Care Quality Commission

Chatsworth Care

Green Acres

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

This inspection took place on the16 and 19 December 2014 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The homes registered manager was the person responsible for maintain contact with the people placing authority care mangers and ensuring their contracted care was provided. Care managers are the placing authority's representatives who are responsible for assessing the needs, reassessing and managing any care package and ensuring the continuing wellbeing of the people they place.

Green Acres provides accommodation and support for up to six people with learning disabilities. Some people may also have multiple and complex needs. For example both a learning disability and a physical disability or limited speech or autistic.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. People appeared to be comfortable with each other and approached staff readily.

Summary of findings

Assessments were undertaken to identify people's health and support needs and any risks to people. Plans were in place to reduce the risks identified in assessments.

People were supported by enough suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. At mealtimes people ate well and were content with their choices.

The 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 by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards

People were supported in a way that promoted their dignity by being spoken to kindly and were given choices. Staff were caring in their approach to people, giving them attention and not rushing them with support. Staff appeared to know people well and clearly understood their individual needs and preferences.

People who lived at the home said hello or greeted us with a wave or a thumbs up. We saw people smiling and happy during an activity and one person told us they were enjoying their activities and told us about some they had enjoyed.

Care plans were developed with people to identify how they wished to be supported and goals they wanted to achieve.

Observations of interactions between the Manager and staff showed they were inclusive and positive and promoted a transparent culture where the people came first. Staff told us they liked working at Green Acres and felt supported in their work and to access training. Staff told us they felt comfortable raising concerns with them or to suggest ideas for improvement and found them to be responsive in dealing with any concerns raised.

There was a complaints process available. Relatives and care professional we spoke with all said they never had any formal complaints but they would not hesitate to speak with the provider if they felt the need to complain. Health professionals we spoke to told us that the manager and staff communicated well with them and would take prompt action where needed so they never had the need to make a complaint.

The provider analysed and acted no information acquired from quality assurance questioners.

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. Staff were recruited appropriately with the required checks to ensure their suitability to work with people and to ensure they had the skills and knowledge necessary.

Staff had received training in safeguarding and knew how to report any concerns regarding any possible abuse.

The home managed risk well whilst ensuring people were kept safe.

People with behaviour that challenged others were supported by staff in a way that kept them and others safe.

Is the service effective?

Good

The service was effective. At mealtimes people ate well and were content with their choices. People who used speech told us the food was good and food they liked.

Staff were effectively trained to care and support the people. Staff were supervised regularly to ensure people were cared for by staff with up to date information and knowledge.

The manager had kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were protected,

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good

The service was caring. All the people we spoke to told us the staff were caring or kind. Staff spoke kindly to people, knew them well and understood what was important to them.

Staff knew peoples likes and dislike and preferences well, one relative told us the staff took time speak with and to get to know their family member.

People were cared for by staff that supported people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Relatives told us that if they had a complaint they felt it would be listened to and action taken.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people, their relatives and advocates. People's plans had been updated regularly. People, their relatives and the professionals involved were encouraged to provide feedback.

Staff were able to respond to people's needs immediately and had the time to do so sensitively and in a personalised way.

People received individually tailored and meaningful activities.

Summary of findings

Is the service well-led?

Good

The service was well-led. People, relatives, staff and healthcare professional all told us the home was well led.

The atmosphere at the home was calm and the home was managed well. The manager knew the staff well. Relatives told us they had the opportunity to raise quality issues through regular conversations with the staff and manager.

The provider and the manager carried out audits to assess whether the home was running as it should be. There were systems in place to make sure the staff learnt from events such as accidents and incidents.

Green Acres

Detailed findings

Background to this inspection

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

This inspection took place on the 16 and 19 December 2014 and was unannounced.

This inspection was conducted by one inspector. The was a solo inspection because of potential disruption in a small home for only six people. The manager had previously raised that some people who lived there did not like and reacted badly large groups of strangers visiting at the same time.

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 our other records to gather information. We reviewed the last inspection report, notifications that the provider is required to send us (A notification is information about important events which the provider is required to tell us about by law) and information received from the public and healthcare professionals.

