

The Fremantle Trust

Chesham Supported Living

Inspection report

Whitebeam
Wallington Road
Chesham
Buckinghamshire
HP5 2NY

Tel: 01494782596

Date of inspection visit:
06 March 2017
09 March 2017

Date of publication:
11 April 2017

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

Chesham Supported Living provides personal care for up to 21 adults with learning disabilities. The service consists of fourteen individual flats. These have a communal lounge where people can gather together for events or to meet up informally. Seven people can be supported in Hawthorn House, which is a shared property. Eighteen people were receiving support at the time of our inspection. Each person had a tenancy agreement with the landlords.

We previously inspected the service on 11 and 13 February 2015. The service was meeting the requirements of the regulations at that time and was rated good. The service remained good at this inspection.

Why the service is rated good:

We received positive feedback about the service. A relative told us "It ticked all the list of things we wanted as a family and more." They added "It feels like we've landed in paradise." They said there were "Lots of smiles and giggles now" from their family member; "They weren't doing that before." Another relative said "It's wonderful, they really care, like a family." A person who used the service told us "This is the best place I've ever been. They try and make us happy and ask you what you want to do." Another person said they were very happy at the service and added "We do have a laugh."

People were protected from the risk of harm. The service used robust recruitment procedures to make sure people were supported by staff with the right skills and attributes. Staff understood their responsibilities to safeguard people from abuse. People's medicines were handled safely.

There were enough staff to meet people's needs. This included one to one support to help people access the community and try different things.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures and staff received appropriate support through induction, supervision and training.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. The service listened to people's views, such as when recruiting staff. People were supported to take part in a wide range of social activities. Staff supported people to attend healthcare appointments to keep healthy and well.

People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager.

The service was managed well. There were good monitoring systems to assess standards of care. Records were well kept.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Chesham Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 10 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that someone would be in to assist us.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Surveys were sent to staff, service users and community professionals prior to the inspection. We have used feedback from these to help inform our judgements about the service.

We had conversations with seven people who use the service and two relatives. We spoke with the registered manager and three staff members. We checked some of the required records. These included four people's care plans, three people's medicines records, four staff recruitment files and four staff training and development files. We also looked at a sample of other records such as accident reports, policies and procedures, audits and monitoring carried out by the provider.

Is the service safe?

Our findings

People told us they felt safe from abuse and harm from their care and support workers. They said they could keep their flats secure and had keys to lock their doors when they went out. Some people were able to tell us who they would speak with if they had any concerns about how they were treated. For example, one person said they would talk to the registered manager or their keyworker. They added "They can help the best they can."

We saw safeguarding was a standing agenda item during tenants' meetings. A recent meeting included staff acting a scenario and then asking people what they thought and who they would report concerns to. This helped people to understand about how to keep safe.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff said they knew what to do if they suspected people were being abused or were at risk of harm. No one we spoke with as part of the inspection process had any concerns about how people were cared for at the service.

People were protected from harm during the delivery of personal care. We saw risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments to support people to manage their medicines, to use household cleaning products, for cooking and accessing the community independently, as examples. Appropriate support plans or equipment were in place where people were considered to be at risk of harm. Personal evacuation plans had been written to support people to leave their homes in the event of an emergency.

There were enough staff to support people. Staff and people who use the service told us there was flexibility in how the service was staffed. For example, staffing rotas were arranged around people's routines such as days when they spent one to one time with their keyworkers. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and support people to access the community. People we spoke with told us there were staff around when they needed them. One person said "I just have to ring my bell and they come."

People were protected through the use of robust recruitment processes. The recruitment files we looked at showed all required checks had been carried out before staff worked at the service.

People's medicines were managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. We noted minor gaps to the medicines administration records for one person on two days in December 2016. However, we were able to see from the used blister packs that the medicines had been given and staff had recorded in the person's daily notes that they had given them.

Is the service effective?

Our findings

People told us they would recommend the service to another person. They said they received consistent care and their care workers had the skills and knowledge to meet their needs. They said the support they received helped them to be as independent as they could be.

People's healthcare needs were managed effectively at the service. A relative said their family member's health had improved since they had been supported by the service. This was reinforced by the person, who told us their mobility had improved as a result of this.

We saw staff supported people to attend hospital and other medical appointments. We read a compliment received from a hospital doctor. They said "This is the second time I have met the patient and each time (name of staff) has been with him. I just wanted to say he is excellent, very patient, kind and has an excellent manner. The patient seemed very comfortable because of his presence even though he was in A&E."

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work and this was specific to working with people with learning disabilities. Staff told us their induction had been thorough and they felt confident to support people. Training was undertaken as part of the induction. For example, courses were completed on safeguarding and moving and handling. There was a programme of on-going staff training to refresh and update skills. Training was provided to meet the specific healthcare needs of people staff supported, such as dementia awareness, the use of emergency rescue medicines and autism awareness.

Staff told us there were good training opportunities at the service and they were encouraged to attend further courses. We saw, for example, one member of staff had completed a Business and Technology Education Council (BTEC) award in learning disabilities.

Staff received regular supervision from their line managers. Probationary assessments were undertaken to assess staff performance before they were confirmed in their roles. There was a system of annual staff appraisals to assess and monitor staff performance and development needs from then on.

We observed staff communicated effectively about people's needs. For example, relevant information was documented in people's daily diaries. Staff handover records were kept to show which staff were allocated to support people and any important events they needed to be aware of. Relatives told us staff were effective in communicating with them.

