

Gresham Care Limited

Chippings

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Chippings is a residential care home providing personal care to up to six people. The service provides support to people living with a range of learning disabilities including autism. At the time of our inspection there were six people using the service. The home accommodates six people in one adapted building.

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

Right Support: People had maximum choice and control of the care they received. Staff encouraged people to be as independent as possible in their day to day lives. People's needs were assessed thoroughly and reviewed regularly. People received support with their food and drink to ensure a balanced, healthy diet. We saw staff encouraged people to make choices about what activities they wanted to take part in. People were supported to maintain relationships that were important to them.

Right Care: People received person-centred care by staff who respected people's human rights. Staff were knowledgeable of people's individual likes, dislikes, preferences and hobbies. People's risks were monitored and managed well by staff. People received good support with their medicines and the home was kept safe from the risk of infection.

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.

Right Culture: The culture of the home was inclusive and empowering for the people living there. Staff and the registered manager encouraged this to continue to be the expectation at the home. The registered manager supported staff who in turn felt confident to complete their roles to their upmost ability. People were supported by kind and caring staff. Staff encouraged people to be independent and respected their privacy.

Staff felt supported by the management, and managers completed regular quality assurance checks to ensure the standard of good care was maintained.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 May 2019 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 11 January 2017.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was also prompted by inspection scheduling and the fact it had not been inspected since the change of provider.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chippings

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector and an Expert by Experience making telephone calls remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chippings is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Chippings is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also observed interactions between staff and four other people who used the service. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "Yes, I feel safe." One relative said, "They (staff) all worked so hard to keep everyone safe, can't praise staff enough."
- The culture in the home was to ensure all people were safeguarded from abuse. Staff were seen to be attentive with people and always asking people questions relating to their mood and safety.
- Staff were knowledgeable in how to ensure people were kept safe. One staff member said, "I'm always aware of what people are doing and what support people need individually." Staff were also aware of their responsibilities if they had safeguarding concerns and knew how to report any suspected abuse.
- The provider had a safeguarding policy in place and staff received regular safeguarding training. This included how to recognise different types of abuse.

Assessing risk, safety monitoring and management

- People were kept safe from risks. Care plans detailed people's individual risks. This included positive behaviour risk assessments that offered staff guidance on how to support people in a safe way. Other risk assessments included falls risk assessments and mobility risk assessments, these offered guidance for staff on how to manage these risks.
- Staff were confident on how to manage people's risks. One staff member said, "We know each person has different risks and how to manage them. The whole team are great and knowledgeable."
- Risks were regularly reviewed and if new risks were identified assessments were completed in a timely way.
- Health and safety risks were also managed well in the home. Regular health and safety audits were completed to include legionella checks, first aid checklists and water temperature checks.
- People had individual Personal Emergency Evacuation Plans (PEEPs) in place. These were detailed with how people would respond in an emergency and how they would need to be supported.

Staffing and recruitment

- People and relatives told us there were enough staff. One relative said, "Staff are always near [person] as their needs are high."
- There were enough staff to meet people's needs. Where people needed support one to one in the community this was supported by the staffing team with no issues. We observed staff to be readily available to support people as soon as they needed help in any area of their day to day life.
- The registered manager followed safe recruitment processes. This included confirming references of previous employment and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

Using medicines safely

- Relatives told us that people were supported well with their medicines. One relative said, "It (medicine administration and management) is safe, the staff reorder on time, I don't have any concerns."
- People were supported with their medicines when they needed them. People had a locked cabinet in their rooms and then additional medicine was stored safely in the office within the home.
- Medicines Administration Record (MAR) charts were completed correctly. There was also protocol for people who needed support with 'as and when' medicine. This offered staff guidance in how to manage this and safely support people with medicine they may not need to take day to day.
- Medicine audits were completed weekly and monthly. This ensured that the registered manager had oversight of all medicines in the home and if any errors occurred they were addressed in a timely way.
- The registered manager regularly reviewed people's medicines to ensure they were benefitting from effective results. This was in line with guidance of the Stopping over medication of people with a learning disability, autism or both (STOMP).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. There was a policy in place that offered guidance and advice for staff to follow in the event of an accident or incident to ensure appropriate action was taken.
- Accidents and incidents were analysed by the registered manager. Action was then taken to put preventative measures in place to reduce chance of reoccurrence. For example, a person who's mobility needs had changed had been relocated to a bedroom on the ground floor following a series of falls. The person's incidents involving falls had dramatically reduced.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Full assessments had been completed prior to people living in Chippings. This ensured the staff could meet people's needs and give them the best quality life. These assessments were person centred and covered many areas such as health and social care needs.
- There were full needs assessments in care plans. This detailed people's individual needs and advised staff on how to support them. These were reviewed regularly to ensure the most up to date information was available for staff.
- The registered manager followed many examples of official guidance recommended for care homes. One example was seen with an 'Improving oral health for adults in care home' document with guidance from NICE (National Institute for Health and Care Excellence).