People who used the service communicated in different ways. For example, sign language, using only a few words, sounds, actions, or a mixture of these. As well as using observation and interaction and communicating with in other ways to people, we also contacted relatives of people to help inform our judgements. We spoke with three relatives, the registered manager, and three members of staff. We had feedback about the quality of the service from a care manager, an occupational therapist, a community opticians manager and a Specialist Assessor from the local authority integrated Disabilities Team.

We also attended an activity in the community that most of the people were attending that day to help us understand how they were cared for outside the home. We looked at all areas of the home including people's bedrooms, communal bathrooms, kitchen, lounge and garden.

We spent some time looking at documents and records that related to peoples care and the management of the home. We looked at people's support plans and carried out pathway tracking. Pathway tracking is where we look at a person's care plan and check that this is being followed and their needs met. We did this by speaking with the person, the staff that cared for them and by looking at other records relating to the management of the home. We also looked at staff training and supervision records, three recruitment records, health appointments, risk assessments, behaviour management records, accident and incident records, visitor's comments, complaints records and maintenance records. We looked at all Deprivation of Liberty Safeguards applications (DoLS) to ensure people's rights were protected. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

We last inspected Green Acres on the 25 April 2013 when there were no concerns identified.

Good

Is the service safe?

Our findings

Relatives said their family members were safe and that the staff treated them properly and cared for them safely. One relative told us their family member would make it known if they felt that anyone had upset them. The occupational therapist told us they had no major concerns about people's safety because the staff had sought and implemented professional advice to keep people safe where needed and it was good that relatives visited often to observe and monitor.

The home had systems in place that ensured safeguarding concerns were reported appropriately. Staff received training in safeguarding adults and this was refreshed as necessary. Staff demonstrated a good understanding of their own responsibilities in reporting any abuse they suspected and knew how to do so. Staff told us that although they had no reason so far, if they did suspect abuse was taking place they would report to the manager, the local authority and by notifying the CQC which was in line with the homes safeguarding policy.

Risk assessments were undertaken to identify any risks to people and these provided clear information and guidance to staff to keep people safe. For example, there were risk assessments to identify risks in outside the service, activities, safety in the kitchen and risks they may present to themselves and others. All risk plans were regularly reviewed and updated. As the people that lived at Green Acres spent most of their time out of the home and in the community, we wanted to also see how people were kept safe in that outdoor environment. We were invited to join some of the people on an activity. People were protected while out in the community. We saw one person appropriately re-directed them as reflected in their care plan, when they went towards an unsafe area. Staff had a card to confidentially and briefly explain the situation to any people passing by that may misunderstand and try to intervene. This ensured that staff did not have to take their attention away from the person they needed to support, instead of deal with the public in those circumstances.

A care professional told us that the staff showed awareness of the potential risks to people that can present to themselves and others, and 'have a proactive range of strategies to minimise this risk.' These included for example, some individuals being supported to attend the same activity, but at different times due to the way they interacted negatively with each other at that particular activity.

The manager told us they had external support from psychologists to develop positive behavioural plans to support people with behaviour that challenged others. This provided specialist input to provide guidance for staff regarding how to keep that person and others safe. For example, how to appropriately direct summons attention that had an obsession with food and did not understand ownership.

Staff took appropriate action following incidents to ensure people's safety. Staff told us they always met in a 'coaching session' with the manager after an incident to look at the possible causes and how to avoid them in the future. Staff made records following an incident to help identify any patterns or trends. A management plan was produced to reduce the risk of incidents reoccurring and if the risk was known the existing management plan was examined in light of the incident, reviewed and updated to see if they could be avoided in the future.

There were adequate staffing levels in place. There were five staff to six people and we saw additional staff came in to support where needed, for example, for regular planned activities outside the service.

There was a safe recruitment process and the required checks were undertaken prior to staff starting work. Recruitment files included evidence that pre-employment checks had been made including checks with previous employers and satisfactory Disclosure and Barring Service (DBS) checks. Health screening and photographic evidence of staff identity had been obtained. Staff were appropriately qualified and had the necessary knowledge, skills and experience to meet the needs of people. There were procedures to report staff to the DBS where appropriate.

