

R & G Sparkes Limited

Champions Place

Inspection report

Champions Place
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Website: www.champions-place.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection of Champions Place on 6 December 2018. Champions Place is registered to provide accommodation with personal care for up to 14 people with a physical or learning disability. At the time of our visit 11 people lived at the service.

This service was set up and registered prior to Building the Right Support and Registering the Right Support and it is not the type or size of service we would be registering if the application to register was made to CQC today. This is because it does not conform to the guidance as it is very difficult for large services for people with autism to meet the standards.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 assisted us with our inspection.

We last inspected Champions Place in May 2018 when we rated the service Inadequate. This was because we found restrictive, institutionalised practices taking place and a lack of respect being shown to people. There were insufficient staff to care for people and a failure to recognise incidents of abuse. Poor medicines management practices were taking place and there was a lack of information about potential risks to people. People's care plans did not demonstrate person-centred care planning and the management oversight of the service was not robust. In addition, we found the registered manager was not meeting the requirements of registration as they had failed to notify us of significant incidents.

Following this inspection, we placed the service into Special Measures and we asked the registered provider to send us an action plan to demonstrate how they planned to address the shortfalls. We carried out this inspection to check that they had taken the appropriate steps to follow their action plan. We found significant improvements in the service overall and it was clear from people's behaviours that they were more relaxed and happy living at Champions Place.

Processes in relation to medicines management had improved, however we identified some shortfalls that required further work. Although improvement was seen in following the principles of the Mental Capacity Act 2005, further work was needed to ensure that legal guidelines were being adhered to.

People were cared for by staff who showed a kind, caring, attentive and respectful approach towards them. People were encouraged in their independence, making their own decisions and supported to maintain relationships that were important to them.

People were being cared for by a sufficient number of staff who had been recruited through an appropriate process. People were protected from the potential risk of harm or abuse as staff were aware of their responsibilities in this respect and there was guidance in place for staff. In the event people had an accident

or incident, this was recorded and appropriate action taken in response.

People lived in an environment that was checked for its safety and was clean and suitable for people's needs. People's needs were assessed and reviewed and where they required the input of a healthcare professional, this was provided for them.

Staff were competent in their role and worked well together as a team. They had access to training and supervision.

People could choose their favourite foods and they were encouraged to be more independent during mealtimes. Where people had specific dietary requirements, these were recognised and appropriate action taken.

Person-centred care planning had improved. There was a new care plan format in place which was a work in progress and information around people's end of life wishes needed to be included.

People had the opportunity to access more activities in line with their individual wishes. Due to the change in staffing levels this included opportunities to go out in the evening and at weekends.

The registered manager was aware of the need for the service to move forward and continue to improve. They had worked hard to make positive changes to Champions Place since our last inspection, listening and taking guidance and support from external agencies. The registered manager remained open and transparent and was keen to learn from others' experience to consider new ways of introducing good practice.

Since our inspection in May 2018, the registered manager had introduced a complaints process, notified us of significant incidents, introduced audit and governance processes and worked closely with the local authority and quality assurance team.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

During our inspection we found two continued breaches of Regulation and made two recommendations to the registered provider. You can see what action we told the provider to take at the back of this report.

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 consistently safe.

Medicines processes had improved, however we found further work was needed to ensure the service was meeting the regulations.

People received care from a sufficient number of staff.

Risks to people had been identified and guidance given to staff on how to manage these risks. Staff were aware of their responsibilities in relation to reporting abuse.

Robust recruitment processes were in place and staff were aware of processes in relation to good infection control and fire safety.

Accidents and incidents were recorded.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not always follow the legal requirements in relation to consent.

People were encouraged to make their own decisions in relation to the food they ate.

People lived in an environment that was suitable for them and they received care from staff who had access to training and supervision.

People were supported to see a healthcare professional if they needed to.

Staff worked together well as a team to help ensure people received effective care.

Requires Improvement ●

Is the service caring?

The service was caring however improvements needed to be embedded into daily practice.

Requires Improvement ●

People received care from staff who showed them kindness and attention.

People were supported to be as independent as possible.

People were able to have privacy if they wished and maintain relationships with people who were close to them. Staff treated people with respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans had improved and were more person-centred. A new care plan format had been introduced to assist with this.

