

Chartwell Care Services Limited

Barkby Road

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 and 5 December 2014. Five breaches of legal requirements were found. This was because there was not always sufficient staff available at all times to meet people's individual needs. The environment was not always safe for people. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation had not always been correctly adhered to. Staff had not always received an appropriate induction and ongoing training and support. There were systems used to assess and monitor the quality of the service but these were found to be ineffective.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection the 20 May 2015 to check that they had

followed their plan and to confirm that they had now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barkby Road on our website at www.cqc.org.uk

Barkby Road is a purpose built care home for up to 11 adults with moderate to severe learning disabilities, complex needs or challenging behaviour. The service also offers specialist support to those with autistic spectrum disorders. The accommodation is provided in the main building and in two additional separate buildings within the grounds. At the time of this inspection the separate

Summary of findings

buildings accommodated three people who had greater levels of need and high levels of behaviour that challenged. On the day of our visit there were 10 people living at the service.

Since our last inspection the home's registered manager had left the service. 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 and associated Regulations about how the service is run. At the time of this inspection a new management team had been appointed. This included an acting manager who started on 26 February 2015; they are currently applying to become the registered manager. A new deputy manager commenced in December 2014 and a new head of operations commenced on 7 April 2015.

At our focused inspection on the 20 May 2015, we found that the provider had followed their plan which they had told us would be completed by the end on April 2015 and legal requirements had been met.

There were sufficient staff available to actively support people to engage in activities of their choice that were important to them, whilst kept them safe. Staff were seen to gain consent and involve people in discussions and decisions about their care and support.

The provider had reassessed people's dependency needs and staffing levels had been increased to ensure people's individual needs were met. Staff were seen to be deployed appropriately and were organised, creating a calm and relaxed atmosphere.

Improvements had been made to the safety of the internal and external environment. This included some changes to communal rooms that enhanced people's lives and were safe. For example a new lounge had been created and the conservatory changed into a dining room.

Staff had received formal and informal opportunities to review their practice, training and development needs. This included completing training in areas such as health and safety, managing risky behaviour and medicines. Some staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and plans were in place to ensure all staff received this required training.

The new management team had taken positive action to improve the service. Staff spoke positively about the changes and that they felt better supported and included in how the service developed.

Improvements had been made to the provider's quality assurance systems and processes on safety and quality. People were more involved and supported to express their views.

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?

We found that action had been taken to improve the safety of the service.

There were sufficient numbers of staff available and deployed appropriately to meet people's individual needs.

Improvements had been made to ensure the environment was safe and people were protected from avoidable harm and known risks.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Opportunities for staff support and training had been developed and improved by the provider.

Improvements had been made to ensure the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was understood and adhered to.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the leadership of the service.

The new management team had made a positive impact. They had worked at improving the standards of care and treatment and had implemented many positive changes.

Improved auditing and quality assurance systems were in place and people were better involved in the development of the service. The complaints procedure had improved to ensure all concerns raised were responded to appropriately.

This meant that the provider was now meeting legal requirements.

Requires improvement



Summary of findings

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Barkby Road

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Barkby Road on 20 May 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 4 and 5 December 2014 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal

requirements. We spoke with the local authority that had funding responsibility for some people who were using the service and a community learning disability nurse for their feedback about the service.

Due to people's communication needs and understanding associated with their level of learning disability, we were unable to get people's views about the changes the provider had made since our last inspection. However, we used observations to see how staff interacted with people and supported them with their individual needs. We spoke with the deputy manager and the operations manager. The acting manager was not present on the day of our inspection. We also spoke with a total of five staff and these were a mix of newly appointed support workers, acting team leaders, team leaders and support workers. We also looked at the care records of two people who used the service and other documentation about how the home was managed. This included records of staff training and records associated with quality assurance processes.

Is the service safe?

Our findings

At our comprehensive inspection of Barkby Road on the 4 and 5 December 2014 we found that people were at risk because the premises were unsafe. Security gates that protected people's safety were not always locked as required. People were not always protected from equipment because it had not been appropriately stored to protect people's safety. Fire safety procedures were not always followed by staff.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 20 May 2015 we found that the provider had followed the action plan

and this breach in regulation was met.

We carried out a tour of the building and found that improvements had been made to the environment that protected people's safety. For example, the upstairs lounge that we had concerns about due to the unsuitable storage of equipment that compromised people's safety, had been changed to a staff training room. An additional lounge had been created downstairs by changing the use of some of the ground floor communal rooms. This provided a safe area for people to relax or engage in activities in. Staff told us how people had welcomed this change and how it had a positive impact on some people's interaction and well-being.

We also saw that the use of the conservatory had changed and had been made into the dining room. We saw some people making good use of this space where they were doing activities of interest or relaxing having a drink. The room was bright and had a view into the garden. Staff told us that people had reacted well to the changes which created a bright and relaxed atmosphere.

