

Optima Care Limited

The Chilterns

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 and 31 August 2017 and was unannounced on the first day and announced on the second day.

The Chilterns is formed of three separate buildings on the seafront with gender specific accommodation of various types, including single rooms and single occupancy self-contained flats. The service is registered for a maximum of 26 people who live with mental health conditions and or a learning disability. Some people are in transition from a secure environment, some people are there on an informal basis and some people are restricted under the Mental Health Act. At the time of the inspection there were 19 people living at the service.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected this service in July 2016. We found shortfalls in the service. The provider had failed to ensure that timely care planning and risk assessing took place, staff had not received appropriate training and supervision necessary for them to carry out their role and the provider had failed to make sure people received person centred care that reflected their personal preferences.

We asked the provider to provide an action plan to explain how they were going to make improvements to the service. At this inspection we found that improvements had been made. There was, however, a new breach of regulation.

There were not sufficient staff consistently on duty, to keep people safe. People told us they were treated with dignity and respect.

Staff received training appropriate to their role. Staff had received supervision, however, some staff had not received supervision as often as the registered manager would like, there was a plan in place to address this. Staff were recruited safely and received an induction when they started working at the service.

Each person had a detailed support plan. Potential risks to people's health and welfare had been assessed including behaviours that may challenge. There was guidance in place for staff to follow to be able to manage the risk, however, some wording required clarity. Support plans were reviewed regularly, people were involved in the review of their support. The support plan gave details of people's preferences and choices about how they liked to be supported.

Communication between the registered manager and staff was not always effective. Staff did not have an understanding of how decisions about people's support had been made. Changes to people's support was

decided by the multi-disciplinary team. When changes to people's support had not been successful, staff had felt the registered manager had been responsible.

Staff had mixed views about whether they were supported by the registered manager. Some felt they could not approach the registered manager while others felt that there were able to talk to the registered manager at any time. The registered manager told us that without a deputy manager in post it was difficult to give staff the support they needed.

People received their medicines safely. Staff were trained to administer medicines and their competencies were assessed. Some people were prescribed 'as and when' medicines, there was guidance in place for when these medicines should be given. Some medicines had not been available due to problems with ordering them, staff were managing the situation.

Staff understood how to protect people from abuse and the action they needed to take to keep people safe. People told us that they felt safe living at the service. Staff were confident that the registered manager would take appropriate action when concerns were raised. Staff knew they could go to agencies outside the service if they felt concerns were not being dealt with.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made without capacity were only made in their best interests. Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using the service by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority.

People were informed about their healthcare and encouraged to actively involved. People were supported to have as much choice and control over how they lived as possible. Staff understood the legal restrictions that were in place for some people, staff supported people to be as independent as possible within these restrictions.

People were supported to maintain good mental and physical health, they had access to healthcare professionals when needed. The registered manager and staff had good working relationships with other health and social care professionals.

People were supported to maintain a healthy and balanced diet. Staff supported people to lose weight if that is what they wanted. People were supported to be as independent as possible with preparing and cooking their meals.

People were supported to take part in a variety of activities. Staff supported people to go out into the community. There was a range of activities available to help people develop their skills and independence, to promote their confidence.

People were encouraged to express their views about the service. The registered manager followed the provider's complaints procedure and investigated all complaints received. The registered had raised complaints on behalf of people with outside agencies, when people had raised an issue.

People told us that they felt supported and listened to. There was warm, supportive relationships between staff and people. Staff felt they worked well as a team and the service had a person centred approach to supporting people living at the service.

There were regular staff and house meetings for staff and people to give their views about the service. Each meeting started with updates on the issues raised at the previous meeting and what had been done. Surveys had been sent to people and staff. The response from staff had been compiled by the provider, but the results had not been broken down into services, so the registered manager had not been able to address any issues.

