

## Chailey Heritage Foundation







# Orchard Bungalow Chailey Heritage Foundation

### Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We inspected Orchard bungalow on 3 February 2015. This was an unannounced inspection. Orchard bungalow is one of two, purpose built, residential services for young adults aged over 19, with complex physical disabilities. The location forms part of the innovative 'Futures' project, which was developed to support young people with disabilities gain life skills in preparation for their 'transition' into adulthood.

A registered manager was 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.

# Summary of findings

There were procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs and personal risk assessments relating to specific areas, such as choking and swallowing, were in place.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

Staff were appropriately trained and told us they had completed training in safe working practices and were training to meet the specific and complex care and support needs of people. They were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking.

People and their relatives told us meeting social needs was promoted and we saw activities reflected people's individual interests and preferences. We saw people were regularly supported to access facilities and amenities in the local community.

The registered manager assessed and monitored the quality of care. Surveys were carried out for people and satisfaction questionnaires were used to obtain the views of relatives and other stakeholders.

Audits and checks were carried out to monitor and address a number of areas such as health and safety and medication.

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# 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?

The service was safe.

Sufficient staff were deployed, with the necessary skills and competencies, to meet people's complex care and support needs. People were protected by robust recruitment practices, which helped ensure their safety.

The service had effective systems to manage potential risks to people's welfare, without restricting their opportunities, and these were reviewed regularly. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

Medicines were stored and administered safely and accurate records were maintained.

Good



### Is the service effective?

The service was effective.

People and their relatives were involved in the planning and reviewing of personalised care. People said staff knew them well and were aware of their needs. Relatives were happy with the care and support provided.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant there were safeguards in place for people who may be unable to make decisions about their care.

People could access appropriate health, social and medical support as required and they received care from staff who were trained to meet their individual needs. They were asked about their preferences and choices and received food and drink which met their nutritional needs.

Good



### Is the service caring?

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect.

People were treated as individuals. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



### Is the service responsive?

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised activity programme had been developed reflecting individual interests and preferences.

A complaints process was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Surveys were carried out and review meetings held to obtain the views and experiences of people, their relatives and friends.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Regular audits were undertaken. The registered manager monitored incidents and risks to ensure lessons were learned and used to drive improvements in care provision.

Good



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## Detailed findings

### Background to this inspection

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

The inspection team consisted of an inspector and a specialist advisor with experience of supporting people with complex needs. Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

Not everyone in the bungalow was able to communicate verbally. During the inspection, we spoke with three people, four relatives, one senior support worker, two support workers, the cook, the registered manager and the Director of Adult Social Care. We observed care practice, including the use of hoists and two physiotherapy exercise sessions, undertaken by care staff. We also observed the lunchtime routine, the administration of medicines as well as the verbal and physical interactions between the young people and staff, throughout the day.

We looked at documentation, which included three people's care records, staff training files and records relating to the management of the service.

This was the first inspection of this location since the registration was changed from children to young adults. This service was registered by CQC on 6 June 2014. We found that no concerns had been raised regarding the service during this time.

# Is the service safe?

## Our findings

People who were able to communicate verbally with us told us they felt safe and staff treated them with kindness. One person, who had been at Chailey Heritage as a child, said “I have been here a long time. I love living here, staff say good night to me and all the people make me feel safe.” Another person told us “I am not worried here, I talk to my key worker, I like her.” We also spoke with one person who used a special ‘Eye- gaze’ computer’ to communicate. We asked them whether they felt safe in Orchard Bungalow. By looking at specific icons on their screen, they were able to activate an automated voice communication system, which responded “Yes.”

Relatives spoke very positively about the service, they had no concerns about the way their family members were treated and felt that they were safe. One relative told us “I feel that she is safe, she has been in the bungalow a long time and I know a lot of the carers by name. I feel that the equipment is well maintained and safe and the washing facilities are very good. I know my daughter would tell us if anything was wrong.”

