Alpam Homes

The Chase

Inspection report

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Date of inspection visit: 7 and 8 October 2014
Date of publication: 08/04/2015

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

The inspection took place on the 7 and 8 October 2014. The inspection was unannounced.

At our last inspection on 30 July 2013 the service was meeting their legal requirements against the regulations.

The Chase is a residential home for up to eight adults both male and female who have a learning disability or autistic spectrum disorder. Care was also provided to people with hearing and visual impairments. At the time of our inspection eight people were using the service.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

The service kept people safe and people told us they felt safe as did their relatives. Care staff had been trained in safeguarding and whistle blowing and these procedures

Summary of findings

and were up to date. The service was accessible by a key pad and all visitors were required to sign at arrival. Medicines were managed safely and people received their medicines on time.

Care staff received regular training to keep their skills up to date and commented that they were pleased they were given a lot of training. The manager had requested and received authorisation for Deprivation of Liberty Safeguards (DoLS) for all people in the service. These had been requested promptly and in response to changes to the law. Care staff had received training in the Mental Capacity Act 2005 and DoLS but some of the staff we spoke to did not know people had DoLS authorisations.

People liked the care staff and the manager and said everyone was kind and caring. Relatives had commented that care staff were good but when some agency staff were used there was sometimes a language barrier and compassion was not always there.

People were treated with dignity and respect and the service provided a separate area for the only two females in the service to live with their own living room. This provided them with added privacy from the main house.

People's needs were met and the care staff met with people regularly to discuss how their care was. People attended activities outside of the service and relatives were actively involved in facilitating some of external clubs that people attended. The manager reviewed people's care and risk assessments every three months or sooner if required.

There were good quality assurance procedures in place so that staff knew how they were performing through supervisions and team meetings. The service sent surveys to relatives and staff to obtain feedback, which was positive towards the service. People using the service participated in meetings which also provided the service with an opportunity to gain feedback on what they could improve for people's benefit.

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. People at the service told us they felt safe and relatives said that they had no concerns.

Staff had been trained in keeping people safe through safeguarding, whistleblowing, minimising infection, safe handling of medicines and good food hygiene.

The service carried out risk assessments for people in the service and when they went out to ensure their safety and care staff knew how to respond safely in the event of an emergency.

Is the service effective?

Good

The service was effective. People and relatives said staff were good at their role. Care staff had been trained and supported to perform their roles and the manager regularly supervised care staff.

The Mental Capacity Act 2005 was applied well and the manager had successfully applied for DoLS for all people living at the service. Care staff, whilst trained, needed to show more knowledge of their understanding of DoLS.

The service was proactive in obtaining specialist equipment for people in the service so that they received the care needed and care staff and managers went over and above to locate and provide the equipment.

Is the service caring?

Good

The service was caring. People and their relatives told us the care staff and the manager were kind and compassionate. The service encouraged interaction with people and also worked to increase family contact for people where it had decreased. This was caring and beneficial to people's well-being.

People were observed interacting well with care staff and people were at ease with them. We observed people laughing and having conversations with staff and other people in the service.

Is the service responsive?

Good

The service was responsive. Care staff knew people's behaviours and were treated as individuals. People and their relatives were involved in people's care.

Care staff and the manager observed people regularly and took swift action where people were seen to be ill or their behaviour had changed.

People knew how to make complaints and were supported to do so.

Is the service well-led?

Good

The service was well led. The service sought feedback from people, relatives and staff and consistently and acted upon it.

There were regular auditing tools used, both internal and external, that helped monitor the performance of the service and identify areas where they could improve.

The Chase

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.

The inspection took place on the 7 and 8 October 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, we reviewed the information we held about the service. This included information we had asked the service to provide prior to our inspection, the '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.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection. We reviewed four care plans which included risk assessments, health action plans, activities folder, and information about end of life. We also reviewed people's monthly key worker reports and resident meeting minutes. We also reviewed two staff files. We also spent time observing care during the inspection and observed a lunch time and supper time.

We also spoke to a Senior Contracts Officer from the local authority after the inspection.

Good

Is the service safe?

Our findings

We spoke to two people who told us they felt safe. We asked them who they would speak to if they were worried about something. One person said, 'My Mum' and the other person said, 'my keyworker.' A relative we spoke to told us they had no concerns regarding their family member's safety.

The service was accessible by a key pad and all visitors were required to sign at arrival. The service had a welcoming atmosphere and care staff and people were observed to be getting along with each other. We were shown where incidents of behaviour that challenged in some people had reduced as care staff and health professionals had worked with people to manage people's behaviour. We saw evidence where restraint had been used and in the presence of the registered manager. We saw records to confirm care staff were trained in the use of restraint. Care staff advised that although they did not like using restraint, but said they were trained to use it safely and it was always used as a last resort.