The registered manager and provider had completed regular audits and checks on the quality of the service being provided such as fire safety, medicines and infection control. Environmental risk assessments had been completed to identify and manage risks. When shortfalls had been identified action plans were completed. Emergency plans were in place for staff to follow in case of an emergency such as fire or flood.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There was not always sufficient staff on duty to keep people safe.
Staff were recruited safely.

Potential risks to people had been assessed and there was guidance for staff to mitigate the risk.

Staff understood how to keep people safe from harm and abuse.

People received their medicines safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training appropriate to their role. Staff had received supervision but not as often as the registered manager would like.

People were supported make their own decisions. Staff understood the requirements of the Mental Capacity Act.

People were support to access health care professionals.

People were supported to maintain a healthy and balanced diet.

Good ●

Is the service caring?

The service was caring.

People were treated with dignity and respect. Staff respected people's privacy.

Staff promoted people's choices and preferences.

People were supported to increase their independence.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People had an individual support plan, this was reviewed and updated regularly.

Staff knew people's preferences and choices. People received support that was responsive to their needs.

People were involved in a variety of activities, to increase their independence.

There was a complaints system in place, people knew how to complain.

Is the service well-led?

The service was not consistently well led.

Communication between the registered manager and staff was not always effective.

There were systems in place to audit the quality of the service.

People and staff were encouraged to contribute their views about the service.

The registered manager informed CQC of events within the service as required in line with guidance.

Requires Improvement 

The Chilterns

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 under the Care Act 2014.

The inspection took place on 30 and 31 August 2017 and was unannounced on the first day and announced on the second day. The inspection was carried out by two inspectors and an expert by experience on the first day and one inspector on the second. An expert by experience is a person who has personal experience of using mental health services or caring for someone with mental health conditions.

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 information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we received from the service when a significant event happens, like a death or serious injury.

We spoke with eight people living at the service. We spoke with eight staff, two team leaders, the registered manager, registered mental health nurse and members of the multi-disciplinary team.

We looked at how people were supported throughout the inspection with their daily routines and activities. We reviewed five care plans and a range of other records, including environmental checks, staff files and records about how the service was managed.

We last inspected The Chilterns in July 2016 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection we found one new breach of regulation.

Is the service safe?

Our findings

People told us they felt safe living at The Chilterns. One person said, "I feel safe here." Another person told us, "I am safe, the staff are kind and helpful."

Before the inspection, concerns had been raised that there were not sufficient numbers of staff on duty to keep people safe and meet their needs. During the inspection, people and staff told us that there were not always enough staff to ensure people were able to do the activities they wanted. Staff duty rotas for the last month confirmed that staffing levels had been inconsistent. There were days when there were 14 staff on duty and other days when there were eight. The registered manager told us that with annual leave and unplanned absences by staff there had been occasions when staffing had not been at the optimum level of 14. The registered manager told us that the minimum number of staff was eight to keep people safe but this meant that people were not able to do the activities that they wanted.

On days when there were low numbers of staff people had been unable to do activities that had been planned, for example, people had not been able to go on a home visit or go shopping. People had been unable to go out into the garden for a barbeque on bank holiday Monday because staff numbers meant that there were not enough staff to keep people safe in the garden. On the first day of the inspection, there were two staff on duty in one of the houses. During the morning, one staff member accompanied a person to go out leaving the second member of staff supporting two people. The second member of staff was gone for an hour, during this time people were restricted to the house. There was no support for the remaining staff member if people displayed behaviour that was challenging. There was a radio that staff could use to call for assistance from staff in other areas of the service. On the second day of the inspection, there were more staff available, people were able to go out and move around the service.

The registered persons had failed to provide sufficient numbers of staff consistently to meet people's needs and keep them safe. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the registered persons failed to ensure that timely care planning and risk assessing took place to ensure people's health, safety and welfare. At this inspection improvements had been made however, there was need for further improvements.

Risks to people were identified but improvement was required to ensure staff had enough guidance in relation to how to manage all risks safely and effectively. The staff completed risk assessments for every person who used the service.

