

Chiltern Support & Housing Ltd

Chiltern Support and Housing

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

This inspection took place on 03 & 04 January 2017. It was an announced visit to the service.

We previously inspected the service in January 2014. The service was meeting the requirements of the regulations at that time.

Chiltern Support and Housing Limited provides support to people in their own homes and supported living properties. Nine people were receiving a service at the time of our visit. These were younger adults with a range of needs including learning disabilities, autistic spectrum disorder, brain injury and neurological conditions in the High Wycombe and surrounding areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback about the service. A social care professional told us "I have a client in supported living and have been very pleased with the care and support provided." They said their client "Has thrived with the care in place. He is happy at the house and his ability has increased...and able to manage personal care." They said the person's "Cognition improved with good nutrition, social interaction, prompting as required. Staff have been friendly and caring." Another social care professional said "We are generally satisfied with the support received." They added "They are local and so it's easy to talk to the management, to get timely assessments and negotiate cost of packages. We have not had concerns with this provider that we have not been able to resolve. I find them responsive and always improving." They said the service had "Good staffing levels and adequate social stimulation for residents." Comments from relatives included "I have always been happy with them; they do quite a difficult job" and "They try very, very hard. I'm very contented for my relative to be there and looked after."

We found people were safeguarded from the risk of abuse. Staff understood about safeguarding and did not have any concerns about care practices. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns.

People were supported to be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

There were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, supervision and training. We saw staff interacted well with people and had developed positive relationships, often involving humour.

People's needs were recorded in care plans. These had been kept up to date to reflect changes in people's needs. Staff supported people to attend healthcare appointments to keep healthy and well. People's medicines were handled safely and given to them in accordance with their prescriptions.

The service was managed well. The provider regularly checked quality of care at the service through visits. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had an experienced registered manager to provide leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Good ●

Chiltern Support and Housing

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 03 & 04 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. It included a visit to the registered office and visits to meet people at two of the supported living properties.

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.

We contacted community professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We also contacted two people's relatives after the inspection, to ask them about standards of care at the service. Six staff were contacted by email and invited to provide feedback about the service.

We spoke with the registered manager and two staff members. We checked some of the required records. These included four people's care plans, two people's medicines records, four staff recruitment files, staff training and development files. We also read a sample of policies and procedures to check staff had

appropriate guidance to follow. Quality assurance and monitoring systems were also looked at.

Is the service safe?

Our findings

People were protected from abuse. The service had safeguarding procedures in place. A copy of the local authority's reporting procedure was also displayed. 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 told us they did not have any concerns about how people were cared for or the support they were expected to provide. They said they would feel confident in raising any concerns. One member of staff told us "Management encourage us to raise any issues or concerns without fear. Also our whistleblowing policy is quite clear on this matter." Whistleblowing is raising concerns about wrong-doing in the workplace.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on people's likelihood of self harming, absconding, and their potential to be physically and verbally aggressive, as examples. Management plans were in place where assessments identified high risks. This helped ensure people were supported safely. We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. This was confirmed by the people we spoke with who told us staff were available when they needed assistance. Staff also told us they had enough time to support people safely. Feedback from a community professional included "Good staffing levels."

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The files we checked contained all required documents, such as a check for criminal convictions, written references and proof of identification. Staff were also asked to complete health declarations, to identify any conditions which may affect the ability of staff to perform tasks required of their role.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Is the service effective?

Our findings

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. They also completed the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One member of staff said there was an annual mandatory training plan for all staff which covered courses such as manual handling, medicines and food hygiene. Staff were also encouraged to complete further training to meet people's needs. For example, one member of staff said "I am being supported with my NVQ 5 diploma in health and social care." We also noted the service made use of training provided by the local authority, tailored to care services. This included safeguarding training and workshops on staff supervision.

Staff received supervision from their line managers. There was a system of appraising staff to look at their overall development and training needs. Staff told us they felt supported in their roles. One person said "My managers are very supportive. In case of emergencies, e.g. when an incident happens, they always give guidance and best advice on how to handle the situation. They also encourage teamwork and information sharing for better care results of service users."

We observed staff communicated effectively about people's needs. Relevant information was documented in people's daily notes. These were written several times a day and included details about people's welfare, any activities they had been involved in and dietary information.

People were supported with their nutritional needs. Care plans documented people's needs in relation to eating and drinking. We saw people were asked what they would like at mealtimes; their choices were then provided. People were supported to be involved in meal preparation where they were able to do so. For example, we saw one person cooked their evening meal and clearly enjoyed doing this, they laughed and joked with staff while they were in the kitchen.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these.

The service employed a behavioural specialist to advise on how to support people appropriately with behaviour related matters. We saw detailed support plans had been written up by them to record things which were known triggers of behaviour and how staff should respond if people became distressed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service, applications must be made to the Court of Protection.

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 were being met. People were free to come and go as they wished and could make decisions about their care and support.

Is the service caring?

Our findings

We received positive feedback from people about the approach by staff. A social care professional told us "I have a client in supported living and have been very pleased with the care and support provided." They added the person "Has thrived with the care in place." They said their client was happy and their "Ability has increased...and able to manage personal care." They added the person's "Cognition improved with good nutrition, social interaction, prompting as required. Staff have been friendly and caring."