People could chat to the manager of the service and all staff. Relatives were welcome at any time to come and see how their relative was at the service. The registered manager told us that people would regularly come and speak to him if they had concerns. We observed people come to the manager's office to talk to him, which confirmed that this did happen.

The service had a safeguarding and whistle blowing policy on display outside the office and the policy was available inside the office. Details on the procedure to follow included contact details within the service and external contacts. We saw that care staff received yearly training in safeguarding adults, and protecting people was always raised at team meetings and monthly meetings with people they worked with. Care staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Care staff said they would inform the registered manager initially but they also knew to contact the local authority, social services and the Care Quality Commission with their concerns about people's safety.

There were procedures in place to make sure risks were anticipated, identified and managed. For example, the service had people who were at risk of self-harming but there was a risk if they were in the kitchen, due to access to certain utensils. As their independence in the kitchen was encouraged, staff were always present for support to ensure people were kept safe to minimise the risk of harm towards them.

Risk assessments were completed to keep people safe from harm. For example, someone at risk of seizures had an up to date risk assessment explaining triggers, and detailing the number of staff needed to support people. We also saw that each person had a completed risk assessment for their bedroom in order to keep them safe. We saw emergency incidents where staff had responded promptly by calling paramedics and followed the directions in the risk assessment which ensured people's safety in the event of a seizure. After the event we saw the service contacted people's relatives, GP's and worked with specialist health professionals. A relative said, "[manager] calls you and keeps you informed, [relative] had a seizure and they called an ambulance." The manager explained they did not prevent people at the service from doing activities of their choosing due to risks. We were told that the service would risk assess the activity to make sure people were protected as much as possible. This was evident when we saw people had gone to the theatre and cinema successfully when there was a risk it could cause a seizure.

We reviewed the staff rota and saw that all shifts were covered. Where agency staff were used the same agency was used. Staff had recently completed a re-organisation by the provider to promote the sharing of fresh ideas in the service for the benefit of people living there. The manager also said this was done from a safeguarding perspective to keep people safe. The service had retained some of the existing experienced staff but new staff from other services had been asked to work at the service. These staff members had worked at the service which meant they knew the people they were working with. Staff we spoke to told us there were enough staff. However we did note at one point in the afternoon one member of staff was managing three people and a number of the other people had gone out with care staff. This posed a safety risk as one was a wheelchair user and the other person was funded for one to one care.

We looked at two staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed.

Good

Is the service safe?

These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

The manager told us they ordered medicines for people, checks the medicines and signs for them. There was a robust system to ensure medicines were given to people safely. Care staff told us they checked that medicines were given to the right person by cross referencing their name, date of birth, the medicine prescribed, the time and dosage amount. Care staff were trained in the safe administration of medicines. There was a locked medicine cupboard for the over stock of medicines, PRN (as necessary) medicine and a locked mobile trolley that care staff used for people's current medicine. The manager advised that they checked people's medicine administration records to ensure staff were completing them correctly. We reviewed the MAR chart and found one signature had been missed, this was rectified immediately. We observed the afternoon medicine round. We found that staff worked in pairs to administer medicine and people were given their medicine on time. We saw where someone had received a new prescription that day, staff worked together and queried information they were not clear about before administering medicine. Staff confirmed to us if they were unsure about any aspect of the dosage of the medicine they would call the pharmacy or speak to the manager.

Good

Is the service effective?

Our findings

People told us they thought the service was good. Relatives also told us that the service's attention to detail was great. One relative said, "The staff do a good job, I have confidence in them."

We were told by the manager that staff received a thorough induction to support them in their new role. New care staff were shown were people's care plans and guidance documents were and they were required to shadow an experienced member of staff before working with people.

We saw evidence that new staff received supervision within six weeks of joining the service and existing staff received a monthly and yearly appraisal. A member of staff said to us, "I just had supervision two days ago, it really supports me." Care staff told us that the induction and ongoing training they received equipped them with the skills and knowledge to support the people at this particular service.

We saw evidence that care staff received and completed training in a number of areas which included first aid, lifting and handling, food hygiene, nail cutting, physical intervention, deprivation of liberty, mental capacity act, safeguarding, medicines, infection control, and end of life training. There were other specific types of training which some staff had completed such as epilepsy training, sense training and autistic spectrum training. We saw evidence on a notice board outside the manager's office that gave care staff details of all upcoming training.