Some people had behaviours at times which may have posed a risk to themselves and others. The risk assessment gave a description of the challenging behaviour and the triggers that might cause the behaviour and how people might present prior to a behaviour, like stomping feet or shouting. However, the guidance on how risks should be managed varied. Some risk assessments contained the information needed to keep people as safe as possible but other risk assessments did not. For example, guidance for staff stated, 'Staff

will direct me in an assertive but sensitive manner and will direct me to behave appropriately'. 'Should my agitation be prolonged another staff member may needed to intervene' and 'Keep engaged in meaningful activities' There was no information about what 'assertive' meant or what 'intervention' was needed. There was no information to say what the 'meaningful activities' were for the individual person. There was no further information about the action staff needed to take to support the person in the way that suited them best and keep them and others as safe as possible. There was a risk that people may receive inconsistent care and support as the guidance did not contain enough detail on how to support individuals. Following the inspection, the registered manager supplied risk assessments and behaviour support plans that gave clear concise guidance for staff, explaining the terms used and what this meant when supporting each person.

When we spoke with staff they were able to say what other action they would take to reduce known risks. The staff told us they made attempts to explore the reasons for the unsettled behaviours and how the behaviours were being managed. They said the clinical team were informed when people's behaviours posed a risk and people's risk assessments were reviewed and updated to reflect any changes to the care and support people received, to make sure they were safe as possible. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible.

Staff had completed training about behaviour management. They told us they were trained on 'therapeutic management of violence and aggression' (TMVA). TMVA provided solutions to all levels of challenging behaviour, with the emphasis being on de-escalation and safety. Staff were able to explain clearly how they safely supported people to minimise any risks.

The provider had developed a risk and care planning tool – 'positive and proactive support plan' (PPSP). At the time of the inspection these were being implemented by the psychologist based at the service following an assessment and functional analysis of people's behaviours. These plans were implemented alongside people's risk assessments. The plans proactively and reactively manage risk and support the reduction of restrictions and behaviours.

Other risks assessments contained clear guidance. Some people had conditions like diabetes. Risks assessments associated with diabetes were clear and the person had been involved in developing the plan of support. Staff knew how to support the person to be as independent as possible in managing their diabetes.

Historical risks for people were recorded which gave staff information about people's risky behaviours in the past. This made staff aware of risks that might re-occur if people's behaviour changed or deteriorated.

Staff were recruited safely. The registered manager completed checks to ensure that staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history and had a formal interview as part of the process. Each staff member had two written references from previous employers. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were managed and recorded safely. However, people told us that recently they had not received some of their medicines. This was confirmed by records, one person had not received Laxido from 14 August to 29 August to help with digestion, and another had not received Loratide 10mg an anti-histamine from 22

August to 30 August. The team leader told us that there had been an issue with the prescription being received from the GP. The surgery would not issue a repeat prescription until the GP had agreed and the monthly issue date had been reached. Team leaders had been in regular contact with the GP to resolve the issue but this had taken time. The action taken to rectify the issue had not been recorded. This was an area for improvement.

People received their medicines safely, staff received training in administering medicines and their competency was checked. Medicines were stored safely. The temperature of the room where medicines were stored had been recorded to ensure that medicines were stored at the correct temperature to remain effective. Some people were prescribed medicines to take on a 'when needed' basis. There was guidance for staff to follow about when to give these medicines. These guidelines were reviewed regularly and changes made when required. People's medicines were reviewed regularly by their doctor.

People were protected against the risk of potential abuse. Staff understood their responsibilities to keep people safe from potential harm. Staff were able to recognise signs of abuse, and felt confident that the registered manager would act on any concerns they may have. Staff knew who they could contact if they felt that their concerns had not been dealt with appropriately.

The registered manager had an understanding of what should be reported in line with current guidance. There was a copy of the latest Kent local authority safeguarding protocols available for staff to refer to. The registered manager had made referrals to the local safeguarding authority and other professionals to keep people safe.