Staff support: induction, training, skills and experience

- Staff told us how they felt supported through their induction process. One staff member said, "The induction was really good and really prepared me for my role."
- During induction staff were supported to complete all training areas. This also included shadowing experienced members of staff to ensure all people were comfortable with new members of staff.
- Staff also completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviour expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standard that should form part of a robust induction programme.
- The registered manager had a training matrix. This ensured they had full oversight of all completed training and any upcoming refresher training for individual staff members. Training was specific to the needs of the people living at the home, for example staff received autism training and Positive Behaviour Support (PBS) training.

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

- People told us staff supported them with food and drink when they needed it. One person said, "The food is really good."
- Where people needed support with modified diets relatives told us staff were knowledgeable in this area. One relative said, "The food is always what [person] wants to eat and enjoy. [Person] is observed to make sure there are no problems when chewing."
- Where people needed support with softened diets, advice had been sought from the Speech And Language Therapist (SALT) team. This was documented in care plans and we observed staff supporting a person in line with this guidance.
- People's weights were also regularly monitored. If there was any changes noted staff would ask for

support from health professionals in a timely way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us that they had access to healthcare services when they needed them. One relative said, "Health is monitored, GP is called when needed."
- There was evidence of the registered manager working well with social care professionals. For example, if a person needed additional funding this was addressed with the local authority.
- Health professionals had input to the care of people living in the home. For example, regular medicine reviews occurred to ensure people were receiving the correct dosage or if anything could be reduced.
- The registered manager and staff had made referrals to health professionals in a timely way. Care plans detailed referrals made after changes to people's needs had been noted.
- People had hospital and health passports in their care plans. This ensured that all relevant information would be shared if people had to attend appointments or seek medical treatment.

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

- The home had been designed to meet the needs of the people living there. Some bedrooms were downstairs to support people who had additional mobility or sensory needs.
- There were a number of photos on the walls of the home. These were framed pictures of the people who lived in the home, some taken during various activities and holidays.
- People had designed their bedrooms to reflect their preferences. We spoke with three people who were in their rooms and were excited to show us how they had decorated their rooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were seen to ask people for their consent where possible. For example, we saw staff ask people consent for us to speak with them in their private bedrooms.
- Where MCA assessments had been completed, these had been completed with best interest decision meetings. This meant that the least restrictive option was always chosen to give people the best quality of life.
- Staff received training in MCA and were knowledgeable when they spoke with us about it. One member of staff said, "We have to presume everyone has capacity until proven otherwise. We may have to support them to make informed decisions."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by kind and caring staff. One relative said, "I can't fault the staff they are very caring and kind."
- We observed caring interactions between staff and people. One person became frustrated as they were struggling to communicate with a member of staff. The staff member took their time with the person holding their hand so the person knew they were continuing to support them until they understood their request.
- Staff received equality and diversity training. This ensured they treated people as individuals respecting the diversity of the people in the home.
- People had an allocated staff member that was their key worker. However, we found that because the staffing team was small all staff members knew everyone very well, including their needs and risks.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were involved with making decisions about their care. One relative said, "[Person] makes choices about their needs."
- We observed staff giving people choices when discussing activities for the following day. One person was seen to make decisions about how he was going to spend his day and what member of staff he wanted to support him.
- Staff respected people's privacy. We saw staff knock on people's doors and wait for responses and people's permission before walking into bedrooms.
- Staff encouraged people to be as independent as possible. We observed staff involving people with food preparation. This ranged from people watching from the dining area to people moving freely around the kitchen. One person was seen to open cabinets and get cooking utensils out to work with staff to prepare the evening meal for the home.
- We observed lunch preparation with one member of staff and a person. The staff member took time to ensure they guided the person's hand in a 'hand over hand' style of support so the person was involved as much as possible in preparing their meal.
- Staff also promoted independence with other day to day roles in the home. We observed one person working with staff to confirm all monies were accounted for in his finances. The person was seen to calculate all finances and call out the outcomes to the staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us staff knew them well and the care was personalised. One relative said, "Yes I think they do listen to [Person], we are not there all the time. But I feel the staff work to support needs. [Person] is non-verbal."
- We saw staff were knowledgeable and interact with people mentioning people's personal preferences and hobbies. One member of staff spoke at length about the type of music the person preferred.
- Staff worked with people to discuss their care and this was documented in care plans and daily notes. This showed that people had input to how care plans documented their wishes and preferences relating to their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person living in the home had an independent communication plan. We saw staff follow these when we observed interactions with people. An example was seen with one person who was unable to verbally communicate. A staff member took their time to ensure they understood and then repeated the request back to the person so they could confirm they had understood. The person smiled in response confirming the staff member had understood correctly.
- Care plans also had pictorial aids so people could communicate with staff when they were reviewing care plans.

