered manager about this. Following our inspection the registered manager confirmed this person had not received any of this medicine since its expiry date.

Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed by the registered manager. Where people had regular accidents, involvement from health care professionals was sought.
- Staff had involved the Speech and Language Therapy team when they noticed one person had started to struggle to eat at times without coughing.
- However, we read of an incident where one person had a fall and despite demonstrating signs of being in pain, staff had only given them pain relief rather than calling the doctor in addition. We spoke with the registered manager who said they were aware of this and staff had not followed the required procedure. They had met with the staff involved to discuss this and remind them of the need to follow policy.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Champions Place. One person said, "I like [registered manager] and the staff. If I've got any problems [registered manager] tells me to talk about it with her or the staff."
- Incidents of potential abuse had been reported appropriately to both the local authority and CQC and the registered manager had worked with the authorities to investigate these.
- Staff were aware of their responsibility in relation to reporting concerns. A staff member said, "I would report immediately to the team leader and the manager."

Assessing risk, safety monitoring and management

- Risks to people had been identified and staff were aware they had a duty to keep people as safe as

possible. We spoke with staff about one person who was at potential risk of harm due to a medical condition and a staff member told us, "We will always keep an eye on (person) and confirm he's safe."

- One person required their food prepared in a particular way and this was detailed in their care plan. A second person suffered from a condition which resulted in them having nosebleeds. There was good guidance for staff on how to respond to this and we noted this was followed during a recent episode.
- People had personal emergency evacuation plans (PEEPS) in place in the event of a fire. Regular fire drills and evacuations were carried out to help ensure people and staff would know how to respond to an alarm.

Staffing and recruitment

- Staffing levels were sufficient to ensure people could attend activities when they wished or remain in their home with staff support. People told us they did not have to wait for staff to assist them.
- Staff felt there was enough of them to provide care to people in the way they wanted. A staff member said, "Compared to other care homes there are enough staff here and we work as a team. It's peaceful rather than stressful which rubs off on the residents."
- Staff were recruited through an appropriate process. This involved prospective staff providing a full employment history, references and proof of their ID and right to work in the UK. Staff went through a Disclosure and Barring Service (DBS) check prior to starting work to help ensure they were suitable for the role.

Preventing and controlling infection

- People lived in an environment that was clean. Regular cleaning took place and there was a check list for staff to follow to help ensure all areas were regularly cleaned.
- Staff were aware of the need to follow good infection control processes. A staff member told us, "We make sure we wash our hands and wear gloves. Have the different coloured bags for different waste and red, green and blue mops for different areas."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement rating. This meant the effectiveness of people's care, treatment and support may be inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 when this is in their best interests and legally authorised under the MCA. 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.

At our last inspection we found the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found some improvement at this inspection and the breach had been complied with, as the registered manager had completed capacity assessments in relation to any restrictions on people.

- People had capacity assessments which determined they had capacity to make smaller, less complex decisions, such as how they wished to spend their time, personal care, or living at Champions Place.
- One person required some dental work and their capacity had been assessed to decide whether they understood what was going to happen. It was clear from the assessment this person could make their own decisions.
- However, we noted there was a lack of individual capacity assessments for constant supervision of those people who did not go out without staff support. Although this was recorded in their deprivation of liberty authorisations. We spoke with the registered manager about this. They confirmed immediately following our inspection that these had been done.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role which helped ensure they had the knowledge needed to care for people. A staff member told us, "I get all training here, face to face."

- Training records showed staff had access to courses such as infection control, dementia, moving and handling, first aid and health and safety. The registered manager said refresher fire training was taking place in January 2020.
- Staff had the opportunity to meet with their line manager on a one to one basis, although the registered manager told us they were behind with scheduled supervisions. This was confirmed by the records we reviewed, however staff said they felt supported and had the supervision they needed. A staff member said, "Yes, (supervision) with [registered manager]. We talk about how to support people and help them make decisions."
- We noted staff had all undergone an annual appraisal.

We recommend the registered provider gives staff the opportunity to receive regular appraisal of their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Since our last inspection two people had moved into Champions Place. The arrangements for their move were carried out in conjunction with their families and funding authority. This helped ensure it was an appropriate move for them and that the service could meet their needs.
- One person told us, "I don't know where I would be without the staff. I've got everything I need here."

