

Speciality Care (Rest Homes) Limited

Chestnut Street (59)

Inspection report

59 Chestnut Street
Southport
Merseyside
PR8 6QP

Tel: 01704534433
Website: www.craegmoor.co.uk

Date of inspection visit:
03 December 2019
05 December 2019

Date of publication:
24 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Chestnut Street is a care home providing accommodation and personal care to three people aged 18 and over at the time of the inspection. The service can support up to three people whilst they attend Arden College in Southport.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence and inclusion.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

We saw many examples where staff had supported people to become more independent, make choices and increase their physical and emotional wellbeing. Independent living skills learned whilst they attended Arden college were encouraged by staff to be put into practice. People had made significant achievements. This included personal care and daily activities such as laundry, cleaning their home, shopping, preparing snacks and drinks.

Chestnut Street is located in an area that enabled people using the service to participate in their own local community, for example, local restaurants and leisure activities.

Staff had developed effective communication with people. This meant that they were able to make their own decisions about their support; staff ensured they were supported to make choices on a day to day basis. Staff gave people the time they needed to make decisions and communicate them.

Risks that people faced had been assessed and those identified were safely managed. Medicines were

managed safely. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm.

People were offered choice and control and where able consented to their support. People were encouraged and supported to eat and drink well. People were given a choice of suitable meals and snacks. Staff supported people to make meals of their choice throughout the week. People were supported to access healthcare when needed.

Staffing levels were appropriately managed, and people received support from consistent, regular staff. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity.

Staff received a range of training appropriate to their role and people's needs, and were supported by the registered manager through regular supervision.

Effective systems were in place to check the quality and safety of the service. The environment was clean and safe and in a good state of repair and decoration.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered manager and the staff team showed a desire to improve on the service provided and the quality of life experiences for the people at Chestnut Street.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 28/06/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chestnut Street (59)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff including a senior support worker and a support worker. We met one

person who used the service and a relative. We observed short periods of interaction between people and staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed; risk assessments provided detailed information around people's individual risks in order to keep people safe.
- Staff knew people's identified risks well and were able to support people in the home, during an activity and when out in the community in a safe way. Missing person information had been completed, to be used in the case of an emergency.
- Regular safety checks were completed on the environment and the equipment people used to ensure it remained safe.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- Safe recruitment processes continued to be followed.
- The staff team at Chestnut Street were experienced working with adults with autism; some had worked at the service for many years. A relative described them as a "Good group."
- Regular bank support workers were used to cover additional shifts when they could not be carried out by the permanent staff team.
- Staff worked to provide a safe environment and to support people on individual activities in the community.

Using medicines safely

- Medicines were managed safely by appropriately trained staff. Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed.
- Records were kept when medication was taken home, when a person spent time with their family.
- Routine medication audits were completed.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Cleaning schedules were in place to maintain a clean environment.
- All areas of the home were clean and well-maintained.

Learning lessons when things go wrong

- A record of incidents that occurred was kept and reviewed regularly with the registered manager to identify any patterns or trends so that changes or improvements could be made or introduced to people's routines, activities or preferences.
- Referrals to the necessary healthcare professionals had been made when their intervention and help was needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.
- A healthcare professional told us, "The staff team has been supportive in trialling strategies to enable [name] to settle into their new placement."

Staff support: induction, training, skills and experience

- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Staff received regular supervision.
- A relative told us, "I am very impressed with the staff."

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

- People were supported to maintain a healthy balanced diet.
- People made their own choices of meals and snacks according to their own preferences and were involved in shopping for and making their meals.
- Staff were knowledgeable of people's individual dietary needs and preferences.

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

- People were supported to maintain good health.
- People were supported to maintain good oral healthcare.
- Discussions with staff and records showed staff had engaged well with social care professionals, to ensure that people's needs were met as effectively as possible.
- Feedback from social care professionals confirmed this. Comments included, "It has been impressive how the staff team are managing the situation and are being supported by their senior management team" and "[Senior support worker] has attended meetings. They have provided valuable contributions every time".
- Staff worked closely with college staff to provide consistent and effective support.

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

- The home was maintained to a good standard and had recently been redecorated throughout. Repairs were attended to in a timely way.

- Bedrooms were furnished and decorated to suit people's individual tastes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA; DoLS applications had been completed appropriately and submitted to the relevant authority.
- Staff ensured that people were involved in decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff who clearly knew them well.
- Staff had developed strong relationships with people and were seen to be genuinely kind and compassionate.
- People were observed to be comfortable in staff company; we observed plenty of chatter and laughter.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were involved in the planning of and decisions over their support. People had allocated key workers, who took responsibility for their individual care planning and review.
- The service was effective at promoting people's independence. People had made achievements, made possible by the persistence of staff. This included personal care and daily activities such as laundry, cleaning their home, shopping, baking and preparing snacks and drinks.
- Confidential records were stored securely.
- A relative told us, "There are good staff working here; they have supported [relative] to be independent."
- A social care professional told us, "Staff have worked with [name] very well and are committed to supporting them and developing their potential as an independent young person."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support people received was person centred and based on their individual needs.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and contained all relevant and current information regarding people's needs.

Meeting people's communication needs

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

- The service met the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards.
- Staff had pictures available for people to use which helped people to express their needs more easily.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities in the home and in the community on a regular basis. These included, swimming, bowling, having meals out, baking, art and crafts.
- People attended college during the day. Additional activities were planned around people's needs and preferences. These included, pub lunches, visits to local places of interest, and regular visits to family members.
- People were supported to follow their particular interests and hobbies.
- People spent time with their family members at weekends and during college holidays.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people in ways they could understand.
- However, no complaints had been made since our previous inspection.
- The registered manager and staff kept in regular contact with relatives.

End of life care and support

- This service provides care and support to young people during the time they are attending Arden college.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a culture of person-centred care by engaging with everyone using the service and family members.
- Staff were experienced, and many had worked at the service for some years. They understood their role and what was required to ensure people received person centred and high-quality support.

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

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff received supervision and support from the registered manager to develop their practice.
- People's personal information was stored securely and treated in line with data protection laws.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems were in place and used effectively to monitor key aspects of the service.
- Audits and checks were completed on a regular basis by the management team and registered provider to identify any areas for improvement.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes.
- People met with staff each month to look at their achievements and consider any new activities.
- Feedback from family members was positive. Questionnaires were sent to family members to gather their opinions. However, none had been sent yet to the families of the current students living at Chestnut Street.

Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with college staff, commissioners and health and social care professionals.
- Feedback from commissioning authorities was extremely positive. They confirmed they had no current concerns about the service provided.