People had the opportunity to access activities of their choosing. Work was underway to help ensure new opportunities for people were opened up.

There was a complaints policy in place should anyone have any concerns.

Is the service well-led?

Requires Improvement ●

The service was well-led, however improvements needed to be embedded into daily practice.

Further improvement was needed to the quality assurance checks within the service.

The manager had a good management oversight of the service and the culture within the staff team had improved since our last inspection.

People, their relatives and staff were involved in the running of the service.

The manager had learnt from the last inspection and had worked hard to help ensure people's care was more person-centred and individualised.

Much of the positive work that had taken place since our last inspection now needed to be sustained.

The manager worked with external agencies to help ensure people received a good level of care.

Champions Place

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 was a comprehensive inspection.

The inspection took place on 6 December 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are records of important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with five people who lived at the service as well as two relatives. We observed care and support provided to people living at the service. We also spoke with the registered manager and two staff members.

We reviewed a range of documents about people's care and how the home was managed. We looked at five care plans, medication administration records, risk assessments, complaints records, policies and procedures, quality questionnaires and internal audits that had been completed.

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe living at the service. One relative said, "She is definitely safe here." A person had fed back during their quality questionnaire, "Yes, very safe."

At our inspection in May 2018 we found a lack of suitably deployed staff to care for people, poor medicines management processes and a failure to keep people free from, or to recognise, risks and abuse. At this inspection, we found improvements had been made, but further work was needed to fully meet the requirements of regulation.

People's medicines were recorded and audited. We found improvements to the medicines management processes and when people went out, the time of their medicine was changed to ensure that they received it in line with the prescription. However, we found that staff were not always following prescription guidelines. One person was on a twice daily medicine. Their medicines administration record (MAR) recorded they should have their medicine at 08:00 and 17:00. We found however that on four occasions between 24 November 2018 and our inspection they had not received their morning medicine at all. Staff told us this was because the person did not get up until 09:00. We spoke with the registered manager about this during the inspection and they said they would contact the GP to check whether there would be any ill effects of this person missing their medicines, or taking them later in the morning. The registered manager told us after the inspection, following consultation with the GP, the times of this person's medicines had been changed. We also found where hand-written information was on people's MARs, staff were not double-signing to confirm that the change or entry was correct.

The lack of robust medicines management processes was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety were assessed and action taken to minimise them. A staff member told us, "We keep prompting and encouraging them to take small risks and come out of their comfort zones. [Name] could hardly walk when she came here and wouldn't go out. Now she is walking, dancing and going out at any opportunity." One person became anxious if they did not feel they were involved in the daily running of the home. Their risk assessment was clear in that staff were reminded to ensure this person was aware of their daily routine. Another person also became anxious which could result in them harming themselves. Staff had introduced cards the person could use to tell staff how they were feeling and as such staff know whether they needed to comfort the person.

Where accidents and incidents occurred, staff recorded these. We read of three incidents since our last inspection and noted that when one person's (who was diabetic) sugar levels went down staff took appropriate action.

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. A staff member told us, "We look out for everything. We need to listen and gauge the tone of people's voices. If abuse is suspected, we always record it." Staff knew they should report any concerns about abuse to the

local safeguarding team.

People were cared for by a sufficient number of staff. We observed that staff were available to support people both at home and when going out. Staffing levels had increased since our last inspection, giving people the opportunity to participate in activities in the evening and at weekends. We read from daily records that people were doing more. A staff member said, "Staffing has changed in the evenings so we can give people options (of going out)."

We had previously checked the provider's recruitment processes and did not have any concerns that they were not following correct procedures. No new staff had started at the service since our inspection in May 2018. The provider undertook a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Potential staff were also asked to complete an application form, provide proof of identity, references from previous employers and evidence of their right to work in the UK.

People lived in a service that was clean. There was a daily cleaning checklist and we had no concerns about the cleanliness of bathrooms and toilets. Communal areas looked well cared for and when one person was helping staff in the kitchen we noted they were wearing an apron.

Regular health and safety and maintenance checks were completed to ensure the premises were safe. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. Emergency lighting and Legionella checks took place as well as regular fire drills.

Is the service effective?

Our findings

At our inspection in May 2018 we found a continued breach of regulation in relation to the Mental Capacity Act 2005 (MCA). We found at this inspection that improvements had been made, but further work was needed.