The provider had developed comprehensive safeguarding policies and procedures, including whistleblowing. We saw documentation was in place for identifying and dealing with allegations of abuse. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us, most emphatically, they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Personal and environmental risks were appropriately assessed, managed and reviewed. Assessments were in place to identify and minimise a range of risks for the individual, whilst encouraging and promoting their independence. These included assessments for risk of pressure related skin damage that used a recognised tool (the Waterlow score) and nutritional screening using the Malnutrition Universal Screening tool. We noted that assessments and actions that needed to be taken to

manage these risks were updated on a regular basis. This had ensured that people's care, support and treatment reflected relevant research and guidance and that risks to people's wellbeing were assessed and managed safely.

We looked at two support plans which included a range of individual risk assessments, including nutrition and swallowing, set out under three headings; ‘I can do or I can use,’ ‘I need help to,’ and ‘I would like to achieve.’ Within the personal safety risk assessment for one person, under these headings, was recorded ‘I have epilepsy and carry an emergency box with me at all times.’ ‘I need you to check I have my emergency box with me at all times.’ ‘I would like to feel safe at all times.’ There was a sign sheet in place for each risk assessment, which all staff signed to confirm they had read and understood the document. We saw the contents of an emergency box being checked by staff as they prepared one person to go out. Staff told us they were aware of and fully understood people's individual support plans and consistently followed the guidance.

In each support plan we looked at there was a ‘personal emergency evacuation plan’. This individualised plan contained detailed information regarding the specific support and assistance that the person would require in the event of an emergency on the premises. An example of this was the guidance we saw in one plan, which detailed the need for emergency services to provide specific support and said the individual “has a profound disability. He will require total assistance. He will be unable to drive his own wheelchair in an emergency.”

Medicines were stored and administered safely and accurate records were maintained. During our inspection we observed medicines being administered and saw people were sensitively assisted to take their medicines. They were not rushed and simple explanations, appropriate to people's level of understanding were provided. One person told us “The staff help me to take my medicine, I can't take it myself.”

There were enough staff to meet people's care and support needs in a safe and consistent manner. The registered manager told us that staffing numbers were closely monitored and were flexible to reflect people's assessed dependency levels. We saw staff had time to support people in a calm unhurried manner. One member of staff told us “Staffing levels here are actually very good. As you can see people have the support they need.”

## Is the service safe?

Robust recruitment practices helped to ensure the safety of people and all relevant checks had been completed before new staff started work. Staff files contained evidence that Disclosure and Barring Service (DBS) checks had been

completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke very positively about the service, the staff and the care and treatment they received. One person told us “They know what help I need.” A relative told us “All the staff have skills and training, they are knowledgeable and extremely well trained – which of course is very reassuring.”

Staff confirmed they received the necessary training to undertake their roles and responsibilities. One member of staff told us “Training is essential to ensure we all know how best to support people safely and consistently, because routine is so important

As well as a comprehensive induction programme staff received essential training both in-house and from external providers. Staff also completed specific training and competency based assessments, appropriate to their role, to ensure they could demonstrate the required knowledge and skills. Examples of these assessments included enteral feeding (feeding through a tube into the stomach) The manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this. We saw staff supporting people in a confident and professional manner.

To enable people to go out into the local community, there were three specially adapted mini buses and two wheelchair accessible cars available. A senior support worker informed us that “Staff have to be 23 years old or over, with a full driving licence, to drive the young people.” For those staff able to do so, training was provided and their competence assessed, before they were permitted drive the mini buses and cars.

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, speech and language therapists, podiatrists and dentists and had attended regular appointments, as necessary regarding their health needs. People and their relatives spoke positively about the access to other health care services. One person told us “My key worker would get a doctor or nurse if I needed one.” A relative told us “We have good access to a range of health care professionals for our son.”

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. They confirmed they had received training in these areas and demonstrated a good awareness of the code of practice. Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make specific decisions for themselves, or to support those who lacked capacity to manage risk.

