

Leonard Cheshire Disability

Chipstead Lake - Care Home Physical Disabilities

Inspection report

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Chipstead
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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

We inspected the service on 7 May 2018. The inspection was unannounced. Chipstead Lake – Care Home Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Chipstead Lake – Care Home Physical Disabilities is registered to provide accommodation and personal care for 24 younger adults and older people who have physical adaptive needs. There were 24 people living in the service at the time of our inspection visit. Some of them also had special communication needs and used signed assisted language to express themselves.

The service was part of a larger site that contained an activity centre used by people who had physical adaptive needs and who lived in the community. In the residential service each person had their own bedroom and private bathroom. Two people had their own self-contained flats.

The service was run by a charitable body who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. People had been helped to avoid preventable accidents while their freedom was respected. Medicines were managed safely. There were enough care staff on duty and background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection. Lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. People were supported to eat and drink enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services and people had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. Confidential information was kept private.

People received personalised care that was responsive to their needs and which promoted their independence. People had been offered opportunities to pursue their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. There were suitable arrangements for managing complaints and provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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 remains, 'Good'.	Good ●
Is the service effective? The service remains, 'Good'.	Good ●
Is the service caring? The service remains, 'Good'.	Good ●
Is the service responsive? The service remains, 'Good'.	Good ●
Is the service well-led? The service remains, 'Good'.	Good ●

Chipstead Lake - Care Home Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 7 May 2018 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spent time with seven people who lived in the service and spoke with four of them. We also spoke with two care staff, three team leaders, two deputy managers and the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with five relatives.

Is the service safe?

Our findings

People told and showed us that they felt safe living in the service. One of them said, "I'm settled here. The staff are great with me." A person who had special communication needs smiled and patted the hand of a passing member of care staff when we used sign assisted language to ask them about their experience of living in the service.

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. Examples of this included the service being fitted with a range of specialist hoists that were necessary to enable people to transfer safely. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so that people could be moved to safety. Furthermore, people received harm-free care including being supported in the right way to keep their skin healthy and to avoid risks that were associated with particular healthcare conditions.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training and they correctly followed written guidance to make sure that people were given the right medicines at the right times.

The registered manager told us that they had carefully established how many care staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These measures had helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could

establish why they had occurred and what needed to be done to help prevent the same things from happening again.

Is the service effective?

Our findings

People told us that they were confident that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on okay with the staff and they look out for me."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources.

New care staff had received introductory training before they provided people with care. Care staff had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for the people who lived in the service in the right way.

People were helped to follow a reasonably balanced diet. When necessary they received the individual assistance they needed in order to enjoy their dining experience. Records also showed that suitable arrangements had been made for some people to have their food and drinks specially prepared so that there was less risk of them choking.

Suitable arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. People were also supported to live healthier lives by receiving ongoing healthcare support.

Suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the legislation in line with the Deprivation of Liberty Safeguards (DoLS).

Nearly all of the people living in the service had mental capacity. Suitable arrangements had been made in relation to the one person lacked mental capacity. These included consulting with healthcare professionals and with relatives who knew the person well and so who could contribute to making decisions that were in their best interests. They also included registered persons correctly making an application for a DoLS authorisation.

Although most areas of the accommodation were well presented some parts of the exterior of the building looked run down. This was because painted wooden surfaces were discoloured and handrails were beginning to get rusty. On the inside of the building some of the protective panels fitted to doors had been caught and damaged by people's wheelchairs and looked unsightly. The registered manager assured us that both of these issues had been included for action in the registered persons' development plan for the service and would be addressed by the end of July 2018.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff help me lots and lots. I don't mind asking them for help because they're nice about it." Relatives were also confident about their family members receiving a caring service. One of them remarked, "The staff are genuinely kind people and I can see that my family member enjoys and indeed seeks out their company."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom and using sign assisted language to discuss with them the clothes and jewellery they wanted to wear that day.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to decorate their bedroom with wallpaper, pictures and ornaments they had chosen. Some people had displayed posters that reflected their interest in particular football teams. We saw that this interest was carried over into light-hearted jokes with members of staff who supported different teams.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. The service had also developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that care staff provided them with all of the assistance they needed. One of them said, "The staff help me with what I need but at the same time they're not bossy and let me do things for myself." Relatives were also positive in their comments with one of them remarking, "I can see that my family member is well cared for. When I go out of the service with them they're always pleased to go back and plainly see the place as being their home."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included responding to their physical adaptive needs, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During our inspection visit several people spent some time in the activity centre where they met with friends and enjoyed completing artwork. Other people went out on their own or were supported by care staff to go shopping. Furthermore, records showed that people had been helped to regularly travel further afield to visit places of interest and to go away on holiday.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. Since our last inspection the registered persons had received two complaints from people who lived in the service. Records showed that both of the matters had been properly investigated and resolved to the satisfaction of the complainants.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and liaising with their relatives to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "The place runs all right I suppose. I have what I need." Relatives were also complimentary about the management of the service. One of them remarked, "I have no concerns about the service. Somehow, it feels much more open and alive since the new manager arrived. You can see that the staff are happier and work together better as a team."

There was a registered manager in post who had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe. The registered persons also had displayed both in the service and on their website the quality ratings we gave at our last inspection. This is important so that members of public know how well the service is meeting people's needs for care

There were systems and processes to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. Arrangements had also been made for a senior member of staff to be on call during out of office hours to give advice and assistance to care staff should it be needed. Care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Furthermore, care staff had been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. They had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

People who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that they had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for a new person to quickly be offered the opportunity to receive care in the service.