There were regular checks on the environment to ensure people were safe. Fire drills took place regularly, checks were completed on fire equipment. The registered manager had requested a visit from the local fire and rescue service to ensure that the service was safe. There were plans in place in the case of an emergency such as a gas leak or flooding. Regular checks had been completed on electrical and gas appliances to ensure they were safe to use.

Is the service effective?

Our findings

At the last inspection, the provider had failed to provide staff with appropriate training and supervision. At this inspection, improvements had been made.

The registered manager had organised staff supervisions into groups and allocated these to senior staff including team leaders. All staff had received supervisions, some staff had not received supervision as often as the registered manager would like. The registered manager told us that the supervisions had not been consistently completed, and they were speaking to team leaders to put a plan in place. Team leaders told us that due to the shortage of staff at times it had been difficult to complete supervisions. Supervision notes were kept in staff files and were sealed to ensure confidentiality. When staff's work had not met the required standard, issues had been dealt with immediately and recorded in their staff file. Staff were able to meet with the registered manager to discuss any issues, during the inspection the registered manager met with staff when staff requested. Staff's competency was checked by asking questions and recorded at supervision meetings. Staff told us that they felt supported by the registered mental nurse and team leaders and could approach them about any concerns they had on a daily basis.

Staff received yearly appraisals to identify their learning and development needs. Staff received training appropriate to their role including subjects such as diabetes, epilepsy and self-injurious behaviour. Staff were encouraged to complete additional training. This included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability to carry out their job to the required standard. Team leaders were starting their NVQ level 5, to improve their management skills.

Staff completed a 4 week induction, this included a corporate induction which included basic training. Staff shadowed more experienced staff to get to know people and their preferences. New staff completed the Care Certificate, this has been introduced nationally to help new carers develop their knowledge and skills. During their probation period, staff were supported, mentored and assessed to check that they have the right skills and knowledge to support people. Staff understood their role and responsibilities, they spoke confidently about how they support people to achieve their goals. Staff understood people and knew how to support them during the inspection. People told us that the staff gave them the support they needed.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA. Some people living at The Chilterns had authorised DoLS in place and these were kept under regular review to make sure they were still necessary.

The registered manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. People were informed about, and involved in, their care and treatment and were supported to have control and choices over their lives. As much as possible people were able to make choices about how they lived their lives, including how they spent their time each day. Staff respected the decisions that people made and supported them to do what they wanted. When people were not able to give consent to their care and support, staff knew they must act in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the Act and how it impacted on the people they supported.

These skills and understanding of MCA were put into practice effectively, to ensure that people's human and legal rights were protected. When people had restrictions in place, for example, when they limited access to money or mobile phones the clinical staff had undertaken mental capacity assessments to show how and why these decisions had been made.

If people did not have the capacity to make complex decisions, meetings would be held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The multi-disciplinary team involved people in their assessments and staff explained to people why these decisions had been made in their best interest.

Some people were restricted under the Mental Health Act 1983, staff were aware of these restrictions. The registered manager ensured that people were supported to be as independent as possible within the restrictions imposed.

People were supported to eat a healthy and balanced diet. Some people had joined a local slimming club and had lost weight. People were very pleased and proud of this achievement. Staff supported people in a 'healthy eating group'. This helped people look at their diet and supported them to look at healthy options and choices. When people were planning on going out for a walk staff supported them with the route they took so they avoided shops where they might be tempted to go and buy unhealthy snacks. One person told us, "I am doing slimming world, lost 1st 4lb in 6 weeks, I am really happy."

Staff supported people to make healthy nutritious food choices and people were involved in planning the meals that were provided. People could choose to cook their own meals in the kitchens within their own flats or they could eat in the communal dining area. People could choose where they ate their meals and their choices and decisions were respected by staff. Meal times were relaxed and social occasions with people chatting together. The food looked appetising and people were enjoying their meal. People kept snacks and drinks in their kitchen flats. Each person had their own lockable facility in the kitchens to keep their food.

