

The Chiltern Centre Limited

# The Chiltern Centre

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

The Chiltern Centre is a respite and day service run by The Chiltern Centre Limited. It is registered to provide accommodation and personal care for up to four adults at any one time with a range of needs including, physical and learning disabilities. People could have support from a few hours a day or for longer periods. At the time of the inspection there were two people using the service for varying periods of time with 26 people registered for respite support.

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

People were protected by staff who knew how to report concerns relating to harm and abuse. There were sufficient staff to meet people's needs. Medicines were managed safely. People were supported in line with their care plans which meant risks to people were effectively managed and reviewed on a regular basis.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in decisions about their care and supported to make choices about their day to day living. The culture of the service promoted independence, choices and empowerment for the people living in the service. Staff had a good understanding of how people communicated their needs and wishes and respected people's likes and dislikes. People's care was focused around their needs and staff supported people to engage in activities in the service and outside in the community.

People experienced person centred care from staff who were compassionate and knew people's needs. The service involved people and treated them with compassion, kindness, dignity and respect.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The registered manager had a clear understanding of their responsibilities and a good overview of the service. Regular auditing took place to inform where improvements may be required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 08/07/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as this new service had been registered since 2019.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# The Chiltern Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Two inspectors visited the service. After the inspection visit, an Expert by Experience made telephone calls to relatives. 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

The Chiltern Centre is a registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a respite service and people were often out. We needed to be sure that the service would be supporting people on the day of the inspection and the registered manager available support the inspection.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

#### During the inspection

We spoke with four members of staff including the registered manager, administrator and two team leaders.

We reviewed a range of records. This included three people's care records. We looked at two 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 observed two people interacting with staff at the service, although they could not tell us about their experiences, they appeared happy.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four relatives to seek their views and experiences of their family members care whilst visiting the service. We sought feedback from four professionals and received comments from two.

# 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 who used the service were not able to tell us if they felt safe. However, we observed a person with a member of staff. They seemed to be relaxed, calm, smiling and enjoying the positive interaction.
- Relatives told us their family members were cared for in a safe way. Their comments included, "Yes [person] is safe there. He is happy to go in the car, when he recognises he is going to The Chiltern Centre he gets very excited."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager showed us evidence they referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's support had been assessed, recorded and measures put in place to manage these risks. This was in areas such as epilepsy, mobility and personal care. These were regularly reviewed and updated when needed.
- Staff understood what support people required to manage the risk of avoidable harm. Care plans contained explanations of the measures staff needed to follow to keep people safe.
- The environment and systems associated with the safety of the premises, such as fire, had been assessed, recorded and monitored on an ongoing basis.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The number of staff on duty varied according to the number of people using the service. If agency staff were used, the registered manager ensured they had the skills and experience to meet people's assessed needs.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity.

Using medicines safely

- People received their medicines as prescribed. We saw that staff's competency to administer medicine was observed on several occasions before they were allowed to administer medicines to people.
- Medicines were stored safely and if needed, refrigerated as per manufacturers' guidance. Medicine administration records (MAR) were fully completed and showed when medicines had been given to people.
- Regular audits were carried out to monitor compliance to ensure the service followed best practice and guidance.
- We saw one person needed covert medicines. Covert means administering the medicine in food to either

disguise it or to ease administration. We saw that the GP had approved the administering of medicines covertly. However, advice from the pharmacist had not been sought about the safety of putting it in food and whether this would affect the medicine. The team leader immediately contacted the pharmacy to ensure all medicines delivered covertly had been checked for safe method of administration.

#### Preventing and controlling infection

- All staff received training in infection control and had access to personal protective equipment such as gloves and aprons. The premises appeared clean and hygienic on the day of our visit.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The service had measures in place to review any incidents and accidents. After the immediate actions to ensure people were safe had taken place, staff completed an incident record with all the details and then this was reviewed by a senior on duty to decide on any action required. This was then signed off by the registered manager.
- Staff told us that accidents and incidents including those involving people behaving in a way that indicated distress were reviewed at monthly team meetings. This meant staff could discuss the circumstances, review any changes that had been considered or suggest changes that may reduce or prevent a reoccurrence. The Registered Manager provided examples of how lessons learnt from incidents were followed up through service improvement plans as part of their internal quality assurance processes.