The 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 when needed. When they lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Although there was some evidence of staff following the principles of the MCA, further work was needed to ensure the Act was being fully followed. One person had a capacity assessment in place for, 'going to bed with too many clothes on', however there was no evidence of a best interests discussion and there were no further capacity assessments for this person. This was a similar situation with other people, despite the fact that they needed constant supervision when outside of the service. Although we did note people had been assessed for their capacity to manage their own finances.

The failure to follow the principles of the Mental Capacity Act 2005 was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did read however, one person who required an operation had evidence of a capacity assessments and best interests discussions in relation to their pre-operation checks and for them going in to hospital.

Staff received the training they required to ensure they were effective in their roles. A staff member told us, "I've done my NVQ level three, first aid, fire safety, moving and handling, safeguarding and the Mental Capacity Act." The NVQ is a national qualification with a set of standards expected for those working in this type of care setting. The registered manager told us that although staff received supervision, they had focussed on other aspects of improving the service, which had resulted in some supervisions being overdue. However, the impact of this was minor as it was a small service with a consistent staff team who communicated on a daily basis.

Staff told us they worked well together as a team. One staff member said, "We've all come together as a team. [Registered manager] has worked so hard and we're 100% behind her." Another staff member told us, "We've got a good balance and team work now. There's a staff member for everyone's personality."

People were supported to access healthcare professionals when required. We saw evidence of GP involvement, community psychiatric nursing service and the speech and language therapy team (SaLT). One person had recently undergone an operation. Their relative told us, "She has really bounced back. They've

(staff) looked after her."

People were supported to have a varied diet in line with their preferences. One person told us, "I love the food." One person liked fish pie and staff had adjusted the menu so they could have it on a Friday. This person also said, "I love the food."

The mealtime routine had changed and as such people helped themselves to their meal from a trolley. We saw people selecting what they wished to eat as well as make their own drinks. However, we noted the trolley came into the dining room at 12:40 but some people were not enabled to serve their lunch until 13:10. This was due to medicines being administered and waiting for others to help themselves first. The trolley was not a hot-trolley which meant food would not have stayed hot for long. We spoke with the registered manager about this and suggested they consider alternative ways to improve the dining experience for people to help ensure people received their meals in a timely way. We discussed using serving dishes on individual tables which the registered manager said they would consider introducing.

People's dietary needs were recognised. Some people had had involvement from SaLT which had resulted in two people requiring their meals to be cut into 'bite-sized' pieces. Staff were able to demonstrate to us how this would look. People were weighed monthly and we saw that people were maintaining a steady weight.

People had lived at Champions Place for many years so we did not review their assessment documentation prior to moving in to the service. However, we noted reviews had been undertaken by the funding authority following our last inspection and as such care managers checked that Champions Place continued to be a suitable place for people to live.

Champions Place is going to go through a refurbishment next year with each person's room being redecorated and some updating and redecoration being carried out in communal areas. As the building was subject to British Heritage conditions, this restricted the registered provider in making major adaptations. The registered manager told us they had obtained three quotes and they were going to use boards to help involve people in the decoration styles and colours. People were excited to tell us about the plans for this work. We noted people had large bedrooms and there were two lounge areas, one of which had been converted to an activities room. The grounds were vast and gave people the opportunity to take exercise and observe the wildlife. We heard one person telling a staff member, "There was a fox out there last night."

Is the service caring?

Our findings

People and relatives told us that staff were caring and respectful. A person said, "I like it here. It's good fun. [Staff name] and [staff name] look after me." Another told us, "I love it here." A third said, "I am happy here." One relative told us, "She is so happy here."

At our inspection in May 2018, we found people were not shown compassion, respect or dignity by staff. This was a continued breach of regulation identified at our inspection in 2017. We found a marked change in the way people were treated at this inspection. In turn this was reflected in people's attitudes and behaviours. However, these improvements needed to be embedded into daily practice.