People we spoke with said they knew who their keyworkers were. Keyworkers were matched to people taking interests and personalities into account. We heard how a couple of people had chosen their keyworkers for themselves where they had got on particularly well with staff. These requests were respected and the arrangements were working well.

The service sought consent in line with The Mental Capacity Act 2005 (MCA) and good practice guidance.

Throughout the inspection we heard staff asked for people's views and involved them in making decisions wherever possible. Mental capacity assessments had been carried out where necessary. For example, we saw they were completed about people managing their own finances and administering their medicines. Appropriate people were involved in making decisions on behalf of people who lacked capacity such as care managers and family members. The service checked others acting on behalf of people had the legal authority to do so.

People were supported with their nutritional needs. Care plans identified any support or special requirements which staff needed to be aware of. People told us they were supported to go food shopping with their keyworkers and chose meals for themselves. At lunchtime, we saw people were asked when they would like to have their meal and what they would like staff to make for or with them. Staff encouraged people to eat healthily. We read minutes of a recent tenants' meeting where healthy eating, having a balanced diet and portion control were discussed. We heard about one person who had joined a local support group for people who wanted to lose weight. They had successfully lost over three stones.

Is the service caring?

Our findings

We received positive feedback from people. A relative told us "It's wonderful. They really care, like a family. I cannot praise them enough." People told us they were happy with the support they received. They said they were always introduced to care workers before they started supporting them. They said staff always treated them with dignity and respect and were caring and kind. One person told us "They do a good job." Another person said they got on well with staff who supported them. They added "We do have a laugh" and "They all work well as a team."

The staff we spoke with were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had.

We observed staff actively involved people in making decisions. This included decisions about meals and going out into the community. We heard staff discussed starting a pre-work programme with one person. They gave the person time and space to talk about this and when they would like to start. Staff reassured the person they would be able to help them get to the placement before external transport arrangements were established. We also overheard staff speaking with someone about helping them to budget. They helped the person set up a system which they felt would work for them and they would be able to manage. Staff had also included people who use the service with interviewing staff so they could be involved in the selection process.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. People who paid by direct payments and had personal assistants had been supported by a local advocacy company to help them with this.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed several people going out during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town. We also saw people's risk of being alone in the properties had been assessed. Where people were safe to be alone, staff had made sure people understood about safety and could call for assistance if they needed to.

Tenants' meetings were held at the service. We read the minutes of the five most recent meetings. These showed people were kept informed of significant events, such as redecoration of the communal lounge and when a new person was moving in. People were also asked what questions they would like included when prospective staff were interviewed.

The service promoted people's needs arising from equality and diversity. For example, we saw an adapted door button had been fitted for a person who used a wheelchair. This allowed them easier access to their property. Staff had been in discussion with the landlords about this; additional contact was being made to further improve access for the person. The registered manager had also been in contact with the landlords

and the provider's dementia care specialist to make the environment more dementia-friendly for one person.

Is the service responsive?

Our findings

People spoke positively about the responsive nature of the service. A relative told us "They're so responsive, we'll say we've spoken to (name of person) and he seems upset and they'll go away and check on him. We can ring up about anything and it's immediate." Another relative said "Staff really understand" (about their family member's care needs). They added "Staff involve me." They said they were asked for their opinion on how to meet their family member's needs.

Each person had a care plan which recorded how they liked to be supported. This included any cultural or religious needs. Care plans included a one page profile which contained useful at a glance information. We saw one person had written some parts of their profile themselves. Important information about any allergies or food intolerances were recorded in red so the details were clearly visible. People's families had also contributed to some of the care plans we read. Care plans showed evidence of regular review of the changes to people's circumstances. This helped ensure staff provided appropriate support to people.

We saw people had been asked about their future plans and if there were any goals they would like to achieve. For some people this was to go on holiday, for others it was to join a choir or employ a personal assistant. Records were kept of progress in meeting goals and when people would like to review these again.

The service supported people to take part in social activities. People told us shared events were organised for them in the communal lounge. These included birthday parties, a Valentine's day party and a Christmas party. Some people also got together to cook and share Sunday lunch in the communal lounge; this helped avoid social isolation. Several people were supported to go to church. One person had been supported to undertake paid employment, another person did some voluntary work twice a week to help them develop work skills.

There were procedures for making compliments and complaints about the service. People told us they would speak with staff or the registered manager if they were worried or had any concerns. They told us these people would listen to them and help put matters right. We looked at records of six complaints. In each case these had been responded to promptly and appropriate action was taken to prevent recurrence. In some of these cases, staff had pursued complaints on behalf of people who used the service. For example, when a workman left stains on someone's carpet and a visitor walked into another person's flat uninvited.

Accidents were recorded at the service. We read six accident reports. From these, we could see appropriate action was taken when people sustained injuries. For example, when someone fell and when a member of staff hurt their back.

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. A relative told us "It's so well led. I think it all comes from (name of registered manager)." Another person said "I feel that the service is well-led, open and honest. The tenants are always put first and supported to enable them to live happy, fulfilled lives." We observed staff, visitors and people who use the service were comfortable approaching the registered manager.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. The service was flexibly staffed to support people to access the community.

There were good monitoring systems in place to assess whether people received the care they needed. This included audits and service monitoring reports. We saw the registered manager progressed any actions required from these systems. For example, a business continuity plan had been put in place following an audit.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

Staff were aware of their responsibilities to safeguard people from abuse. They were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

The registered manager had informed us about incidents we needed to be told about. From these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Tenants' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in staff meetings.