All the staff that administered medicines had received training to ensure the safe management of medicines. We saw that medicines were stored safely. Staff were aware of what medicines people needed and when. We looked at the records of medicines administration and found they had been kept securely and recorded appropriately.

The provider had sufficient arrangements in place to provide safe and appropriate care through all reasonable

Good

Is the service safe?

foreseeable emergencies. This included a place of safety should the home become unusable for care. We asked staff about these plans and they were able to tell us about them and what to do in an emergency.

Good

Is the service effective?

Our findings

One person's relative told us their family member had come on in leaps and bounds since going to live at Green Acres, and they had known the other people for many years and seen improvements in them.

New staff received an induction which included training in for example, health and safety, handling and lifting, safeguarding and whistleblowing. Staff then went on to complete the Skills for Care common induction standards programme. These are the standards staff working in adult social care need to meet before they can safely work unsupervised. There was a staff training programme in place and this was refreshed as needed. Staff told us they felt they received the training that was required to meet peoples' needs. Staff were up to date with training and refresher courses were booked to ensure they built upon their skills and knowledge. This was demonstrated for example by staff having good outcomes managing behaviours that challenged. Staff received regular supervision and ongoing appraisals regarding their performance, conduct and training needs. We noted that there were staff meetings discussed the running of the home. Staff told us they did felt involved and their ideas were listened to.

Where people lacked capacity to understand certain decisions, best interest meetings occurred to make these decisions on their behalf to keep them safe. These involved family members, independent mental capacity advocates where needed, and social workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes

(DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the home to be meeting those requirements.

Staff had been trained in the Mental Capacity Act (MCA) 2005.The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have the mental capacity to make decisions for themselves, could have decisions made on their behalf and in their best interests, legally so their rights and interests were protected.

Where people required some restrictions to be in place to keep them safe, the provider must submit applications to a 'Supervisory Body' for authority to do so. The home had made an application to the supervisory body to deprive a person of their liberty in line with the Deprivation Of Liberty Safeguards set out in the Mental Capacity Act 2005. This ensured people were only subjected to lawful restrictions that protected them and their rights.

Menus showed a variety of food was on offer which included vegetables and fruit and we saw these were available in the home. We saw records of risk assessments regarding food and healthy eating and noted management plans were in place regarding this. Staff showed knowledge of people's dietary needs for example they told us about one person's lack of tolerance for dairy products.

We observed the main meal of the day. People appeared to enjoy the food. People were encouraged to be as independent as possible and staff showed patience and understanding when supporting them, for example by giving people the time they needed. One person told us the food was good, and they got enough and another told us that they liked it. We saw that those that didn't communicate with words appeared to enjoy the food because they all ate well and were happy. Relatives told us they thought the food was good. When a person tried to take someone else's tea at a community activity, staff intervened gently and although difficult at the time ensured the person got their own cup of the tea swiftly but appropriately.

People were supported to maintain good health. Care records showed that when needed, referrals had been made to appropriate health professionals. When a person had not been well, their doctor had been called or they had visited the doctor and treatment had been given. People were made aware of the treatment choices by the staff talking to them. People's relatives confirmed that their relative visited the doctor when they needed to, and had good access to health care and check-ups like the dentist and opticians. The community optician manager said the staff were effective at ensuring people had regular appointments, screening and extra appointments when needed. We saw one person in particular whose general health and wellbeing had improved significantly since moving in to Green Acres. They also looked healthier, was dressed more smartly and interacted more with people.

Good

Is the service caring?

Our findings

Relatives said staff were kind and treated their family member with dignity, respect and spoke kindly to them. Relatives also told us they thought the staff treated their family member well, were caring and gave them the time they needed. One relative told us their family member always looked happy at Green Acres.

People had suitable sized rooms with en-suite facilities so people could have personal care support privately and did not have to use communal facilities. Staff supported this by ensuring peoples room doors were closed while providing personal care. Our observations showed that people were supported in a way that promoted their dignity by being spoken to kindly and given choices. The atmosphere in the home was relaxed and staff were observed to be caring and supportive in their approach to people, giving them attention and by not rushing them with support. Staff ensured people could choose what to wear but were still appropriately dressed in public. were appropriately dressed before going out, and choices were given to people and those choices were respected. For example, one person's chose not to attend an activity but later changed their mind and decided to attend. Although that created more work for staff, they took action with a positive attitude to support the persons changing choices.