We saw examples of DOLs in individual care plans, which contained person specific consent forms to safeguard people's welfare For example, bed sides would be used, following a risk assessment, to protect the individual by preventing falls during the night. Consent forms had been signed by the individual, or a relative or representative, acting in their best interests.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. We saw that people were individually consulted about their food preferences each day, in accordance with their personalised method of communication. Meals that needed to be pureed were still separated out individually and not all mixed together.

During lunchtime we observed staff sensitively and discreetly supported people who required assistance in a calm and unhurried manner. People sat together at a table which was set to various heights to accommodate different size wheelchairs. We saw that people who had a gastro feeding tube also sat at the table, making it a sociable and inclusive experience. The atmosphere was relaxed, staff spoke with people during their meal and everyone had time to eat at their own pace. The food was of good quality, home cooked and portion sizes were generous.

The cook told us “Once a week all the young people come together and decide on a menu for the week, everyone gets a preference and any special diets and different food preparation needs are catered for.” One person told us “I can feed myself at meal times.” We observed them eating their meal independently, using a special spoon and cup, but with a support worker on hand to ensure that the food



## Is the service effective?

was readily accessible on their plate. A relative told us they had worked closely with the staff and as a result had noticed improvements at home, where they used the same spoon and cup as in the bungalow.

# Is the service caring?

## Our findings

People and relatives spoke very positively about the caring and compassionate nature of the staff. We found that positive, caring relationships had developed between the young people and members of staff and the key worker system was very effective. One person told us, via their computer “Care is brilliant. I like it here, I like the food and the staff, my favourite is my key worker. I like beer.”

Relatives spoke of their close involvement with the service, including their family member’s care planning. One relative told us “We are very happy with the care and support he receives and are regularly involved in the care plan in an active way.”

Communication and interaction between staff and people was sensitive and respectful. We saw people being supported with consideration and gently encouraged by staff to express their views. During the inspection we saw staff dealing with individuals in a calm, respectful and professional manner. We observed staff involved people as far as possible in making decisions about their care, treatment and support, including which activities they wished to take part in. We spent time in the communal areas and observed how people and staff interacted. People were very comfortable and relaxed with the staff who supported them and there was frequent good natured engagement between people and staff.

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they were supporting. They were respectful of people’s complex needs and demonstrated a kind, sensitive and compassionate approach to their role.

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Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

People’s individual choices also featured prominently in care and support plans that we looked at. In one plan we saw detailed guidance for staff, effectively written in the first person, relating to posture management. Guidance included: ‘I can get a sore hip sometimes. I feel confident that I can let you know when I’m uncomfortable – but I would also like to be asked regularly.’

People said they felt they were treated with respect and dignity. One person told us “I feel respected and staff treat me with dignity. They close the door and cover me up when washing.” We observed staff knock on the door before they entered a bedroom to provide personal care. They informed the person that the shared bathroom door would be locked to ensure their privacy and asked if this was okay.

One relative said that dignity and privacy was respected more in the bungalow than at home. They told us “Curtains are always pulled, doors closed and they always knock.” Another relative told us “There is a routine of respect, which I agree with very much, so that my son has privacy and is treated with dignity.”

# Is the service responsive?

## Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. One person told us “I talk to my key worker. I am asked about my care plan. I tell her what I want or what I would like to do – and we do it.”

Relatives spoke very positively about the communication with the service and their involvement in their family member’s care. One relative told us “Yes we are involved with our son’s care plan.” Another relative told us “We feel part of the team, being very involved in our son’s care plan. We have been very impressed that we have been invited to a settling in visit. Other homes don’t even have this. During this planned visit we have also seen the physio and speech and language therapist, as well as the manager.”

To address the very limited verbal communication of many of the young people, the provider had researched and implemented a number of electronic systems of communication. A member of staff explained ‘The Chailey Communication System’ (CCS) to us. The CCS included the ‘Tell us’ and ‘Eye gaze’ computer systems which enabled people, often for the first time, to communicate effectively “with the outside world.” It would be difficult to overstate the social and psychological benefits many people have experienced since these systems were introduced, in response to such a significant need. We had a rewarding conversation with one person, who by staring at particular icons on their screen, was able to convert their thoughts into automated verbal responses.