The cook was aware of people's individual dietary needs and preferences and was knowledgeable about food that people enjoyed eating. Staff knew about people's likes, dislikes and allergies and this was recorded in their care plans. There was a choice of meals and menu of the day was displayed in the dining area in a format that all people could understand.

People's weight was checked to make sure that it remained within healthy limits. We found that sometimes people were weighed in stones and pounds and at other times they were weighed in kilograms. At a glance staff would not be able to ascertain if people were gaining or losing weight and issues with people's weight might be overlooked. This is an area for improvement.

The service was rated as a level 5 for food hygiene. This was the highest rating awarded for food hygiene from the food safety officer from the local authority.

People's health was closely monitored and people were supported to maintain good physical and mental health. The staff worked closely with health professionals, such as, an 'in-house' psychiatrist and psychologist. When specialist support plans were developed by professionals, the staff followed them and fed back on whether they were successful or not. If people's conditions deteriorated and they required more support the staff responded quickly. People had detailed healthcare passports. These gave an overview of people's health needs and the medicines they were receiving. If people had to go to hospital or attend appointments, this information went with them, so that people could be effectively and safely supported in a different environment.

People were supported to go to the GP, dentist and opticians. Staff made appointments with people's consent and when necessary to accompanied people to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

Is the service caring?

Our findings

People told us they enjoyed living at The Chilterns. One person told us, "I enjoy living here, it does me so well." People told us that they received the support they needed and that they were, with the support of staff, working to become more independent.

People told us that staff treated them with dignity and respect. One person told us, "Staff knock on my door before entering." Staff knew people well and had built up strong, caring relationships with them and spoke with people in a kind and compassionate way. Staff appeared to be genuinely interested in people and what they had to say. One person asked staff the same questions several times, staff were polite and interested in what the person was saying. People told us that they felt supported and listened to. There were warm, supportive relationships between staff and people.

People were pleased to see each other and had developed friendships between themselves. They spent time together chatting and playing games. People were encouraged to be as independent as possible. The houses were linked but not everyone was safe to go into all the buildings and some people were safe to go out independently. The service used a 'fob' key to unlock the different areas of the building. The registered manager gave each person a fob. The fob was programmed to enable people to move about the areas they were safe in or go out if they were safe to. This helped people to feel they were independent. One person told us, "I am able to move around the building when I like."

People were supported to make their own decisions, take responsibility for their actions and understand their feelings. People were involved in planning their goals, aims and objectives. Some people had the aim of moving out of the service into supported living. One person told us, "I like it here but can't wait to move on now, my social worker is looking into this now."

People were supported by the psychologist based at the service. One person told us, "I meet with the psychologist once a week, they give me a little nudge if I need to get back on track." The psychologist developed plans to support people to understand their behaviours, and work towards managing them.

People were involved in their reviews and were encouraged to chair the meetings. Any changes to people's support were reviewed regularly, if the change had not been successful, the concerns would be discussed with the person and new guidance would be put in place.

People's care and support plans gave staff guidance on what people could do for themselves and what support they needed. Staff had a good knowledge of people's needs, routines and preferences and supported people in the way they preferred. Some people were supported to manage their own money, staff encouraged people to buy their own food and budget, people were then supported to cook their own meals.

People were encouraged to maintain relationships with family and friends. Staff supported people to go on home visits where possible and go out into the community and had formed friendships. One person told us they volunteered in a church and enjoyed this. They said it helped them to feel useful.

People's confidentiality was respected, staff spoke to people discreetly and privately when discussing their support and treatment.

Is the service responsive?

Our findings

At the last inspection registered persons had failed to make sure that people received person-centred care that was appropriate, met their needs and reflected their personal preferences. At this inspection improvements had been made.