Healthcare professionals who visited told us the staff treated people with dignity and respect and interacted with them in a caring way.

Staff we spoke with told us they thought they were caring when people were given double beds if they want them which had helped one person in particular to sleep a lot better and so have a better day. During our attendance of an activity in the community we saw staff were happy and genuinely enjoying being with and interacting with the people they were supporting.

Staff were able to tell us what people's likes and dislikes were. Staff gave us examples of how one person preferred to be supported in a way that was different to others Staff knew peoples preferences, for example one person they supported liked to wake up with the radio on low volume and have a coffee before they showered.

The Specialist Assessor from the Integrated Disabilities Team told us that the person they worked with was encouraged to be as independent as possible. This was demonstrated by people being supported to do their food shopping and daily household tasks. Where risks may reduce a person's independence, the manager had requested an increase in staffing to manage the risk as opposed to removing independence by removing the risk. For example, where people may not be safe having free access to food, the manager had requested additional funding for staff. The outcome of this was the kitchen did not need to be locked because there was adequate staff supervision of the area and people could have free access to the kitchen.

People had the opportunity to make their views known about their care, treatment and support through key worker meetings. Staff all knew sign language so could involve people who used this method of communicating. Relatives told us they were involved in their family members care through regular contact with the staff and manager.

The Specialist Assessor from the Integrated Disabilities Team told us that the manger and the staff were all very welcoming and seemed to have a genuine enjoyment in their work. One relative said, 'They involve you in all sorts of ways like when the staff set up a Christmas dinner at Banstead and I was invited to go with him'. One person told us they were often invited to join in with meals at the home.

Good

Is the service responsive?

Our findings

One relative told us that their family member's needs had changed over time as they got older and the home had adapted to that by providing different and more suitable activities to their changing needs An example of this was where they no longer enjoyed the exertion of trampolining and more age appropriate activities were found like gentle walks and visits. The relative told us this had a positive effect and greatly increased the amount of activities their family member attended.

To insure activities were meaningful, there were a range of individualised activities available to people for example a Disco, parties, bowling, pub lunches, eating out, bike rides, horse riding, the gym, swimming, sensory rooms, aromatherapy, trips out, and visits. These had been individually designed to meet the persons own needs and interests.

A care manager told us the manager was responsive to issues raised and would take action to make changes where required. The occupational therapist told us that were there was a problem staff would see their support and would listen to and implemented their recommendations. They gave us examples of where this had happened in the past. One of these was where people were not fully utilising the activities programme so advice was sought and a new and individualised activities programme was created by the occupational therapist to keep people fully occupied and the home then implemented it. One way this was individualised was that it was identified that most people that liked discos in the daytime due to their sleep patterns. This process also identified that one person would only benefit from evening or night discos because of their sleep patterns and the late times of day when they have energy. The staff implemented the changes and that had the outcome of the person attending more activities and also using their energy in the evenings so they could sleep better.

A care manager told us the person they supported was doing much better at this home than the previous home, there had been far less incidents of behaviours that challenged and the person was happier.

Relatives told us that when they had raised any minor concerns or issues with staff they found the staff listened and were responsive to them. One relative mentioned their family member needed more new clothes and the staff listened and immediately arranged this.

The provider responded to and promptly addressed any concerns that could not or be resolved within the home.

There was a formal complaints procedure with response times. Where people were not satisfied with the initial response it also included a system to escalate the complete to the provider. Relatives told us they knew how to progress a complaint if they needed to.

Assessments were undertaken to identify people's care and support needs. Care plans were developed detailing how these should be met and were written with the involvement of the person and their relative. Relatives told us their views about their family members care were listened to and acted on.

Care plans were person centred and reflected people's wishes. To include people staff spoke to them, or used sign language, pictures, or talked and looked at their responses or body language. People had their own separate detailed and descriptive plan of care. The care plans were written in an individual way, from the persons own perspective and explained how they preferred care to be carried out. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

People had regular monthly reviews with the consultant psychiatrist where needed to monitor behaviour management plans. Staff were encouraged to discuss difficulties they experienced, and were given useful guidance to follow.

