

St. Anne's Opportunity Centre Limited







Chaffinches

Inspection report

108 Paynesdown Road
Thatcham
Berkshire
RG19 3TE
Tel: 01635 874836

Date of inspection visit: 8 April 2015
Date of publication: 28/05/2015

Ratings

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

Overall summary

This inspection took place on 8 April 2015 and was unannounced. We last inspected the service on 20 November 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Chaffinches is a care home without nursing that provides a service to up to three people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at the service. All were mostly independent with personal care, only needing minimal support, if any. They had all lived at the service for many years.

The service had a registered manager. 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. The registered manager was present for the inspection.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and put the

Summary of findings

needs of people they supported at the centre of their work. Staff sought people's consent before working with them and encouraged and supported their independence.

Staff were well trained and available in enough numbers to meet the needs and wishes of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent. One person was supported to manage their own medicines. A relative told us they thought staff had the skills they needed when providing support to their family member.

People worked with the staff, planning and ensuring their diets were nutritious and took account of individual likes and dislikes. People were able to participate in activities of their choice and had jobs in the local area. They were supported to be involved in local community activities.

Staff were happy working at the service and told us they were a close team that worked well together. The registered manager oversaw and managed practice at the service and encouraged an open and inclusive culture.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made sure that all recruitment checks, required by regulation, had been carried out on staff to ensure they were suitable to work with people living at the service. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe. The provider allowed staff to work at the service without making sure all required recruitment checks had been carried out.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Requires improvement



Is the service effective?

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements under the Deprivation of Liberty Safeguards (DoLS). Although not applicable to the people currently living at the service, the manager understood when a DoLS application would need to be made.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Good



Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's dignity and privacy was respected and staff encouraged people to live as full a life as possible.

Good



Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led an active daily life, based on their known likes and preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident they would be listened to and taken seriously if they did.

Good



Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Good



Summary of findings

Staff were happy working at the service and we saw there there was a good team spirit.

Staff felt supported by the registered manager and felt the training and support they received helped them to do their job well.

Chaffinches

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.

This inspection was carried out by one inspector, it took place on 8 April 2015. We telephoned the registered manager on the morning of the inspection because the location is a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in.

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 looked at the PIR and at all the information we had collected about the service. This included previous

inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection only two people who use the service were present as one person was away for a long weekend. We spoke with two people who use the service, the nominated individual, the registered manager and two care workers. We observed people and staff working together during the day.

We looked at two people's care plans and medication records, two staff recruitment files, the staff rota and staff training records. We saw a number of documents relating to the management of the service. For example, utility safety certificates, fire risk assessment, provider monthly 'house checklist audits', the annual development plan for 2015 and a summary of the satisfaction surveys from 2014.

Following the inspection we received feedback from a relative. We contacted care managers for their feedback but received no response by the time this report was written.

Is the service safe?

Our findings

People were not protected because the provider had not made sure that applicants were fully checked for their suitability to work at the service. The provider had not obtained all information required of Schedule 3 of the regulations. We looked at the recruitment files for the two care workers employed since our last inspection. The provider had obtained enhanced Disclosure and Barring Service checks for both staff members and checked they were not barred from working with vulnerable adults. They had obtained copies of passports and driving licences for both, as proof of their identity. One person had a full employment history but the other had a gap of 20 years with no satisfactory written explanation. There were three other potential gaps of one year in that applicant's employment history, as they had only given years and not months of employment on their application form. The provider had not verified the applicants' reasons for leaving previous employment involving working with vulnerable adults or children as required. The provider had not fully explored or sought evidence of the applicant's conduct in previous employment with children or vulnerable adults. For example, one staff member had four previous employments working with children and none of the employers had been contacted. This meant people were being cared for by staff who had not been fully checked to make sure they were of good character and safe to work with the people living at the service.

This was a breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager calculated staffing levels based on the needs of the people and what individual activities were planned during the day. The people living at the service were mostly independent with personal care. Usual staffing consisted of one care worker in the morning, one in the afternoon and one care worker sleeping in the premises overnight. One person told us staff were always available when they needed them. A relative told us: "There is always someone there. [Name] gets one to one staffing when needed."

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident

they would be taken seriously if they raised concerns with the management. Staff were aware of the company's whistle blowing procedure and who to talk with if they had concerns.