Supporting people to eat and drink enough to maintain a balanced diet

- People had the access to food of their choice and they were involved in deciding what meals were on the menu each day. One person told us, "The food is nice." A staff member told us, "We ask them what they would like and make something different for them if they don't like what others have chosen."
- Where people required a particular consistency of food this was provided to them.
- People who were at risk of malnutrition were monitored by staff who involved health care professionals when necessary. We noted one person had lost weight and staff had reported this to their GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were cared for by staff who worked well together as a team. It was evident during our inspection that staff were competent and ensured through regular conversation between each other that people's needs were being met. A staff member told us, "We have handover every morning and we have to sign to say we have read the handover and communication book."
- People had access to healthcare professional involvement when required. There was evidence of the GP and chiropodist being involved in people's care. One person told us said, "I've had two teeth out at the dentist. I don't like the dentist, but staff came with me and held my hand." A second person had been accompanied to a hospital dental appointment on the day of our inspection.

Adapting service, design, decoration to meet people's needs

- People lived in an environment in which they could make their own decisions about their individual personal space. People had chosen the colours and décor of their bedrooms and some people's bedrooms had been redecorated since our last inspection. One person told us, "I had my bedroom decorated by my family. It's all about Arsenal." A second person said, "I like my room and I've got a Christmas tree in it."
- The service was working towards Registering the Right Support in terms of ensuring people were supported to be as independent as possible, however due to the restrictions on the building (which was subject to British Heritage conditions), adapting the premises to smaller self-contained living services would not be possible. Instead, staff were promoting choice and control and giving people as many opportunities as possible for them to gain new skills and become more independent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This was due to staff's approach to people. Improvements that we had found at our last inspection had been embedded into daily practice. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness. One person said they liked the staff and they were all nice, telling us, "They make me laugh." Another person told us, "I love it here. I have all my friends." A third said, "The staff are wonderful. They are lovely."
- There was a good atmosphere at the service throughout the inspection. Some people had gone out to lunch and upon their return staff greeted them warmly. People sat around chatting with each other and staff and everyone appeared relaxed.
- People who would not acknowledge us at our last inspection now smiled at us and one person spoke with us which demonstrated people were happier living at Champions Place.
- When people returned from trips out they greeted each other with hugs and smiles. One person had been to a dental appointment and came into the room saying, "I'm so excited (about my teeth)" and staff chatted to them about the appointment showing a keen interest.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make their own decisions. One person chose not to go out with others for lunch. Instead, preferring to remain in their home. Staff asked them to decide what they would like for lunch and said they would have lunch with them.
- People's care plans recorded what they could do for themselves, such as dressing or washing some areas.
- People were given the opportunity to decide whether or not to vote during the recent election. One person told us, "Staff asked me if I would like to vote."

Respecting and promoting people's privacy, dignity and independence

- People were supported to retain their independence as well as learn new skills. One person said, "Staff used to help me, but I do it on my own now. Staff showed me how." A second person told us, "I help cut the vegetables and I did the washing and drying up the other day."
- A staff member told us, "They are all capable of doing things here, but sometimes need guidance. We promote independence."
- People were shown dignity and we observed people spend time in their room, or return to their room if they wished to be on their own. One person told us, "I go upstairs to my bedroom to watch TV if I want to be on my own." A staff member told us, "(I always carry out personal care) in a private bathroom and males help males only. I knock on people's doors and ask if it's okay if I come in."
- Staff showed people respect. When a staff member came into the room they greeted each person in turn.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same add Good rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff were not supporting anyone at the end of their life at the time of our inspection. However, staff had not explored people's wishes or choices in this respect. We spoke with the registered manager about this as at our last inspection we issued a recommend in relation to contemporaneous care plans. Following our inspection, the registered manager sent us evidence that this piece of work would be undertaken.
- People however, were supported to attend the funeral of a person who had passed away.. One person told us, "I went to [name's] funeral. I did really well and [registered manager] was with me to look after me."
- Staff took time to read people's care plans to get to know people's needs. A new staff member told us, "I spent three days before I started here to read them (care plans). I need to know about them so I can do my best for them."
- People's care plans gave an good overview of the person. There was personalised information such as how they came to live at Champions Place. Their likes and dislikes were recorded and we observed these to be in line with how they spent their time. For example, one person liked James Bond movies and we saw them watching one on the television.
- People's individual needs were responded to. One person was diabetic and was required to lose weight. With staff involvement they had lost just over two stone.
- Other information recorded what people could do for themselves and what they required support in, such as one person who needed, 'hand over hand support to clean teeth'. One person said, "Staff give me all the support I need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff read people's care plans to understand how people communicated. One staff member told us, "Three residents don't speak so I need to know about them so I can help them and communicate with them."
- Staff were able to tell us about one person and how they communicated through body language whether or not they wished to do something.
- One person was described as, 'Smiles a lot and pulls funny faces when happy. Able to say yes and no and put thumbs up and down'.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to access a range of activities of their choosing. One person who used to spend time only with their family now attended drama class, interactive dancing, social clubs and a disco.
- People had developed their own scrap books which contained pictures and drawings of their favourite pastimes and how they had spent their time. One person took pride showing us their scrap book and telling us about each experience.
- One person told us they liked to go to the shops and help with food shopping. They also said, "I go horse-riding and on Tuesday I won a gold rosette. I love it." A second person told us, "I go to my clubs and dancing."
- People were encouraged to maintain relationships important to them. One person went back to their parent's house at the weekend and another person told us, "I ring my family up and mum comes to visit and we go out together." A second person said, "Every two weeks I go out with my brother."

