Speciality Care (Rest Homes) Limited

Chestnut Street (59)

Inspection report

59 Chestnut Street,
Southport PR8 6QP
Tel: 01704 534433
Website:

Date of inspection visit: 11, 12 and 17 November 2014
Date of publication: 06/05/2015

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**

Overall summary

This inspection was announced and took place on 11, 12 and 17 November 2014. The home is registered to provide residential care for up to three adults with learning disabilities who attend the provider's college. Three people were living at the home at the time of our inspection. The property comprises of individual bedrooms, bathrooms, lounge, dining room, kitchen and a garden. The home is situated in Southport, close to the town centre and local bus routes.

A registered manager was 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.'

People were kept safe because there were arrangements in place to protect them from the risk of abuse. People said they were supported in a safe way by staff and they felt safe when staff accompanied them when they were out in the community. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA].

Summary of findings

This is legislation to protect and empower people who may not be able to make their own decisions. We were told that the home currently supported one person who is on a deprivation of liberty authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People told us there was always enough staff on duty to support them as they needed.

Staff received an induction and regular training in many topics such as basic life support, crisis management, fire safety, food hygiene, infection control, challenging behaviour, medication administration, moving and handling, the Mental Capacity Act (2005) and safeguarding adults. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs. Staff we spoke with told us the manager was not based at the home but kept in regular contact with staff, by visits to the home and holding staff meetings at least once a week.

The care files we looked at contained relevant and detailed information to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs. They included risk assessments for keeping people safe when accessing the community.

People told us they received their medication at a time when they needed it. We observed that medication was stored safely and securely in people's bedrooms. Risk assessments had been completed to enable people to take their medication independently.

People told us they felt listened to and involved in the running of the home. They met with staff each week to make decisions about the week's menu and activities.

People told us they were happy at the home, and our observations supported this. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

Throughout the inspection we observed staff supported people in a caring manner and treated people with dignity and respect. Staff demonstrated they had good knowledge of people's needs and supported them as they preferred. People had access to the local community and had individual activities provided.

A procedure was in place for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure. An easy read / pictorial version of the procedure was displayed in the home for people who were unable to understand the written version.

The home was well run by the manager. There were sufficient staff provided to support people to help ensure their needs were met. The building was clean and well maintained. We found audits/ checks were made regularly to monitor the quality of care provided and ensure it was safe.

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?

Good

The service was safe.

Risk assessments and support plans had been completed to protect people from the risk of harm.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Is the service effective?

Good

The service was effective.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements. People's physical and mental health needs were monitored and recorded. Staff recognized when additional support was required and people were supported to access a range of health care services.

Staff used the Mental Capacity Act 2005 to work creatively and in conjunction with health care professionals when making decisions about people's care so that their human rights were sustained.

Is the service caring?

Good

The service was caring.

The service operated a person centred culture. This means people were supported to live a fulfilled life doing what they wanted to do.

People told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect. Comments included: "I like the staff who work here, I get the support I need" and "Staff know how to support me when I' m feeling anxious."

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home and the community.

Is the service responsive?

Good

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed.

Summary of findings

People had their needs assessed and staff understood what people's care needs were. Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care.

People living at Chestnut Street told us they were involved in the decisions about their care and support and in choosing what they wanted to do each day. They told us they were happy with the support they received from staff and that staff understood their needs.

The home had a complaints policy and processes were in place to record any complaints received to ensure issues were addressed within the timescales given in the policy.

Is the service well-led? Good

The service was well led.

The registered manager was not based at the home but was kept informed regularly by the manager with day to day responsibility. Staff told us the home manager visited when not on duty at the home and held informal staff meetings at least once a week.

Throughout the inspection we observed staff interacting with each other and people who lived in the home in a professional manner. Comments from staff included, "I love working here" and "I see the manager two or three times a week."

The service had a comprehensive quality assurance system in place with various checks completed to demonstrate good practice within the home.

Chestnut Street (59)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11, 12 & 17 November 2014 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure the registered manager was available for the inspection. The inspection was carried out by a Care Quality Commission Inspector of adult social care services.