People felt safe living at the service. One person told us they felt safe and added: "it feels like home." We asked if staff encouraged and supported people to be independent. One person said: "Yes, I am independent." A relative commented: "They certainly do. [Name] does a lot more than they ever did before."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with being at home alone, from falls or risks related to specific health conditions. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general environmental risks, such as hot water temperatures, and slip and trip hazards as part of their routine health and safety checks. We found the bath hot water temperature was routinely 48°C. The Health and Safety Executive recommend water temperature for baths to be no hotter than 44°C. We saw the first floor bedroom windows did not have opening restrictors and the provider had not carried out a risk assessment for the safety of people in those rooms. We saw radiators were not covered to prevent risk of burns to people. There was a risk assessment in place saying the radiators should be controlled with the thermostatic valves no higher than '3'. We saw one radiator with the valve on '4' instead of the required '3', meaning the risk reduction measures were not being followed in that room. We pointed these issues out to the manager and received assurance after the inspection that a temperature restricting valve had been fitted to the bath, limiting the water temperature to 43°C. The radiators had been measured and radiator covers were being made and would be fitted shortly. The first floor bedroom windows had been inspected and measures taken to order suitable window restrictors. The provider monitored other risks and we saw an up to date gas safety certificate and legionella test certificate. Other household equipment and furniture was seen to be in good condition and well maintained.

Is the service safe?

Emergency plans were in place, for example hot and cold weather plans. Personal evacuation plans were in place in case of fire and fire evacuation practices were carried out at least monthly. There had been no accidents or incidents since our last inspection. The registered manager explained a clear record of the cause of any accident or incident and actions needed to prevent a recurrence would be recorded in each case. If any accidents or incidents were linked to staff not following procedures or policies, staff management and disciplinary procedures would be followed.

People's medicines were stored and administered safely. One person administered their own medicines, staff administered medicines to two people only. Only staff trained and assessed as competent were allowed to

administer medicines. Staff had received medicines training, this was confirmed by the staff we spoke with and documented in their training records. Medicines administration records were up to date and had been completed by the staff administering the medicines. For medicines that were prescribed to be administered only as needed, such as pain killers, each person had a sheet to record this. The sheets included details of the medicine, reasons for the medicine to be given and the maximum dose. This meant staff had guidance to ensure the medicine was administered appropriately. The registered manager explained the procedure staff followed when administering medicines. The procedure was designed to ensure the right people received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained.

New staff were provided with induction training. This included introduction to the people living at the service, familiarisation with the premises and the company's policies and procedures. Induction training followed the Skills for Care Common Induction Standards (CIS). Practical competencies were assessed for topics such as moving and handling and the administration of medicines before staff were judged to be competent. New staff told us their induction was thorough and they had never been asked to do something they were not confident to do or had not received training for.

Ongoing staff training was monitored and provided by the company's training and development manager. The company had a number of mandatory training topics updated on a regular basis. For example, staff were required to update their fire safety, first aid and safeguarding adults training yearly. Moving and handling and health and safety training were updated every three years. The training records showed, and staff confirmed, they were up to date with their training. People we spoke with felt staff had the skills they needed when supporting them. A relative told us: "Staff know what they are doing." Staff we spoke with felt they had the training they needed to deliver high quality care and support to the people living at the service.

Staff were provided with training specific to the people they supported. For example, training in learning disability, autism and mental health awareness. All staff had either attended, or were enrolled to attend, these one off courses. Staff told us they enjoyed the training provided and also liked being able to discuss the training with their colleagues after the courses. The staff survey for 2014 showed 80% of staff were "very satisfied" with their training opportunities and 20% said they were "satisfied".

People benefitted from staff who were well supervised. Staff had regular one to one meetings (supervision) with their manager at least every 2 months to discuss their work. Supervision records showed staff discussed training they had attended and any training they would like to attend. Staff had the opportunity to discuss any other topics if they

wanted to. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted.

The requirements of the Deprivation of Liberty Safeguards were being met (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had assessed that the three people living at the service were not being deprived of their liberty. Those assessments were being kept under review in case situations changed. We saw people were coming and going all through the day and choosing what they did and when they wanted to do it.

People were involved in menu planning every week in the house meetings. There were always alternatives available on the day if people did not want what had been planned. People were weighed every month and the records and care plans showed, where someone had started to lose weight, a referral to the GP had been arranged. Where there were concerns regarding someone's food intake the staff had kept records of what they had eaten so the doctor could have that information. We saw people were enjoying their supper which was served hot and well presented. People confirmed they liked the meals at the service and took turns in cooking the meals with staff support.