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

- Staff had supported people to maintain relationships that were important to them. This had been highlighted during the COVID-19 pandemic when the registered manager accommodated socially distanced visits in line with government guidance.
- Staff had also supported people to take part in video and telephone calls during long periods of "lockdown" where people were not allowed to see relatives. The registered manager said, "It was so important, not just to the people but their relatives as well. Whatever way we could arrange contact in line with guidance we were doing it."

- People were involved in making decisions about what activities they took part in. Relatives told us how people took part in activities in line with their hobbies. One relative said, "[Person] goes out in the community, swimming and out for lunch, and goes on trips out to the country side and sea side."
- People's care plans detailed their individual communication needs. This included advice and guidance for staff on how best to communicate with people on an individual level.

Improving care quality in response to complaints or concerns

- Relatives that were spoken with had not raised complaints. One relative said, "No need to report any concerns or complaints, we would tell the managers who are very approachable."
- There was a complaints procedure and staff were knowledgeable in how to deal with any complaints if this occurred. One staff member said, "I would record it straight away and take it straight to the management to begin the complaints procedure. I would make sure the person was updated throughout the whole process so they know they are being listened to and action taken."
- The complaints procedure and policy was available in pictorial format to support people's understanding if they wanted to raise a concern or complaint.

End of life care and support

- Although the home was not supporting anyone at the end of their life the registered manager was knowledgeable in their responsibilities.
- Care plans detailed end of life plans and showed how staff had used pictorial aids to ensure they obtained correct answers when they went through a set of questions with people. This ensured staff were aware of what people's wishes would be if they entered this stage of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture within the home. People had access to all areas of the home including the office on the first floor. We saw people enter and collect items they wished to use. One person entered the office and said, "Hello, I am just getting my music." They then proceeded to go to one of the cupboards to collect a portable music system.
- We noticed a family environment was encouraged in the home during observations of dinner preparation. People that were unable to join in meal preparations due to the level of their needs were included by being supported into a chair with a view of all the dinner preparation. The person appeared pleased and staff would continue to update the person with what they were doing.
- All people that lived in the home were included in the day to day activities. We observed staff spent time with all people and would take time to update all people in different ways of what was going to happen. We saw one person wanted regular reassurance of the routine for the following day. Staff patiently continued to repeat the routine to the person and encouraged them to make decisions about the plans for the following day.
- Staff meetings gave staff opportunities to raise any concerns or ideas they had to improve the service. Staff felt listened to and told us that action would be taken quickly if they had any ideas.
- Relatives felt involved with decisions, where appropriate, and staff gave thoughtful updates to families. The registered manager said, "[Person's] needs dramatically changed during the pandemic. This was at a time we were not allowed visitors. We gave thorough updates and allowed [relative] to view [person] from the garden through windows to ease their concerns and worries."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was open and transparent throughout the inspection process. CQC require to be notified of certain incidents. We were confident we had been notified whenever relevant.
- The registered manager and the provider completed regular quality assurance audits. This meant that the registered manager had oversight of the home and any issues where action needs to be taken. For example, a large piece of work in the hallway of the building had recently been completed to ensure the safety of people living in the home.
- Staff were clear about their roles and responsibilities and were supported by the registered manager. One

staff member said, "[Registered manager] is excellent, very understanding, very fair, they've got a good structure in place with the clients, they've got a good team, if there's any problems you can always talk to [registered manager] and they will try their best to help."

- There was a duty of candour policy in place for staff to follow if needed. Relatives told us the registered manager and staff were always open and honest with them. One relative said, "The managers are wonderful, and they look after their staff too. There is good communication and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- The registered manager responded well to any accidents, incidents or concerns raised. They said, "We need to take action quickly and we always want to improve."

- The registered manager had feedback forms in place to seek people's ideas and comments. We saw how action had been taken in a timely way to address any points of improvement identified. An example of this was seen where improvements were made to a person's bedroom, updating TV, DVDs, bedroom chair, bedding all in line with the person's choices.

- The registered manager and staff were working well with health and social care professionals. We saw examples of partnership working which had positive results for people.