We noted throughout the service that the environment was better organised and concerns with we had at the last inspection about unsuitable equipment being left out had improved. The environment was hazard free meaning people were supported in a safe environment.

At our last inspection we found the security gate at the back of the property that the provider had identified was a

risk if not always locked was unlocked on occasions. At this inspection staff told us how they had been reminded about the importance of this with regard to health and safety. This included the gate being locked at all times. We saw staff frequently using the gate during our inspection to visit the other two buildings. Staff were diligent and ensured the gate remained locked at all times. This showed staff were taking responsibility to ensure risks were managed and people were safe from avoidable harm.

We found at the last inspection the fire procedure was not always adhered to by staff. For example, at the entry of the service a board was used to show what staff and people who used the service were in or out of the building. We were told this system was used as a fire register in the event of an emergency and the premises needing evacuating. Staff were not ensuring the fire register board was updated. At this inspection we again found examples that all staff were not using this system to record who was in or out of the building. We brought this to the attention of the deputy manager who agreed with our findings and said they would discuss this with the acting manager and staff.

Staff told us since our last inspection they had received training on health and safety. We saw records that confirmed what we were told.

At our comprehensive inspection of Barkby Road on the 4 and 5 December 2014 we found that people were at risk because there were insufficient staff available at all times to meet people's needs.

This was a breach of the Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on the 20 May 2015 we found that the provider had followed the action plan and this breach in regulation was met.

The deputy manager told us since our last inspection the staffing levels had been reviewed and increased to ensure there was sufficient staff available to meet people's individual needs. The staff roster confirmed there were more staff rostered on throughout the day and evening than at our last inspection.

Staff were positive about the changes made to the staffing levels. We spoke to staff who were working at the service at

Is the service safe?

the time of our last inspection. One support worker told us, “Staffing levels have improved, it’s really helped staff morale.” Another support worker told us that staffing had improved but weekends were sometimes problematic if staff called late to report they were sick. However, they said that agency staff were used to cover the shortfalls if possible and that people were safe and had their needs met. We spoke with two new support workers who told us that they found the staffing levels to be good. One support worker said, “There is more than enough staff to support people.” Another support worker told us, “I’m confident with the staffing levels, there is enough cover to meet people’s assessed needs.”

At our last inspection we were concerned that the staffing levels were insufficient to meet people’s individual needs,

keep people safe, and that they limited people’s social opportunities to access the community. At this inspection we found the service was more organised and staff were deployed appropriately dependent on the needs of people using the service. We observed that people were actively supported by staff to access the local community. For example, people were seen to be supported by staff to pursue their hobbies and interests and follow routines that were important to them. Some people were supported to attend college, another person was supported to visit their family, and other people went out for walks and a visit to the café. This showed that the increase in staffing levels had made a positive impact on people’s safety and well-being.

Is the service effective?

Our findings

At our comprehensive inspection of Barkby Road on the 4 and 5 December 2014 we found that staff had not been appropriately supported. Additionally, not all staff were sufficiently trained in accordance to the providers training schedule.

This was a breach of the Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 20 May 2015 we found that the provider had followed the action plan

and this breach in regulation was met.

Staff told us that since our last inspection and with the new management team in place, improvements had been made in the support staff received. One support worker said, “The support has greatly improved. I’ve had regular one to one meetings with the manager and I have my appraisal booked for June.” Other support workers said that the deputy manager and acting manager were approachable and supportive and that they had received opportunities to discuss and review their practice and performance. Comments included, “The managers are more visible, the office door is always open to us.”

The deputy manager showed us a supervision plan that confirmed staff had received opportunities to meet with a member of the management team. However, the supervision plan did not show future dates of when staff could expect to receive a formal support meeting to review their support, training and development needs. The deputy manager told us that this was in the process of being developed. Before we left the visit the deputy manager produced another supervision plan for staff and put this on display for staff to view. The provider ensured staff received appropriate support.

Staff also told us about the additional training they had received since our last inspection. Comments included, “We’ve received medicines management training, health and safety and training in managing challenging behaviour, breakaway, safe holding and diversion.” Staff told us that the majority of training was ‘online’ (computer based) and also included ‘in-house’ training provided by the acting

manager who was appropriately qualified to train staff in specific areas. In addition some training was provided by external trainers. The deputy manager told us that staff received support to complete training whilst on duty. Staff confirmed this to be correct. This showed the provider supported staff in their training and development needs.

We looked at the training schedule for the year this showed what training staff had received, what training was due and included training planned and arranged. The deputy manager told us of a new system that had been introduced that alerted the management team when staff required refresher training. This meant that the provider could assure themselves that staff were appropriately trained at all times.