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and other stakeholders involved in their care as possible.

Before people moved to The Chilterns a pre-admission assessment was completed. This was so the registered manager could check whether the staff could meet people's needs or not. From this information an individual care and support plan was developed, with people, to give staff the guidance and information they needed to look after the person in the way they preferred. When people were transitioning into the service this was done in a structured way. People had short stays at The Chilterns to see if they thought it was right place for them. Each person had a detailed 'pen portrait' which gave staff important background information about each person. One person told us, "After 15 years in hospital, I moved in here slowly, first day trips then overnight stays, then I moved in."

People were encouraged to be as independent as possible and supported to learn and develop new skills for example learning to use recipes and cooking. Staff were responsive to people's individual needs. Each person had a personalised care plan and a health plan. Staff responded to people's psychological, social, physical and emotional needs promptly. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, mobility, consent and eating and drinking. Everyone had a hospital passport. These contained specific and key information about people to assist hospital staff in case people needed to be admitted to hospital. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action.

People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. People signed their care plans to indicate that they agreed with the care and treatment they were receiving.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings and activities in and outside the service. Throughout the inspection people could choose how they spent their time, the food they wanted and social activities they had chosen to do. There were plans in place on how to support people safely in the community.

People care and support needs were reviewed with them every six weeks by the 'in house' multi-disciplinary team and care plans had been updated as changes had happened. Every six months there was a joint review with the 'in house' multidisciplinary team and external professionals involved in peoples care and support.

These reviews captured and monitored if people had progressed or if they had not. Different ways were explored to support people to improve develop and to live more fulfilling and safe lives. The registered persons PIR stated, 'People are supported to prepare for the meetings, they are provided with their own diaries and they are assisted to write down their achievements and information they would like to discuss'.

There were plans in place for people in the future and their goals and targets were identified. Some people had plans in place to live more independent lives in the community when they moved on from The Chilterns.

During the inspection staff were responsive to people's individual needs. Staff noticed if people were becoming restless or upset and were quick to respond, staff spent time with them and offered reassurance.

People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch with their families and friends. People sometimes went to stay with their family.

People were supported and encourage to do a wide range of activities. The service employed two activities co-ordinators They developed activity programmes with people and then arranged for the activities to take place safely with the support of the staff team. There was a wide range of activities available. Some people attended college courses or did voluntary work. People went out on trips in the local and wider community. People were supported to be part of the local community and attended a local disco and a local football club for people with learning disabilities. They also went to local social groups. People also went swimming regularly and spent time at a hydrotherapy pool. People were supported with daily activities like cooking, laundry and keeping their flats clean. The registered persons PIR stated, 'People have been involved in the redecoration of the dining room, a design project and have grown vegetables in the garden'. People were encouraged to be as independent as possible and develop their skills. There was a variety of 'in-house activities like art groups, healthy eating groups, table tennis and pool.

The Chilterns required a kitchen assistant to help the cook. Three people living at the Chilterns had applied for the position and were awaiting interviews. People were encouraged to buy and cook their own food. One person told us, "I cook my own slimming world recipes and use the recipe book and portion control, staff help me with this."

The complaints procedure was displayed within the service. Complaint and compliments slips were available in communal areas, people had completed these and compliments had been shared with the staff. People were encouraged to raise their concerns at house meetings. When complaints were received the registered manager investigated the concern following the provider's policy and procedures to make sure it was handled correctly. Complaints and the actions taken to resolve the complaints were shared with staff so that lessons could be learnt. The registered manager had raised complaints on behalf of people, with outside agencies, when people had raised concerns.

Is the service well-led?

Our findings

The service was managed on a day to day basis by the registered manager. They were supported by a registered mental nurse and team leaders. People living at the service had complex mental health and social needs and required support from a wide range of professionals. The registered manager told us that the management of the service was not as good as it could be as they did not have a deputy manager. This meant that they were not always able to support staff and people as they would like. The registered manager told us that they had to rely on the registered mental nurse to take some of the management responsibility and this had impacted on their ability to support people and staff on a day to day basis. The provider had advertised for a deputy manager but there had not been any suitable candidates.