We saw and heard staff were respectful towards people and treated them with dignity. For example, people's preferred name was used when staff spoke with them and people were given time and space to express their views. Staff were knowledgeable about people's histories and what was important to them, such as family members.

Staff also knew about things people found difficult and how changes in daily routines affected them. Behavioural support plans reminded staff to focus on the person and their abilities, not the behaviour. For example, one such plan included "Remember to concentrate on (name of person)'s ability to make choices, his continuing efforts, his skills and abilities." It then advocated use of non abusive psychological and physical intervention "As a very last resort." This helped ensure people were treated with dignity and respect during difficult times.

One person became distressed by our presence. Staff managed this well and helped the person to work through this in a constructive way. The person was then able to express themselves more calmly and tell us about their experiences of the service. They told us they were happy with the support they received and spoke about how pleased they were to be included in the Christmas celebrations. The person had developed lively banter with staff and joked with them throughout. This showed staff had the necessary skills to engage with people and help them share their views.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and confidentiality statements were seen in staff personnel files.

The service promoted people's independence. People accessed the community and undertook household chores, such as cooking. People told us they were supported on a one to one basis to go shopping or into town and healthcare appointments, as examples. A member of staff said "Since I joined the company I have seen changes to several service users who are now doing things for themselves with staff supporting them. I am supporting them to do this so that they can have independent living in future."

The service took into account people's needs arising from equality and diversity. Care plan assessments included details of disabilities, communication needs and supporting people to express their sexuality.

Is the service responsive?

Our findings

We received positive feedback from a social care professional about how the service met the needs of one of the people who used the service. They told us "We struggled with finding placements for one particular client... This was a successful placement in one of their supported living homes." Another social care professional said "Carers have been good. Much contact is with (name of staff) and I find him to be helpful, responsive and keen to develop staff ability."

People's needs were recorded in care plans. These took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. There were sections in care plans about supporting people with areas such as communication, personal hygiene, nutrition, mobility and healthcare needs. Information was noted about who to contact in the event of an emergency. For example, the person's GP and their next of kin.

One person showed us their care plan. They were clearly familiar with the contents and told us they had been involved in writing it. Another person's care plan had been translated into their first language, to make it more accessible.

The care plans we read showed the service promoted a person centred approach. This was confirmed by the staff we spoke with. One member of staff told us "Management encourage a person centred approach by always telling us to give choice to service users."

Care plans were kept under review to ensure information reflected changes in people's circumstances. Staff told us they were kept informed of any changes to people's care. For example, one comment was "Whenever there is a change, management communicate it via email. Care plans are reviewed and colleagues are made aware of any care changes by sending emails to all staff, meetings, during shift handover and the communication book."

Activities were planned around people's interests. One person told us they were particularly interested in football. They had been supported to purchase a satellite television package in order to watch sports and had attended football matches in person. Another person was interested in recycling and staff were looking at a work placement with a local company for them.

People were supported to keep in contact with family and friends, to avoid social isolation. One person told us they saw their family regularly, another said they communicated over the internet with a relative overseas. A relative said staff facilitated visits to their home so the person could spend time with them. They said "They've even taken me to the seaside with her. We had a lovely time."

There were procedures for making compliments and complaints about the service. We saw pictorial versions in the properties we visited. Any complaints were logged and investigated.

People told us they would speak with a range of contacts if they were worried or had any concerns. This

included the names of their key workers, the registered manager or a relative. They told us these people would listen to them and help put matters right. A relative told us they could speak with one of the managers if they had any concerns. They added "I ring (name of manager) if I have any concerns. I can tell him how I feel and what's going on. He's very kind and understanding."

Staff took appropriate action when people had accidents. We read a sample of recent accident and incident reports. These showed staff had taken appropriate action in response to events, such as episodes of verbal aggression and marks on a person's skin.

Is the service well-led?

Our findings

The service had an experienced registered manager. We received positive feedback about the service from a social care professional. They told us "We are generally satisfied with the support received...they are local and so it's easy to talk to the management, to get timely assessments and negotiate cost of packages. We have not had concerns with the provider that we have not been able to resolve. I find them responsive and always improving."

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

The provider regularly monitored quality of care at the service. Managers and trustees visited the service to check how people were cared for and to ensure they were safe. Reports of these visits showed checks were included of fire safety records, whether staff had read policies and procedures, cleanliness of the properties and medicines practice. Feedback forms were also sent to people who used the service and families, including an easy read version. There had been a low response rate to these and the service was looking at ways to encourage more feedback.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. The staff we met said they felt they could approach managers if they had any concerns or for day to day advice. One member of staff said "Management have an open door policy where we feel free to discuss issues concerning our service freely. My recommendations are discussed in meetings and implemented. This makes me feel valued and part of the team."

The service had a statement of purpose which outlined the aims and objectives. These included providing person centred care, treating people with respect, participation in the community and meeting individual needs. We found the service was meeting these objectives from what we saw and read and in feedback from the people we spoke with. It was also clear from speaking with staff they understood the core values of the service.

Records had been well maintained and were kept up to date. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines and handling of violence and aggression. These provided staff with up to date guidance on how to support people safely.

The service had good communication systems to share information about people's health and welfare. These included daily notes for each person, staff meetings, handovers and emails.