

Chiswick Care Limited

Chiswick Care Limited

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 ●

Summary of findings

Overall summary

About the service

Chiswick Care Limited is a residential care home providing accommodation and personal care for people living with autism, learning and physical disabilities. Chiswick Care Limited accommodates up to six people in one adapted building. At the time of the inspection there were six people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures 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.

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

Some people were able to tell us that they were happy and content living at Chiswick Care Limited. For people who were unable to verbalise how they felt, we observed them to be happy and we saw that they knew care staff well and were confident in approaching them at any time.

People told us they felt safe living at Chiswick Care Limited. Staff knew who to speak with if they had any concerns about people and ensuring their safety.

Risks associated with people's health and care needs had been assessed and guidance provided to care staff on how to minimise risks to keep people safe from harm.

People received their medicines safely and as prescribed.

There were sufficient numbers of staff available to support people safely. Recruitment processes enabled the provider to only recruit those staff assessed as safe to work with vulnerable adults.

People were supported to maintain a healthy and balanced diet. People had access to a variety of healthcare professionals where there was an identified need.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care staff knew people well and responded to them in ways which promoted their individuality and independence.

Care plans were detailed and listed people's support needs and how staff were to support people with their identified needs.

Management oversight processes in place enabled the service and the provider to monitor and where required improve the quality of care people received.

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 good (published 3 June 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Chiswick Care Limited

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 one inspector.

Service and service type

Chiswick Care Limited 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

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service.

We reviewed the Provider Information Return (PIR) which the provider had sent to us. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people using the service and three relatives to obtain their feedback on the care and support that they or their relative received. Only two people we spoke with were able to communicate and respond to the questions we asked. Other people responded through some use of words or through expressions. We also observed interactions between people and care staff. We spoke with the registered manager, the deputy manager and three support staff.

We looked at three care records, medicines administration records and medicine supply for all six people who used the service. We also looked at the personnel and training files of four staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of possible abuse.
- People told us they felt safe living at Chiswick Care Limited. One person said, "Yes" when we asked them if they felt safe. Relatives also confirmed that they believed their relative was safe living at Chiswick Care Limited. One relative told us, "Yes, absolutely."
- The registered manager demonstrated a clear understanding of their responsibilities to report all safeguarding concerns that had been brought to their attention as well as investigate concerns raised by other agencies such as the local authority.
- Support staff knew to report any concerns that they had about people and possible signs of abuse, to their managers. Care staff also knew how to 'whistle-blow' and the agencies they could contact including the local authority or the CQC to report their concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's health, medical and care support needs had been identified and assessed. Risk assessments detailed people's identified risk, how the risk affected them and guidance to staff on how to minimise all known risks.
- Risks that had been assessed included behaviours that challenged, self-harm, falls, developing pressure sores, social isolation and non-compliance with medicines.
- Risk assessments were updated annually or where changed had been noted.
- We observed staff supporting people which took into consideration their known risks. Staff appeared to have a good understanding of people's capabilities and supported them accordingly.
- Appropriate safety checks had been completed for gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment.

Staffing and recruitment

- We observed there to be sufficient numbers of staff available to support people safely and meet their needs appropriately.
- Staffing levels were adjusted and increased when required, especially where people were required to attend specific appointments or events.
- The provider had carried out a number of checks before recruiting and employing prospective support staff to confirm their suitability for the role.
- Staff files contained proof of identity, right to work in the UK, conduct in previous employment and a criminal records check.

Using medicines safely

- Systems and processes in place ensured that people received their medicines safely and as prescribed.
- Medicines were stored securely. Medicine Administration Records were complete and no gaps in recording were identified.
- Each person had a medicine pen picture which detailed information about their medicines, what they were prescribed for and any known side effects.
- However, we did find that where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was not always available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers. Following the inspection, the registered manager sent us completed PRN protocols where required.
- All staff had received medicines training. Following training, staff had a competency assessment to ensure they were safe to administer medicines.
- Daily and weekly checks were carried out by the registered manager and deputy manager to ensure people were receiving their medicines safely and as prescribed. This included the checking of stock levels of medicines prescribed in their original packaging.