# 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

- People's needs, and choices were assessed and delivered in line with good practice. People were referred to the service by the local authority who provided initial information. The registered manager then built upon this information to assess people, including their physical and emotional needs.
- The assessment also involved the person having visits to the service which gradually increased to ensure they were comfortable in the setting. People's choice was ultimately respected whether they chose to stay at the service or not. A relative told us: "We visited beforehand and there was a short initial visit for [person]. They then gradually extended the time he was there as he needs time to adapt to changes. It has worked out well."
- The registered manager told us that information had been sought regarding a person with an acquired brain injury from Headway [charity with expertise in head injuries]. They were then able to share this information with the person's family.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before they delivered care and support to people who used the service. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. The training provider trainer told us: "The staff team have all engaged in the learnings and, although this has challenged them at times, they've reflected on their practices, made the changes and fully understood the rationale."
- All staff had received training in areas including, first aid, medicines and safeguarding. They also received training specific to the needs of people who used the service, such as administering emergency epilepsy medicines and supporting a person's nutrition via a specific feeding system. A member of staff told us: "The induction process is very good, with competency checks that include observations before being signed off by a senior [member of the team]."
- People were supported by staff who were regularly supervised and appraised. There was a procedure in place to evidence that appropriate action was taken in line with the provider's disciplinary procedures. Staff told us: "I get regular supervision and support, which is structured and scheduled for staff to prepare and bring things [to discuss] to supervision. There is an inclusive approach for additional training requests."

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

- People were supported to maintain good nutrition and their care plans gave details of their diets and likes or dislikes.
- Feedback from relatives showed the staff and family communicated effectively about dietary

requirements and any specific food related allergies.

- Clear systems and records were in place to guide staff on supporting people with specific nutritional needs and risks such as potential choking.

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

- The provider had acknowledged that the building was not meeting all areas of suitability for the people using the service. Plans had been drawn up for a bespoke building in line with all current legislation and design requirements.
- However, we found the service to be clean, bright and lots of artwork completed by those that used the service was on display. The bedrooms and communal rooms were large and light. The garden was well equipped and fully accessible to all in the service.
- We saw garden troughs with flowers at a height where people could help if they desired. We also saw a roundabout which a wheelchair could be positioned on. There was also a yurt like tent which a wheelchair user could access.
- The premises were tailored to help meet the needs of people with a physical disability. Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. Certain bedrooms had ceiling hoists to facilitate the moving and handling of people who needed this support. A relative told us: "The premises are nice and homely, not institutional at all."

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

- People's healthcare needs were recorded and met. The staff liaised closely with healthcare professionals, such as GPs. Social care professionals told us: "I have been very impressed with the service they provide. The staff member I have liaised with has been very supportive and accommodating to the family."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was obtained from people or their representative in all areas of their care and support. Mental capacity assessments and best interest decisions had been carried out for areas deemed as necessary. We spoke with staff who explained how they assess, and continuously reviewed consent and capacity in their day to day work.

# 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

- Although people were unable to tell us if staff treated them in a kind and caring way, we noted they seemed happy and relaxed in the company of the staff, who cared for them in a respectful way.
- We received positive comments from relatives about the staff and service; these included, "The staff are lovely. They are all very caring and greet [Person] nicely and he is pleased to see them." and "The staff are all very caring and experienced. [Person] is non-verbal and they have taken time to learn his signing methods."
- Staff enjoyed supporting people and reflected this with comments including, "I love it [here], making the young people smile, I just love it. Our families love the activities that we do."
- A social care professional told us, "[Staff] are caring and know their young people well and are adaptable to their needs. I personally, have been impressed with the service they offer."

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

- People could visit prior to respite and during the transition period where people first started accessing the service, staff enabled people to be involved in expressing their preferences and these were incorporated into their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted. There was a strong focus on promoting independence and respecting their privacy. Staff said they were considerate about treating space in the service as people's own space by knocking on doors before entering bedrooms and always asking permission and talking to people when delivering personal care.
- People's individual needs including people's faith were assessed and recorded. Staff demonstrated good awareness of different cultures and beliefs.

# 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

- We saw people had support plans for all areas of their care. This included medicines, mobility, daily routines, beliefs, religion and culture. Care plans were written in a person-centred format and included a one-page profile so essential information was seen at a glance. This included information about what the person liked, disliked and what they found difficult. For example, one person liked spending time out of their wheelchair and going out on the minibus.
- Care plans included a section on 'How to support me'. This had information such as the person responding well to happy and positive vocal tones and having their activity set up for when they arrived at the service. It also stated they liked to have a 'lie in' in the mornings and needed plenty of reassurance. This provided staff with important details so they could support the person in the way they wanted.
- Each care record included a profile, which highlighted the person's likes, dislikes and personal wishes. We saw in one person's records that [person] liked trains and the care plan had a section on how to support this person well by setting up activities related to their interest prior to admission to help with the transition from home to the centre. This meant people's preferences were known by staff and situations could be avoided that may distress the person.
- All care plans had been regularly audited to ensure they were up to date and relevant. This meant all staff had access to people's most current records. For example, a care plan had been reviewed and information added around their preferences around personal care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication support plans in place. This provided information such as the person using words and gestures to express themselves and stated they were able to make choices.
- A person had an automated device to help them communicate. However, at times the person struggled so a member of staff had organised a pictorial planner. We saw the person using this to select their food for the day when we arrived at the service in the morning.
- There was accessible information such as consent forms for medicines, all the fire alarms had easy to follow guidance for people in the service.
- A relative said, "[Person] has limited speech but she always manages to get her point across, and staff understand her."