At our comprehensive inspection of Barkby Road on the 4 and 5 December 2014 we found the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation had not always been correctly adhered to. MCA and DoLS, is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. Where people lacked mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions had not been formally completed. Nor were DoLS authorisations in place for all people where restrictions were placed on their freedom and liberty.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 20 May 2015 we found that the provider had followed the action plan

and this breach in regulation was met.

We saw that where people were being deprived of their liberty it was done in their best interests in accordance with the law. The deputy manager showed us authorisations in place that had been granted by the supervisory body. This information was also recorded in people’s plans of care to inform staff of the authorisation, any imposed requirements and the date the authorisation expired.

Is the service effective?

The deputy manager also told us about a new system that was in place that provided an additional reminder of when people's authorisations were due to end. This showed the provider had taken appropriate action to ensure people were not unlawfully deprived of their liberty.

People's care records had been reviewed since our last inspection. We looked at two people's care files and saw that greater emphasis had been given to people's mental capacity to consent to their care and support. Staff had information and guidance about ensuring they gained people's consent with regard to day to day decisions.

The deputy manager showed us a new MCA assessment and best interest decision document that had recently been introduced. We saw an example of a capacity assessment for a decision related to medicine. The deputy manager and operations manager told us that the acting manager was in the process of completing further MCA assessments. This was for people that lacked mental capacity to make specific decisions in relation to the care and support that was not already covered in the DoLS authorisations.

Staff showed an understanding of DoLS and MCA legislation. We found some staff were more knowledgeable than others. All staff were able to give examples of the authorisations in place for people and the reason for this. In addition staff gave examples of how they ensured people were involved as fully as possible in day to day decisions.

We observed how staff interacted with people and gained people's consent before care and support was provided. Staff showed a good understanding and awareness of people's individual needs and communicated effectively to include them in discussions and decisions.

The staff training plan showed a high number of staff were due training on MCA and DoLS legislation. After our inspection the acting manager provided us with information advising of the training staff would receive and by when.

Is the service well-led?

Our findings

At our comprehensive inspection of Barkby Road on the 4 and 5 December 2014 we found the systems used to assess and monitor the quality of the service was ineffective. Where people who used the service and their relatives were asked for their feedback about the service there was nothing to show what action had been taken as a response. Complaints had not always been recorded and responded to.

This was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 20 May 2015 we found that the provider had followed the action plan

and this breach in regulation was met.

The new management team had introduced regular meetings with people that used the service to gain their feedback about their experiences and choices. We saw records of meetings that showed people had been consulted about menu choices, social activities they wanted to participate in and how the service was provided. This information was recorded in an easy read language format to support people with communication needs. Action required in response to people's comments and requests were also documented. For example, requests for some day trips had been arranged, records showed the date these would be provided. This showed the provider supported people to share their views which were respected and acted upon.

Staff spoke positively about the changes and improvements the provider had made since our last inspection. One support worker told us, "The new management team have made a massive difference. They are approachable and we all work together as a team." And, "It's a much happier place to work. I look forward to coming to work." Another support worker said, "I really enjoy working here, I enjoy coming into work, it's better than the other services I've worked in." Additional comments included, "The leadership is better than it was. We feel more involved. The cleaning and environment has improved and staff meetings are scheduled regularly."

The provider had a satisfaction and complaints document. We saw many positive comments were recorded from relatives and professionals since our last inspection. A relative said, "[Name] has never been happier and is always pleased to come back to Barkby Road." Additional comments included, "The bungalow looks much better, new sofa's and decoration. Impressed that staff supported [name] to make their own drink." Professional comments included, "Big improvement in staff interaction with people and activities." And, "Excellent care plans."

The provider had improved the response to complaints made by people using the service. We saw there were three complaints received in March 2015. The acting manager had recorded these and had taken action to investigate the concerns raised and reported back the outcome to the complainant. This showed that improvements had been made to how complaints were received and investigated.

The provider had regular audits and systems in place to check the quality and safety of the service, such as health and safety checks on the environment, medicines and care files. We saw audits completed in March 2015 and April 2015. However, we noted that the audits did not include an action plan that detailed the action required by when and by whom. The operations manager agreed that to ensure required improvements were made clear action plans were required.

Following our inspection the operations manager forwarded us an example of an action plan they had implemented. This clearly recorded what improvements were required and included timescales for completion and who was responsible. The provider had made improvements to the service since our last inspection. Changes were being made to the provider's quality assurance processes to further drive forward improvements and raise standards.

In addition, the operations manager told us of their role and responsibility of ensuring the service continued to develop and sustain the improvements made. This included a monthly themed audit that would enable an in depth review of a specific area. For example, on the day of our inspection the operations manager was conducting a medicines audit.