Improving care quality in response to complaints or concerns

- The service had a complaints policy but no complaints had been received since our last inspection. People were reminded during house meeting that they could always speak to staff if they were unhappy.
- We did see a compliment received from a healthcare professional however which read, 'In my opinion there has never been anything other than excellent care for all of our patients who are residents here at Champions. Everyone is really welcoming and friendly'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement rating. This meant the service management was not always consistent as we found audits were not robust and people's feedback was not always sought in a way that demonstrated they were listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, a number of audits had been introduced and embedded into regular practice. This included infection control, care plans and medicines. However, these did not always pick up the shortfalls we had identified for example, the out of date medicines and lack of end of life care plans. The registered manager also told us although medicines audits were carried out, these did not include regular counts of boxed medicines.

We recommend the registered provider carries out audits that are robust and identify any actions required.

- Regular checks around the service were carried out to ensure people lived in a safe environment. This included electrical testing, legionella water checks, fire equipment safety checks and a general health and safety check.
- The registered manager had notified CQC of any serious incidents or safeguarding concerns which is a requirement of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt involved in the running of the service. One staff member said, "I think they (management) are nice. If you suggest anything they think about it and analyse it and then they will do it. For example, having consent forms for the photographs. I suggested it because we didn't have them."
- People had the opportunity to meet regularly to put forward their suggestions for the menu, outings or raise any concerns. We noted meetings covered a wide range of topics, however the tone of the minutes were such that it appeared staff may not treat people as adults. We discussed the language used in minutes with the registered manager.
- Minutes of meetings were not produced in a format which would be easy for people to read (for example, pictorial). We also noted there was no evidence that suggestions people made had been listened to or acted upon.
- There was also a lack of evidence of inviting family member's to feedback their comments on the service. However, immediately following our inspection, the registered manager confirmed this had been done.

We recommend the registered provider evidences engagement of people and their family members and

demonstrates any feedback is used to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a good culture within the staff team. One staff member said, "There is no problem with the team. There is good team work and good management."
- In turn the registered manager said they felt supported. They told us, "I have more support as the care (external) consultant still comes in. [Registered provider] lets me manage now and I will ask for help now, which I didn't before."
- The registered manager was open and honest during our inspection and as such conveyed this ethos towards people and their family members. They were keen to learn from previous shortfalls and work to ensure people received a consistently good service. They told us following a previous poor rating, "It's shaken me up."

Continuous learning and improving care

- The registered manager felt the service had improved since the last inspection. They told us, "We are far more proactive and have three staff on the floor. We access more activities, social clubs, dancing and out every weekend. Staff are interacting and staff morale is much better." We found an improved service throughout our inspection.

Working in partnership with others

- The registered manager worked closely with the local funding authority. They told us, "We have moved to a new funding team who are absolutely brilliant. When [name] moved in they phoned every day to ask how he was."
- The registered manager also had contact with Skills for Care (educational and practical support for services to develop team and individual skills in care).