The manager had a good working knowledge of the Deprivation of Liberty Safeguards (DoLS) and of the Mental Capacity Act 2005. Staff we spoke to had been trained in DoLS and the MCA. Staff explained how the MCA applied to their role in relation to people's right to refuse medication, but we found that they needed a better understanding of how DoLS applied to people. For example, care staff we spoke to told us that nobody was restricted at the service but did not know people had DoLS authorisations for 24 hour supervision. The manager had sought DoLS for all people living at the service and these had been granted. We looked at three files where people had DoLS authorisations and the service had set out the reasons why they were needed. The service had also carried out best interest assessments involving people's relatives, friends and health professionals. For example, we saw assessments that had been carried out for nutrition, to see whether people understood the long term dangers of being overweight and administering medication.

The service understood people's mental health needs and had managed to reduce behaviour that challenged by working closely with people and health professionals. The manager told us how they had managed to reduce medicines needed as behaviour had improved. We saw evidence of this in people's care plans. We saw records which showed medicine which was given daily and now been reduced significantly. We observed this person's behaviour in the communal lounge and saw where the noise was getting too much the person removed themselves to their own room. A member of staff said to us, "Before [person] used to 'kick off' when they got upset, see now [person] knows and takes himself off to his room."

Care staff told us they observed people at the service constantly for any changes in their health. For example, we were told where people who had hearing and visual impairments and were unable to communicate how they felt, were noticed to have a sore throat and care staff immediately made an appointment for them so that their health did not deteriorate.

We were told that people decided what they wanted to eat at 'resident meetings'. There were no menus, but meals were planned at these meetings. We were told that people were given as much choice as possible on what they wanted to eat. People who were unable to communicate verbally and had a visual impairment were observed to take food they wanted and if they did not like it they pushed it away. Care staff told us that they worked closely with this person's family to ensure they were given food and drink they liked.

We observed lunch and dinner. For lunch people either had sandwiches or crackers. One person said to us, "I like the ryvita's [cracker]. I have them because I'm on a diet." People at the service told us whether they were on a diet and the benefits. This showed the service had communicated to people what was happening with their health, so they were involved and informed. Most people were able to make their way to meal times unsupported. We observed one person be supported to the table, however all people could feed themselves.

Good

Is the service effective?

The service worked well with people to improve their diet when needed, which included working with dieticians, people's GP and families. The service maintained fluid intake charts for people who needed to be monitored and we saw that the records were complete and up to date. This information was used for health professionals if there were any concerns.

People initially signed their care plan if they were able to or their relatives would do so if they lacked capacity. Consent was also obtained when people were attending appointments with health professionals. We also saw that people had not refused to pass their private health information to health professionals.

Specialist equipment was made available for people to enable them to live safely in the service and in the community. The environment was adapted to support people, with rails in toilets and bathrooms. We saw the service had purchased a system to help monitor seizures for people and an oxygen machine while they slept that was checked and maintained. The manager told us a particular example of how they had worked to purchase a specialised helmet for someone in the service which was needed to protect their head. Despite being told it would not be funded for by the local authority, they researched where they could purchase the helmet and bought it for the individual. Care staff and the person's key worker verified this and showed us documentation that this had been done and was for the benefit and safety of the person.

A central diary was maintained that held people's health appointments. Care staff showed they were aware of this and told us that they had to read it every day and at handovers. Evidence was seen in people's health action plan (HAP) that appointments to see health professionals were made and attended regularly. The manager and care staff told us the HAP contained an ongoing record of the care that had been given to people and information on how to manage situations, for example where people became anxious. We saw that people were being referred to psychiatrists, community nurses, social workers and an epilepsy specialist. We also noted that people had good links with the GP and the service had maintained long term relationships with the same psychiatrist. We found that people were able to tell us whose care they were under and that they were due for an appointment with health professionals. This further demonstrated they were being involved in their care. People also told us about information leaflets they were given by health professionals that explained health conditions they had and that they understood they had them. One person said, "The doctor gave me a leaflet about my seizures."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. People we spoke to told us they liked the staff and they were one of the best things about living at the service. One person said, "I like the staff and the new staff too."

We observed the manager, care staff and other supporting staff speaking to people in a kind manner. We could see that people were comfortable with care staff, as they would approach them to chat.

Most relatives gave positive feedback and told us care staff were 'marvellous' and that their family member was looked after well. One relative we spoke to said where agency staff were used there was sometimes a language barrier and compassion was not always there. This meant that sometimes people were not always spoken to in a caring way

We saw good examples of communication between people and staff. For example, care staff were initiating conversations with various people and participating in games that people liked to play after observing subtle cues. For example, where someone could see other people getting on the minibus, the staff member joined in with the game by happily echoing the person. Also care staff took note of what was recorded in people's care plans so that they communicated with people appropriately, so their views could be understood.