Preventing and controlling infection

- The home looked and smelt clean. We identified that there were suitable arrangements to prevent and control infection. All staff had received infection control training. Care staff had access to personal protective equipment to prevent and control the spread of infection.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from. The management team kept an overview of accidents and incidents recorded.
- However, where incidents recorded were related to people's behaviours, there was no formal process in place to analyse and review these so that trends and patterns could be identified to support learning and development. The registered manager confirmed that this would be addressed going forward.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service has been supporting people at Chiswick Care Limited for a number of years and had not had any new recent admissions to the service.
- The registered manager and deputy manager explained the process of assessing people's needs prior to admission to ensure that Chiswick Care Limited was the right place for them.
- The registered manager told us, "First of all I look at people's communication, what support they need, mobility, eating, nutrition, dietary problems, medication in terms of health needs. We also look at their needs in line with the current people we have to see if they are compatible."

Staff support: induction, training, skills and experience

- People received care and support from support staff that were appropriately trained and skilled to do so.
- Relatives told us that they believed staff were appropriately skilled in their role. One relative told us, "They [support staff] are skilled and trained. If they cant answer something, they will always find out."
- Newly recruited staff had received an introduction to the service which formed part of their induction. The induction also included shadowing an experienced member of staff and training in a variety of topics which included safeguarding, medicines, first aid and moving and handling.
- Systems in place also enabled the registered manager to monitor staff training and where refresher training was required staff were reminded and asked to complete the required training.
- Support staff spoke positively about training provision and development and confirmed that they received regular supervision and annual appraisals which enhanced their skills and working knowledge.

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

- People were able to eat and drink as they wished. People had access to a variety of food, snacks and drinks with a focus on helping people to maintain a balanced diet.
- Staff knew about and took into account people's specialist needs and supported them accordingly.
- Where people were able to, we observed them preparing their own meals with support and encouragement from staff.
- Care plans clearly detailed people's likes and dislikes, specialist dietary requirements and support needs.
- People were encouraged and supported to plan their own menus, do their shopping and prepare their meals. For people who were unable to communicate verbally or in writing, there were pictorial aids that people could point to, to make their choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had access to a variety of health care professionals and services to ensure they received appropriate and effective care and support in response to their needs.
- Where required, the service had made referrals to access health and social care services for people where a specific need had been identified.
- Support staff also supported people to attend a monthly health care drop-in sessions held in the community, where health care professionals were available to carry out health checks which included blood pressure and weight checks.
- People were supported to maintain their oral hygiene which also included visiting the dentist periodically to have a check-up.
- Relatives told us that people's health care needs were appropriately met and that they were always kept updated about any concerns or developments. One relative stated, "They make sure he keeps well."
- Within the service support staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that support workers could work together to ensure people received effective care and support.

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

- People took an interest in cleaning their bedrooms and communal areas. Support staff encouraged and supported them to do this.
- People could decorate and personalise their own rooms as per their wish.

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.

- Where required, the service had applied for DoLS and authorisations had been granted.
- Although the registered manager and deputy manager knew of the key principles of the MCA and how these were to be applied, care plans did not specifically detail people's lack of capacity and where required decisions that had been made in their best interest. This was highlighted to the registered manager who amended the care plans to reflect this information.
- Support staff members demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent and ensuring people were given choice and the autonomy to make their own decisions where possible.
- Where people had made decisions, staff supported them with those decisions. One staff member explained, "They [people] will tell us what they want to wear and if they want to go out they would tell us and we would help with that."
- Relatives confirmed that they were involved in care planning and delivery where people had been

assessed as lacking capacity to make specific complex decisions.

- People were not restricted from leaving the home and were encouraged and supported to go out as and when they wished. We saw evidence that people went out to various places and people identified as being of risk when going out in the community had risk assessments in place.