People had a small book detailing their likes and dislikes, skills and achievements. This was to assist staff and visitors to get to know and understand them better if they did not communicate effectively with words. People also had a full care plan that was personal to them and tailored to them as individuals. The care plans were also available in larger print with supporting pictures so that people understood them. Care plans contained a personal history, cultural preferences, information about people's likes and dislikes, how people communicated, how they expressed pain, as well as their care needs.

Good

Is the service responsive?

One person that had returned from an activity told us they had enjoyed the party and was happy and smiling. During activities in the community some people said they were happy and others were smiling and laughing. During people's different activities at the home, people were engaged in the activity, appeared interested and would go to the relevant areas readily, or eagerly.

Staff were able to tell us detailed information about how people liked to be supported and what was important to them. Staff told us that one person liked to make a lot of noise and another person didn't like loud noises. They told us how they managed to respond to this and keep both people happy without each affecting the others enjoyment, if they enjoyed the same activity they would do it at separately

People had individualised their rooms to their own tastes and preferences. This showed us people had been involved in the design of their rooms.

Good

Is the service well-led?

Our findings

Relatives told us they felt the home was well managed and had a relaxed atmosphere. They also told us they had one to one meetings with the manager where they could raise quality issues. All the care professionals we spoke to said they thought the home was well run. People had been involved in making choices about improvements to the home.

Observations of the manager working alongside the staff showed they were inclusive, positive and promoted a transparent culture where the people came first. They did this by having a hands on approach and being involved in all aspects of the work at the home. This lead by example. Staff told us the manager was open and approachable and that they felt supported.

The manager had developed positive links in the community, for example local links with local charities and the local church. This involvement included things like raising funds and the Harvest festival. The home also celebrated other cultures and religious events to promote familiarity and understanding

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety, and these were regularly reviewed. We spoke with staff who showed an understanding and ownership of these values. For example, they knew the importance of supporting people's choices. There was a grievance and disciplinary procedure and sickness policy. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance and demonstrated they understood their responsibilities. They told us they had worked hard at improving the culture at the home by supporting positive attitudes in staff and managing poor attitudes.

The home was in line with their CQC registration requirements, including the submission of notifications to us. This meant that we could monitor incidents in the home.

There were processes in place for reporting incidents and accidents. Incidents were reviewed by the manager to identify any patterns that needed to be addressed. We saw that these were being followed up. For example when there was an incident outside the service there was a review of the incident and any recommendations to avoid the incident in the future were recorded and followed? All incident reports included details of the incident and any follow up action taken. Staff told us that they always had a meeting after an accident or incident, to look at the reasons they happened and ways to avoid them in the future, these were also followed up with recorded coaching sessions for the staff where necessary.

There were records of audits to assess whether the home was running as it should be. There was an annual audit by a senior manager that covered the whole home including peoples care records, reviews, complaints and the homes running, recording, and maintenance records. Where audits identified action was required to improve quality, action plans were produced and implemented. For example, an audit identified that, to improve the homes contingency plans, a spare shower was needed so staff could stay overnight in emergencies like heavy snow. This was implemented. This demonstrated that the provider had suitable systems to assess and monitor the service provided.

The manager did a weekly audit called the 'weekly home check' where they audited finances, and water temperatures at water outlets to ensure the water was not too hot or cold. They also did other audits on an annual basis, for example, complaints. These audits were evaluated and, where required, action plans were in place to drive improvements.

Records were kept in the office only and were easily and promptly located by staff when requested. Records were in good order and easy to navigate so as to find information efficiently. We saw they were kept securely and confidently within the office.

The home sent annual quality assurance questionnaires to people who use the service, their relatives and advocates, and health care professionals. Relatives told us they had received written quality questioners where they could raise quality issues and could always raise anything with the staff at the home if needed. Records of the actions required to improve quality from the analysis of questionnaires were kept and action was taken, One example was people had raised why was the annual holiday at the same time every year, this was then changed to individual times.