The manager gave an example of how positive caring relationships were developed with people when some people had their hair blow- dried by care staff. The manager said that people enjoyed it and it was seen as a caring way to treat people. We spoke to people who verified that this did happen.

We observed all residents were treated respectfully and there was no shouting, or talking down to people by care staff. Care staff told us they were there to do the best for people and give them quality care. Care staff gave examples of how they were always there for support but encourage independence and were also able to spend time with people watching TV, playing games and taking people for walks which were outside of their daytime activities. Care Staff told us how they developed positive caring relationships with people. For example, by saying good morning and initiating conversations.

We observed caring practices by care staff towards people with dual sensory impairment. To alert them about food and drink, care staff softly rubbed the person's arm and placed a drink and biscuit in front of them.

We also noted how the service had worked with a relative to help increase contact with their family member after they had moved away. The service spoke to the family member and encouraged them to consider being closer to their relative and explained the benefits this would have on the person. This helped improve family relations and also helped improve people's behaviour, as the relative did move closer.

We found that care staff were very knowledgeable about people's needs, preferences and people's personalities. All residents had a person centred profile file, which provided a good source of information for care staff. Care staff were told about what people liked to do and what they wanted to achieve while at the service, recorded as 'goals and actions'. One person told us they wanted to 'learn computers' and this had been recorded in their goals.

People were supported to go on holidays and a member of staff told us about a recent holiday they had taken with some people living at the service and how they had supported them.

Care staff respected people's privacy and dignity in the service. Care staff did this by knocking on people's bedroom doors before entering, closing bathroom doors and asking people for permission when due to give them personal care. We saw that everyone at the service had their own bedroom. The service had also provided a separate flat area for the two women who lived at the service. This area was attached to the main home but provided the women with their own living room where they could retreat for further privacy. Each of the women showed us their bedrooms and their en-suite bath rooms for added privacy. The women appreciated that they had their own private space and told us they 'liked it.'

The service ensured people's clothes were colour coded for laundry days to avoid the possibility of people receiving someone else's clothing. A relative told us how they had seen their family member wearing someone else's clothes but this had been reported and had not happened again.

People were given support when making decisions about their preferences for end of life care.

Good

Is the service caring?

We saw that the service discussed death with people but would stop if it made them upset. We reviewed a document prepared by the service titled 'my book about death' which gave people information about death. People told us they were aware of what had been discussed with them and went through the information with us, to show that they had agreed to what was recorded about their wishes at the end of their life.

Good

Is the service responsive?

Our findings

People were actively involved in putting their care plan together and deciding what they wanted to do for activities. People's preferences, likes and dislikes were recorded clearly in people's care plans.

We reviewed four care plans and saw that they were each individual to the person as people had their own goals and aspirations and people told care staff what activities they would like to do. The service assessed, monitored and recorded people's weight, behaviour, continence and progress towards goals. All details of people's allergies, whether it be food or medicines were also marked very clearly so that people were protected. We saw that people had a person centred profile file as a good source of information for new staff to find out people's individual needs, how they communicated and what they liked to do. There were also separate folders for risk assessments, care plans, activities and outings, health needs and a folder containing photos of activities they had participated in.

Instructions for care staff were clear as the manager completed key guidelines from people's risk assessment for each person, so that care staff could refer to them and know how to respond to people's needs. Care staff gave us an example of how they observed someone complete their personal care and helped support them to ensure it was done as the care plan specified..

All care plans and risk assessments were up to date and we saw that people met with their key worker regularly to document in a report what people had achieved and discuss any changes in people's needs that would prompt a review of care. Relatives were also involved in the review process and kept informed of changes in their family members care.

We saw where people had made progress against a goal this was scored and once people had reached full independence for a consistent length of time this goal was replaced with a new goal. This showed that people were working towards goals of their choosing to meet their needs and being supported to be more independent.

We saw that the service had worked with people to improve their skills and become more independent while at the service. For example, people were observed to make cups of tea for other people in the service and were supported to do this. People were also involved in doing their own laundry and helping to make lunch and supper.

Social contact and community involvement was supported and encouraged. We saw that people were attending the local leisure centre, going bowling, attending pottery and attending courses at college of their choosing. The service had their own day care service where people could meet other people from the services the provider delivered care. People attended the day-care service on a regular basis that was provided by the provider. Each person was able to take part in activity of their choice. People we spoke to told us about the friendships they had formed by going to clubs and discos organised by the service. We spoke to one relative who told us that they ran a club with another relative for people at the service. People told us they attended these clubs and liked going.