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 good. At this inspection this key question has remained the same. 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

- Some people told us that they liked living at Chiswick Care Limited and were happy. For other people who were unable to communicate how they felt we observed them to be happy and content. One person told us, "I am happy here. Very nice."
- Relatives were also complimentary of the care and support that their relative received. One relative said, "[Person] is well looked after and happy. [Person] has never hesitated to go back to Chiswick Care that tells me he is happy there." Another relative stated, "They [staff] are very, very caring."
- Throughout the inspection we observed caring and positive interactions between people and staff. We saw that people knew each staff member very well. When staff members entered the home to begin work, people greeted them with big smiles, hugs and acknowledgement of their presence.
- People's needs and wishes regarding their religion and culture were clearly documented within their care plan. We also observed and saw records confirming the support people received with attending their chosen place of worship or with specific personal care rituals. One relative told us, "They are aware of [persons] cultural and religious needs. They take him to movies to watch Indian movies, they provide halaal meat."
- Staff demonstrated a good understanding of people's cultural, religious and diverse needs and how to support people accordingly. One staff member explained, "Of course everyone comes from different backgrounds we have to take this into consideration. We respect this. Diversity is very good everybody has the same rights."

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

- People were supported and encouraged to express their views and were always involved in all decisions about their care where possible.
- We observed people making day to day decisions about what they were going to eat and how they wanted to spend their day.
- Staff knew people well and had developed relationships which were based on mutual trust and respect. Staff knew people's personalities, their likes and dislikes, behavioural traits and how they wanted to be supported. With this knowledge care staff knew how to support people in a way which considered their needs and disabilities and supported them to maintain positive well-being.
- People were actively encouraged to be involved with the planning of activities and weekly menus. Based on discussions around the weekly menu, a shopping list was compiled for people to go out to do the shopping for the home.
- Relatives also confirmed that they were always involved in the planning and delivery of care for their relative. One relative told us, "I am involved in care plan reviews, they [staff] would listen to me."

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed support staff respecting people's privacy and dignity. Staff always knocked on the door and asked permission to enter their bedrooms.
- Support staff demonstrated a good awareness of respecting people's privacy and dignity and gave examples on how they did this. One staff member explained, "When we support with personal care we supervise, we give them privacy"
- We observed throughout the inspection that people were independent and were encouraged and supported to remain independent as far as practicably possible. People were seen to make their own drinks, complete certain housekeeping tasks and access the community to shop for day to day items that the home required. One person told us, "It's is my home if I need help they help me."
- Support staff also explained different ways in which the encouraged people to maintain their independence where possible. One staff member told us, "When people finish eating, then they go and wash their own cup and dry and put away, they like to Hoover their rooms. We let them do this and support where required."

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 remained the same. 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

- Each person had a detailed care plan which listed their support needs, outcomes, goals to achieve and how the service and staff were to support people. Each outcome focused care plan was individual to the person based on their needs and covered areas including personal hygiene, socialising, spiritual and cultural needs and health needs.
- Although each care plan was detailed, we found that care plans were not as person centred as could be and did not always list people's likes and dislikes, history, preferences and wishes. We brought this to the attention of the deputy and registered manager who showed us hospital passports that had been recently updated which were detailed and person centred. We were informed that the information needed to be transferred into the main care plan which was a work in progress.
- However, we observed that staff knew people really well and knew of people's likes and dislikes enabling them to provide care and support that took into consideration their wishes and was responsive to their needs.
- Relatives confirmed that they had seen their relatives care plan and were involved in the care planning process. Care plans were reviewed monthly or sooner where changes had been noted.

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.

- People's communication needs and how staff were to respond to those needs, were clearly documented within their care plans.
- Care plans detailed the person's communication methods and gestures or body language they may use how staff should respond.
- The deputy manager explained that they had adopted various methods of communication dependent on people's needs. We were told that people responded to visual pictures and signs and were shown examples of menus where signs and pictures had been used.

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 to maintain relationships and participate in activities to avoid social isolation.
- People's hobbies and interests were documented within their care plans so that staff could support people in accessing and participating in their desired interests.