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

- All the people who used the service lived with their relatives. When they stayed at the service, they were supported to continue their daily activities such as attending work experience placements, where they had social contact with other people.
- The registered manager told us they promoted an inclusive environment, where people could spend time together, get to know each other and make friendships.
- A range of activities were organised at the service, which included trips out to cafes or shops, bingo and discos. Activities were also arranged in the service such as arts and crafts, cooking, bowling, celebrating occasions such as birthdays. A relative commented, "[Person] is involved with deciding what activities he wishes to participate in during his visits."

Improving care quality in response to complaints or concerns

- People's complaints were listened to and acted upon. There were procedures for making complaints and compliments and policies described how the service would identify and support people who are non-verbal. We looked at how one complaint had been handled. This had been positively responded to including providing a voucher to recompense for an item that had been damaged.
- The service had also received compliments about the standards of people's care. Comments included: "Thank you for all your help already, I am delighted that I found out about the centre and that it is going so well. It's great to know that there are other people that can help."

End of life care and support

- The registered manager told us nobody using the service was receiving end of their life care. People staying at the service lived with their families and any stays were short term. Therefore, the service would contact the families, as they would in any emergency, in the case of a sudden death.

# 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

- The registered manager had supported the staff team to ensure the culture of the service was positive and person centred. All staff spoke positively about the management of the service. Comments included, "Good open communication and not hierarchical" and "[Registered manager] is brilliant. If I have an issue it gets dealt with, but I don't have any issues! The leadership team is very supportive."
- The Chiltern Centre registered manager and staff were supported by a strong provider that had clear vision and values ensuring people were at the heart of the organisation.
- The registered manager's leadership of the service was visible and capable at all levels inspiring staff to provide a quality service. Three members of staff all spoke positively about the management of the service and feedback received from relatives included: "The manager is very approachable and interacts well with people. He responds to queries in a timely manner and I would say he is involved on all levels in the running of the service. He is visible, he doesn't hide in his office. The service is definitely well managed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Families completed satisfaction surveys, we saw many positive comments in these responses including: "Extensive care plans, talking to carers/parents, interaction with young adults." and "Think you all do an amazing job, especially in light of the challenges of the pandemic. Really have helped us get through this time. Should all be proud of the job you do and the difference of you make to all the young people and their families."
- Staff were involved in providing feedback and their views and input was valued.
- Staff completed surveys on their experience of working for the service and to find out ideas to take forward. Feedback showed there was a positive culture. Comments included: "Exceptional management support. Feel there is genuine concern for staff wellbeing."
- There were regular staff meetings which included subjects such as people who used the service, staffing and training. Relevant information was shared with staff to help ensure they were informed about developments and felt valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an effective quality assurance programme. The registered manager had sought an external audit to assess their quality. From this, a service improvement plan was devised to ensure any

actions required to improve the quality and safety took place.

- The provider also had their own internal auditing system which was effective. This included assessing all areas of the service including health and safety and support plans. We saw actions were recorded. For example, developing an improved communication folder which contained photographs and pictures of relevant objects. This had been completed and other actions were taking place such as improving choice with picture menus.
- The registered manager was aware of any potential risks. For example, being prepared for another outbreak of the pandemic which may affect the service.

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 transparent and told us they understood how important it was to be honest and open when mistakes were made, or incidents happened.
- There had been a recent incident and CQC and safeguarding had been notified of this. When we visited the service, we looked at actions taken. We saw the registered manager had visited to apologise to the person and spent time building their confidence back up. The registered manager also offered some extra support at their own expense in acknowledgement of the circumstances around the incident.

Continuous learning and improving care

- We found the service had processes in place to continually learn from both negative and positive experiences, such as complaints and compliments.
- The registered manager showed an interest in developing the service as much as possible. They had undertaken further learning to understand what ways the service could improve.
- The registered manager ensured they liaised with other local care providers via a regular forum. This was a good resource to share best practice and to seek support they were delivering care in line with up to date practice.

Working in partnership with others

- The registered manager attended provider forums organised by the local authority and also met up with other registered managers. This provided opportunities to receive updates relevant to their field and share information.
- The registered manager liaised with other professionals to obtain advice and gain knowledge. For example, social workers, occupational therapists and others who supported the people that used the service.
- We heard from external professionals about how the registered manager and staff had worked well with them. The organisation that provides training to staff spoke positively about the service. Their comments included, "We feel extremely privileged and proud to be working in partnership with the Chiltern Centre and the invaluable work that the team do, nothing is ever too much trouble."