The registered manager had recognised that staffing levels had not been consistent in the previous month before the inspection. The registered manager told us that they were recruiting more staff including bank staff, to ensure that during periods of staff annual leave, the staffing levels would remain at a consistent level.

There were mixed opinions from staff about the management of the service. Some staff felt the registered manager was approachable, other staff felt that the service was not managed well. One staff member told us, "Management don't support us," another told us, "Manager is alright, very understanding, has an open door and I go in if I need to."

The support that people received had been reviewed regularly by professionals and decisions about their support had been made within the legal restrictions that had been placed on the person. Staff were not always aware how decisions about people's support had been made. When changes to people's support had not been successful, some staff thought the registered manager had been solely responsible for the change. Staff told us that they thought the registered manager did not know how to manage the service because of changes to people's support that had not been successful. The registered manager had not realised that the staff thought this and said that they would develop a plan to explain to staff about how decisions regarding people's support were made. We will follow this up at the next inspection.

The communication between the registered manager and staff was not always effective. Staff told us that the registered manager was not always at the service. The registered manager was aware of this and had started to work some weekends, so they were available. The registered manager had recently supported staff at night. As part of their role, they were required to go to meetings that were not always at the service or to the provider's head office, staff had not been aware of this and had assumed the registered manager was not working. The registered manager told us they would discuss this with the staff at the next staff meeting to improve communication.

The registered manager had systems in place to monitor the quality of the service. Regular checks were completed on key things such as fire safety equipment and infection control. Environmental audits were carried out to identify and manage risks. The provider's quality assurance manager completed audits of the service, any shortfalls identified had an action plan and a person who was responsible for ensuring the

action plan was completed. The registered manager checked that the action had been taken and that the action plan had been met. The medicines audit had identified shortfalls, however, not all the actions taken had been recorded. This was an area for improvement.

There were regular community house meetings held. People were encouraged to put their views across, including complaints. The meetings included updates from the actions taken following the previous meetings. Staff meetings were held regularly, the registered manager attended Clinical Governance Group meetings, with other managers from the provider's services. These meetings gave an opportunity for staff to express any concerns or views about the service.

People had recently been asked for their opinions of the service, some responses had been received. The registered manager explained that the date for responses had not yet passed and there would be an analysis once all responses had been received. Staff survey had been sent out by the provider. The results had been published but the provider had not broken them down into each service, the registered manager would not be able to address specific concerns raised by staff at The Chilterns. The registered manager told us they would ask the provider for this information.. We will follow this up at our next inspection.

The registered manager and staff had created a person centred service that promoted people's independence. The service was inclusive and empowering for the people who lived there. The registered manager encouraged people to chair their review meetings and be part of the decision making process. There was a clear and open dialogue between people, the registered manager and the professionals in the multi-disciplinary team (MDT). The registered manager knew people well and had an understanding of the support people needed and the systems in place to help provide that support.

The registered manager encouraged people to be part of the community and in developing services for people with mental health conditions. Some people had attended meetings to discuss how services for people leaving secure services could be developed in the future.

The Chilterns offered placements to local trainee police officers, positive feedback had been received. One trainee wrote, 'The staff were very professional and importantly the job they do is similar in many ways to that of the police because they have their own codes of conduct which they adhere to strictly and they also have to deal with a variety of difficult individuals in often pressured situations.'

The staff understood their roles and responsibilities. There were policies and procedures in place to provide staff with guidance to be able to carry out their role. Staff were aware of the whistleblowing policy and the ability to take concerns to agencies outside the service if they felt that their concerns were not being dealt with appropriately.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception of the service and on their website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered persons had failed to provide sufficient numbers of staff consistently to meet people's needs and keep them safe.