- People had developed their own activities plan which took into account people's structured planned sessions, social outings, group activities and personal interests.
- People attended day centres and local community centres, accessed the local community shopping area, went to the cinema, attended church, went to the gym and attended in-house art and craft sessions.
- The service also planned and organised an annual holiday for all of the people living at Chiswick Care Limited. We saw photographs of the most recent holiday to Butlins which was seen to be enjoyed by all.
- Although activity plans were in place for each person, people were always asked on the day about what they wanted to do and this was facilitated by staff. We observed during the inspection that people were engaged and stimulated in a variety of activities on a one to one basis, in a group and independently.
- Relatives spoke positively of the interaction, stimulation and activity provision at Chiswick Care Limited. One relative told us, "They [Chiswick Care Limited] have a play centre and they take him to bowling. He is more active now than he is ever been." One relative had commented on a satisfaction survey, 'Thank you for all you do to look after the clients and the fun you have with them.'

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One relative told us, "Yes, I would talk either directly to [registered manager or deputy manager] who are always good."
- There was a complaints policy in place. Information about how to make a complaint was displayed around the service. The service recorded complaint that were raised. Areas for improvement were identified and acted on.

End of life care and support

- Chiswick Care Limited was not currently supporting anyone with end of life care.
- However, the registered manager and deputy manager explained that they would work together with the person, their relatives and any necessary health professionals to adapt to people's changing needs when this level of care was required.
- The deputy manager also told us that exploration of people's end of life wishes needed to take place so that these could be recorded in the person's care plan. Plans were in place to speak with people, their relatives and any involved health care professionals to obtain this information.
- All staff had recently received end of life training recently so that this piece of work could be further developed.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture. Through observations and records seen we found that the home provided a person centred, open, inclusive and empowering service which achieved good outcomes for the people.
- People knew the registered manager and deputy manager well. Both managers were visible around the home and were involved in the care and support that people received.
- Relatives spoke positively and the way in which their relative was supported which had led to an improvement in their health and wellbeing. One relative told us, "The care they have given him we could not provide. We have seen a lot of improvement in him."
- Support staff spoke highly of both managers and told us that they were well supported in their role. One staff member told us, "We communicate as much as we can. Anything that we are unhappy about we go to them."

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

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- The registered manager understood their responsibilities to notify CQC of any incidents or concerns.
- Relatives told us that the home communicated with them on a regular basis and provided feedback about the person, their needs, significant events and concerns. One relative told us, "Very good, I know [registered manager], I have her number and now and then I get a phone call to let me know of any updates or issues, anything like that they do update me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their responsibility around managing risk, monitoring quality and meeting regulatory requirements as required. The registered manager explained that their priority was to always ensure that people's needs were safely and appropriately met.
- The deputy manager carried out daily and weekly checks and audits to monitor the quality of care people received. These included medicines management, health and safety and the environment.
- Where issues or concerns were identified these were acted upon immediately. However, detail of actions taken and date of completion were not always recorded. The registered manager confirmed that she had

oversight of all audits and checks to ensure where required appropriate actions were taken. Going forward the registered manager confirmed they would further formalise this process.

- The service demonstrated a willingness to learn and reflect to improve the service people received.
- Throughout the inspection we gave feedback to the registered manager and deputy manager, which was received positively, and clarification was sought where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly involved within the service in making decisions around how the home is managed, menu planning and event and activity planning. Weekly residents' meetings enabled people to discuss these areas and make decisions about what they wanted to do.
- In addition, people, relatives and health care professionals were also asked to complete annual satisfaction surveys to give their feedback about the quality of care and support that people received. Most recent feedback seen was positive. One relative had written, 'The care received is great.' A health care professional had written, 'Chiswick Care is very homely for service users. All staff are very professional and welcoming when other professionals visit to review service users.'
- Support staff were also seen to be involved in the management and running of the service. Support staff told us that regular staff meetings gave them the opportunity to share experiences, learn from each other and make suggestions. One staff member told us, "We talk about how we can improve, what we need to do. When we talk we can get more experience."
- The service worked well with other agencies to support people's care and wellbeing. This included healthcare professionals, the local authority, learning difficulties teams and mental health professionals.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.