People were encouraged to be independent and participate in the daily routines of the home. One person told us, "I do the hoovering and housework." A relative said of their family member, "She is always helping out when she can. She loves to do that." People were supported to make their own choices which included what they wanted to eat, and how they wished to dress and spend their time. We saw pictures of one person peeling eggs in the kitchen and on the day of inspection a person was helping staff prepare the lunch. One person made us a cup of tea and we observed them taking theirs and another person's cup back to the kitchen. A staff member told us, "People are doing their own washing now with support and [name] automatically started joining in the housework the other day. It's nice to see [name] and how she's come on."

There was a marked difference in the way people responded to us, demonstrating they were happier in themselves. One person, who would not come out of their room during our last inspection, shook hands with us and said hello. Staff told us people were now socialising and going out more. Another person, who we had noted crying at times during our last inspection, gave us a hug and regularly made the thumbs up sign and smiled at us and staff. The way staff interacted with people was really caring. It was very gentle and individualised, giving people hugs and laughing with them. One staff member told us, "We took it all on board (the observations from our last inspection). The residents are so different – we're always learning."

We observed people and staff had developed positive relationships. We saw a staff member dancing with one person during the morning, with both of them laughing together. Another person sat with a staff member sticking pictures of them in an activity that they had participated in, in a scrap book. The staff member was asking the person what they wished to write under each picture and the person signed it.

People were given attention by staff. One person said, "All of the staff look after me." A staff member was offering people biscuits and we heard them say to one person, "Jaffa cakes are your favourite [name] shall I get you some?" One person had fallen asleep in their chair. We watched as a staff member gently roused them saying, "I'm sorry to wake you up but can we put this cushion there so you're more comfortable?" The staff member took some time to adjust the person's position, kneeling down to speak to them.

People's dignity and privacy was respected. A staff member told us that when they provided personal care, "I

always cover people up, shut the door, talk in private." One person required a daily injection and we observed how staff told them the nurse had arrived to do this and they were taken to a separate private room for this. At our last inspection we identified regimented practices in relation to people having 'treats'. The registered manager told us this practice no longer occurred. This was confirmed by people. One person told us, "We don't call it larder anymore, we can have treats when we like."

There was evidence of progress towards goals for people in relation to their independence. For example, staff had written in the daily notes for one person, 'got dressed himself and made bed'. We read this same person had assisted a staff member with the shopping by pushing the trolley and bringing the shopping indoors. A staff member told us, "It's nice to see [name] come on. Outsiders have said how much she's changed. She's really come out of her shell and she'll try to do new things now."

People were supported to maintain relationships with those important to them. One person was taken to see their mother and have lunch with them and another person's family had worked with staff in relation to the person's medical appointments. We read how other people went to visit family members. A third person went home every weekend to spend time with their family.

People were enabled to develop relationships. Two people living at the service enjoyed each other's company and liked going on 'date nights' together. Staff facilitated this for them. There had been discussions about how they may choose to develop their relationship with the right support and information. A staff member said, "They have a lovely time."

Is the service responsive?

Our findings

At our inspection in May 2018, we identified a lack of person-centred care and care planning. We found improvements had been made during this inspection, however these improvements needed to be embedded and sustained.

Care was much more person-centred. People had 'about me' information in their care plans. We read one person's care plan was nicely worded. Although it mentioned this person struggled with anxiety, it focussed on what the person liked to do and how staff should support them in a positive manner. There was an overview of the person's relationship with their family and the support they needed to maintain this. This person could display certain behaviours and we read guidance for staff on how to support the person appropriately. This was respectfully written. A staff member told us, "Care plans are live and change every day." People had background histories in their care plans and details of their interests, likes and dislikes. One person was artistic and as such was attending an arts and crafts and well-being centre regularly. Another person could become anxious causing them to kick their bedroom door. In response, staff had placed a poster of their favourite band on the person's door which had stopped the person displaying these behaviours when they became upset.

Although there was still some information lacking people's care plans, for example, in relation to their end of life care, the registered manager told us their priority had been focussing on improving and reviewing the plans overall. A new care plan format had been introduced and embedding and developing this was work in progress.

We recommend the registered provider ensures care plans for people are contemporaneous and contain all the necessary information for staff to help ensure people receive consistently responsive care.