People received effective health care support. All people had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. All people had an annual health check from their GP as part of their health action plan. All people were supported to attend routine check-ups. For example with

Is the service effective?

dentists and GPs. One relative told us they felt the healthcare their family member received was very good. The relative added that, if there were any problems: "They are on the ball and act quickly."

Is the service caring?

Our findings

People were treated with care and kindness. A relative told us staff were: "Very, very caring, 110%." One person told us: "They do their utmost for you and make you happy."

Each person had been fully involved in drawing up their care plan and setting the individual goals they wanted to work towards. People's likes, dislikes and how they liked things done were set out in their care plans, which covered most areas of their lives. Their plans and goals were discussed each week in their individual meetings with their key worker. People had signed their care plans to say they agreed to the content. Care plans were geared towards what people could do and how staff could help them to maintain and increase their independence wherever possible.

People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. One person told us the provider always: "tries to get the most caring staff." When asked if the provider succeeded, they replied: "Yes"

People were supported to be as independent as possible. The care plans gave details of things people could do for

themselves and where they needed support. People's abilities were kept under review and any increased independence was added to the care plans after discussion with the person. One person told us they were working with staff towards potentially moving to live in a more independent supported living service.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in people's lives and participated in annual reviews. The relative we spoke with said that staff knew how their family member liked things done and commented: "Ever since [Name] has been there I can't fault it."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner. All people had keys to their rooms and kept them locked if they wanted to.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's needs were regularly assessed and care plans reviewed annually or as changes occurred. People's individual likes and preferences were known to the staff and the personal histories and care plans captured details of people's individuality. People had weekly meetings with their key workers where they could discuss their care plans. The meetings also gave the opportunity to look at their plans for the next couple of weeks, as well as longer term plans. People found the meetings useful and one person explained how they could choose the staff member they wanted to be their key worker.

Each care plan was based on a full assessment and we saw people had added their own comments and signatures to the plans. Care managers were invited to formal annual reviews and relatives were invited to support people and contribute. People living at the service had no special equipment needs but the registered manager was aware of how to obtain any equipment that may be needed.

People had busy schedules during the week, people had jobs, both paid and as volunteers. One person attended college, where they were able to participate in courses they enjoyed. People were involved in the local community and visited local shops, library, church, clubs, pubs, restaurants and other venues. People used public transport but the service had access to a vehicle when needed. People mostly attended their activities independently and did not need staff support. Where staff support was required staff were available to help the person plan and attend the event.

There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns. People knew what to do and who they would talk to if they had any concerns. They told us about the weekly house meetings where they could chat with their fellow housemates about any concerns they may have. One relative told us they had never had to complain but were confident they would be listened to and their concerns acted on if they did.

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. A relative told us there was always a good atmosphere when they visited and said: "You feel it when you walk in. It really is a lovely place. The staff always seem happy and jolly. "

The service had a registered manager in place who was present at this inspection. Staff told us managers were open with them and always communicated what was happening at the service and with the people they support. In the staff survey from 2014 staff said they were "very satisfied" with the tools in place to enable them to fulfil their duties and responsibilities. One staff member commented there was good training and effective communication between staff and felt there was a high standard of professionalism.

At the time of our inspection there was no system in place for regular staff meetings. In the staff survey of 2014 one member of staff had noted that they felt staff meetings would be useful. The registered manager confirmed there were no routine staff meetings but meetings had been called about any emergency situations. The registered manager told us they were looking at ways they could introduce staff meetings in the future.

Staff felt included in taking the service forward and told us about the service's annual development plan, which they had been consulted on. We also saw that people living at the service had been consulted prior to the plan being finalised. We were shown the plan for 2015 and saw it

included maintenance and renewal plans for the decoration, furniture and fixtures. The plan also included staff training and plans to develop in house training courses for people living at the service to attend such as food hygiene and nutrition.

The company had a monthly "House Checklist Audit". This audit system covered all areas of the management and running of the service. Items monitored on a monthly basis included people's monies, care plans, risk assessments and medicines. Staffing items monitored included staff training, rotas, staff supervisions and appraisals. The audit also included health and safety, such as food hygiene, and maintenance issues related to the premises or equipment.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service. They felt encouraged to make suggestions. A relative told us: "Staff always seem happy and jolly. It really is a lovely place." We asked one person if they thought the staff were happy working at the service, they replied: "Yes, we all get on." They thought there was a good atmosphere and that the service was well managed. They told us the service was: "The best care home in the area."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that information specified in Schedule 3 was available in respect of staff employed for the purposes of carrying on a regulated activity. Regulation 19 (3)(a) and Schedule 3 (1-8).