We observed staff carried out their duties in a calm, unhurried manner and they spent long periods of time with

people on a one to one basis. We observed one person lying on a cushioned mat, clearly enjoying a gentle exercise session. We also saw two staff help a person get ready, before they escorted them to a local college. At every stage the staff carefully explained to the person exactly what they were doing, gaining their consent and patiently waiting for a response. One person told us “I go to college and do art and drama. I chose to do it and I like it. I go on the computer in the IT centre and play games.”

Concerns and complaints were taken seriously and acted upon. A complaints record detailed each complaint, as well as action taken and the findings of any investigation. Any actions that had been taken, as a result of the complaint, to change practice or improve the service were also recorded. We looked at how complaints had been managed and investigated, in accordance with the provider’s published procedures and resolved to the satisfaction of the complainant. The Director told us that staff worked very closely with people and their families and any comments or concerns would be taken seriously and acted upon immediately.

People and their relatives told us they were very satisfied with the service and felt confident that any issues or concerns they might raise would be listened to and acted upon. One person told us “I have not made a complaint. I don’t know how but if I was worried I would talk to Mum and Dad and they would tell the manager or my key worker – and they would sort it.” A relative told us “Yes I know how to complain, I would contact the manager by phone or email. I have not had to make a complaint, but if I did I’m sure it would be dealt with professionally.”

# Is the service well-led?

## Our findings

People and their relatives spoke very positively about the dedication and commitment of the registered manager and the trust and confidence they had in her. Staff told us that morale amongst their colleagues was 'very good' and they said they felt 'valued' and 'supported' by the manager, who they described as "very approachable" and "the best." One person told us "The manager is very good and always comes back to me with the answer. There's a great atmosphere here."

One relative told us "The management is inspired from the top down with a 'can do' attitude. The staff are all enthusiastic, competent and educated – and very open to working together. We actually feel part of the team here and are very much involved in our son's care plan. The staff are always coming up with ideas, they are proactive - not static." Another relative told us "The manager is very good, excellent, all the staff are hardworking, conscientious and communicate very well. " Another relative said "There is a wonderful atmosphere in the home, we like the setup of the home it's not clinical, we looked at other homes and this is the best". "Our son is getting on really, really well here we have seen an improvement in every aspect."

We also received very positive feedback from members of staff regarding support from the manager. They also described the "brilliant shift communication," including comprehensive handovers, to help ensure consistency and continuity of care. One member of staff told us "I am very happy working here, the manager is amazing. I have no issues but if I did, I would go to the manager." Another member of staff told us "This is the best place to work, the manager is brilliant and people are always around to help."

There was a programme of training and formal supervision for all staff including bank staff. Supervision provides individual members of staff an opportunity to meet, in a confidential one-to-one setting with their line manager or a senior member of staff, to discuss their work and any related issues. It also enables any poor practice or other concerns to be addressed. We saw examples of staff supervision notes and annual appraisals. These showed that competency was monitored and training was arranged to make sure staff had the up to date skills they needed to support people.

The culture and values of the service were evident throughout our inspection. Throughout the day we saw many examples of people being directly involved in their care and treatment and being treated with the upmost dignity and respect. Staff were clearly motivated and spoke with enthusiasm about their roles and responsibilities. Without exception, they all confirmed that the welfare of the young people was their priority and said they were "at the centre of all we do" and "the reason we are here."

Effective systems were in place to monitor and review the quality of service provided. These included regular audits, undertaken by the manager, of care records and risk assessments, medication and accidents and incidents. Compliments were recorded and satisfaction surveys were undertaken annually. The Director told us "We welcome feedback and take all comments seriously. We never sit back and think 'that's it,' we are always moving forward and hopefully always improving."