People had access to activities in line with their interests and staff were exploring new activities for people to attend, such as one person who wished to start archery classes. One person told us, "I go to the farm, I go shopping. I am getting a Christmas tree at the weekend." Another said, "I do things during the day. I've been out this morning and had a good time." There were photographs showing people going out for fish and chips, eating in the local pub, on a day trip to Hastings and to a local park. Several people regularly attended a day centre and one person worked on a farm. A staff member sat with one person discussing films on at the cinema that they would like to see. This person liked going to the local garden centre and we read that this was happening. Staff asked one person if they would like to go out for some lunch. We saw they used the person's shoes as a visual prompt to go out as well as showing them a picture card with fish and chips on it. The person responded happily to the news they were going out. A staff member told us, "[Name] shows me where he wants to go in the mini-bus by pointing and I follow his direction." We reviewed people's scrap books which showed what they had done over previous weeks. We saw trips to the farm, dressing for Hallowe'en, enjoying lunch out, cooking, colouring and watching horse-riding.

There was a complaints policy in place which gave information on how people or relatives could raise any concerns they had. Records showed that no complaints had been received since our last inspection. One

person told us, "[Registered manager] sorts my problems out."

Is the service well-led?

Our findings

At our inspection in May 2018 we found continued breaches of regulation in relation to quality monitoring as well as a lack of robust management oversight of the service. At this inspection, we found a number of very positive improvements. These had been brought about by the hard work of the registered manager and staff.

Regular audits and checks were completed to monitor the quality of the service provided. Records showed that health and safety audits were completed which covered all aspects of the premises. Water checks were undertaken to help avoid the risk of Legionella at the service. Regular medicines, infection control and care plan audits were completed. We noted the infection control audit had identified some improvements needed to the bathroom facilities, however, there was no record of the cracked tiles or the hole in the dividing wall between a bathroom and toilet. We spoke with the registered manager about this who told us, "The bathroom wall is coming down to make one room – we've had permission from the Heritage Society to do this, but they will not allow us to remove the tiles." The medicines audit was completed weekly. It was a basic audit which covered the MAR charts, tidiness of medicines cabinet and correct administration of medicines. However, the last audit had not identified the four occasions that one person did not receive their medicines. We spoke with the registered manager about the auditing process and the need to ensure it was robust.

We recommend the registered provider ensures that auditing of the service is robust to ensure people receive a safe, high quality service.

The registered manager understood their responsibility in continuing to provide a good service. They told us, "We were failing in many areas because we'd got complacent. We were being controlling to be protective, but we've learnt that this is people's home. We have stepped back and are reinventing ourselves." They added, "We're all pulling together to keep things improving." This was reiterated by a staff member who told us, "We needed to come up to date. Everyone's played a part. All of the changes we've made are for the benefit of them (people). I feel so proud to work here."

Following our inspection in May 2018, people, relatives and professionals had been encouraged to provide their feedback on the service. We noted one person had written down the reasons why they were happy at Champions Place, this included, 'I have all the help with the staff to take care of me and get me back on my feet'. Feedback had been received from nine relatives and one external professional. A relative had written, '[Name] is in a place that is familiar to him and where he feels valued and secure'. Another relative had written, 'I have observed that [name] is happy, healthy and extremely comfortable at Champions Place'. A third commented, 'It has been a relief to us to know that she is happy and well cared for. It is obvious that she had a good rapport with the staff'. A professional had fed back, 'We all have the highest regard for the work you do and always find you and your staff kind and loving and the whole atmosphere of Champions friendly and homely'.

There was a positive, person-centred culture within the service. A staff member told us, "I love coming to

work. I can have more autonomy to suggest things. It gives me a sense of achievement to go home and know everyone's happy. We've adapted and changed." Another staff member told us, "It's been good - positive changes."

Staff told us they felt supported. A staff member said, "We are always supported here. I've never known a place that's so amicable. [Registered manager] is a good teacher and so approachable."

People were encouraged to be involved in the running of the service. House meetings were held each week to plan the week ahead and a staff member told us, "Everyone's got a voice and we need to listen to it." One person told us, "Staff are kind and [registered manager] is good."

The registered manager worked effectively with external agencies. Since our last inspection, the registered manager had received support from people's care managers, the local authority quality team and an external consultant. This had all helped to move the service forward. In terms of benefitting people, a local sports club had waived membership fees which meant people had full access to the facilities. We read in a recent house meeting that one person had suggested making a 'thank you' card for the club, which people said they would like to sign.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to follow the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to have robust medicines management processes in place.