One person attended a specialist day centre provided externally for the hearing and visually impaired which catered for their needs. On the day of our inspection they had not attended the day centre. We observed that they had an 'objects of reference' box which their care plan advised was to aid communication. However it was a box of toys with varying textures that the person played with. The training staff had received in this area did not fully support this person to be able to further develop communication with them. Improvements are needed in this area.

People knew how to complain and care staff told us that people would go to the manager's office to talk about their concerns. A relative told us they felt confident they would be listened to and knew how to formally make a complaint. The manager also told us that families visited frequently and were encouraged to communicate any concerns informally. The service had not received any complaints.

Good

Is the service well-led?

Our findings

People, care staff and relatives spoke positively about the management of the service. People who were able to speak to us told us how nice the manager was. Care staff said, "I respect [manager] and as someone I can confide in." Care staff also said that the service and the provider were quick to have issues in the home rectified. A member of staff gave an example where cutlery and bowls had been replaced and this was done immediately by the area manager.

One relative we spoke to said, "[Manager] is fantastic, leads by example and is exceptional." Another relative said, "Yeah [manager] is good. [Manager] will always listen. I can always speak to him if I need to, I'm happy with the place overall."

The service carried out quality assurance surveys with care staff and relatives. The results related to August 2014 and were all very positive about the service. We saw feedback from relatives where they had said, "I am very happy with the staff and the running of the service" and "staff helpful and understanding- [person] is always contented." Feedback from a care staff survey included some of the following comments; "happy given a lot of training", "my training knowledge has increased" and "pleased people at the service were able to do so many activities."

We spoke to the contracts team from the local borough who advised they had no concerns about the service and that feedback from their last monitoring visit in February 2014 had been actioned, which included reporting when restraint had been used.

We observed that people and their relatives were involved in the service. An open culture where people and their relatives could shape activities was encouraged and people benefited from this as they were able to take part in different activities. We saw relatives organised clubs for all people at the service to enjoy. People vocalised what they wanted to care staff and to the manager.

The manager held team meetings for care staff. Both care staff and people had their own notice board informing them of when their next meeting was to take place. Other information on notice boards included informing people of when their next activities were and how to access advocacy services. We reviewed minutes from staff meetings and saw that staff training, best practices, recent medication reviews with people and each person living at the service was discussed. Care staff told us they found the team meetings useful and that they happened regularly with the manager.

The care staff had 'residents meetings' with people in the service every month. The registered manager told us that they encouraged the care staff to lead the meeting. This was seen as a way to give staff responsibility to manage a team meeting and also the manager wanted people to be able to share their views freely. We saw that the agenda for residents meetings was fixed which helped focus people on discussions but people could raise any issues that they wanted. For instance, we saw that people were asked if they wanted anything in the service changed, their food options, likes and dislikes and whether they had any complaints. While resident meetings took place, care staff used easy read pictures to help assist people in decision making. We were told some people had said they wanted the curtains changed and the TV. The TV was in the process of being changed. This showed the service was listening to people.

The manager ensured that while they were away there was alternative management support for people and care staff from their other homes. Care staff confirmed this happened as they said, "When [manager] was on holiday we had another manager call us every day to ask if everything was alright."

There were many audits carried out by the service which helped them monitor the quality of the care provided, know what was being done well and to know where they could improve.

The manager told us that people's care plans and risk assessments were reviewed every three months. We saw that this was recorded so that there was a clear audit trail.

All documents about people in the service were organised, well accessible and clear. The manager used a colour coded system to help with organisation of peoples files. We were shown other risk assessments that were carried out for the running of the service, these included a hazard analysis, fire risk assessment, infection control and wheelchair use. Care staff also monitored and recorded fridge and freezer temperatures and cooked meat temperatures and that the oxygen machine had been cleaned and was working..

Good

Is the service well-led?

We were shown a recent auditing report carried out externally where they checked care plans, MAR charts, random staff files, kitchen facilities, staff and residents meetings. Feedback within the report was very positive and confirmed that people were receiving the care they should as per their care plans and that they were reviewed and updated. The auditor noted that the service had prepared and implemented new mental capacity care plans and best interest decisions promptly.

Other external audits were by the pharmacy and they checked and confirmed that medicines were labelled and had been given correctly.

We saw that accidents and incidents were logged and the manager told us that they were reviewed by the area manager to confirm that they had been logged correctly. Details of physical intervention which was overseen by the manager were always logged, so that it could also be reviewed.