Before the inspection the provider completed a provider information return (PIR) which helped us prepare for the inspection. This is a form which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team and they provided us with information about their recent contact with the home. They told us they had no current concerns about the home.

During the inspection we spoke with two people who lived in the home. We spoke with the registered manager of the service, the head of care, the house manager and three support workers.

After the inspection we contacted social care professionals who had worked with the manager and staff to review the care and support provided to the people who lived in the home.

We undertook general observations around the home, including people's bedrooms, bathrooms, the kitchen and lounge area.

We looked at three people's care records; staff files, staff supervision and training information, staff duty rosters, the home's policies and procedures and audit documents.

Good

Is the service safe?

Our findings

People we spoke with told us they felt secure living at the home and were supported in a safe way by the staff. A person said, I need staff support to keep me safe when I go out. I always have the support." Some people had only recently moved into the home. They told us they felt settled and enjoyed living in the home.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These assessments were detailed and were completed to keep people safe in their home environment and when out and about in the community.

Staff were able to explain in detail each person's care needs. The staff team had worked with the individuals for some time; some staff had moved with one person from another home to ensure continuity of support.

Throughout the inspection we observed staff supporting people in a way that ensured their safety. People who required close supervision staff were in the vicinity keeping them in sight at all times.

Staff explained that people living at Chestnut Street had one to one support when out in the community to ensure they were safe and appropriately supported. The home manager arranged for staff to be available to support this, in consultation with each person. Arrangements for community access were detailed in people's support plans. There were enough staff on duty at all times to ensure people were supported safely both in the home, their college or work placements or when socialising in the community. We looked at three weeks staff duty rotas which confirmed this.

Staff understood how to recognise abuse and how to report concerns or allegations. They had received safeguarding adults training, which was repeated each year to ensure staff kept their knowledge and skills up to date. Staff we spoke with told us they felt confident in recognising the signs of abuse and would have no hesitation in reporting it to the safeguarding officer.

A leaflet had been printed about the home and was given to all visitors. It detailed how to report any concerns they may have seen when visiting Chestnut Street. Contact details for the provider's safeguarding officers and the local authority were printed on the leaflet. We were given a copy of the leaflet when we arrived at the home.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We checked six staff personal files to evidence this. We found copies of appropriate applications, references and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We saw documents which showed they received an induction and training. Staff we spoke with told us they had completed an induction when they started work at the home which prepared them for their role and that they received training each year.

We looked at the process of medication administration in the home. Medication was stored in people's bedrooms. Medicine administration records [MAR] we saw were completed to show that people had received their medication. The home had developed a system for when people went to spend time with their families and took medication with them. This included a form which indicated the medication when it was handed over to the parent. We found the form was signed by the parent . A similar process took place on the person's return with the form signed by staff.

One of the people who lived in the home was able to administer their medication themselves. Staff had completed a risk assessment with the person to ensure they were safe to do so. The risk assessment relating to their handing and self-administration of their medication was reviewed monthly. This ensured the person was taking their medication correctly. We saw this risk assessment which confirmed the monthly reviews took place.

The staff had received training to administer medicines. A training matrix was kept which showed staff training was carried out and up to date. Competency assessments were also completed with staff to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager following initial training.

Good

Is the service safe?

We looked at how medicines were audited. Weekly checks were made by the manager on stocks of medicines in the home. We asked about other audits [checks] of medicines that were completed and the manager was able to show us an audit undertaken by a senior manager in the organisation in December 2013. The form stated this audit should be carried out twice a year. An audit in 2014 had not taken place. Any medication errors were investigated by another home manager from the same provider who was the medication lead. Completed investigation forms we looked at showed an investigation process was in place. A report was completed at the end of the investigation process. This detailed any recommendations that where needed. An example of this was that staff required further training and a competency assessment to check they administered medication safely.

Arrangements were in place for checking the environment to ensure it was safe. We saw that health and safety audits were completed by staff on a weekly basis, which included checks of the water, equipment and fire safety checks. An audit by the head of care services was undertaken twice during each college term (approximately every six weeks). The last audit had been completed on 12 October 2014 and the recommendations relating to redecoration of the home and people's bedrooms had been actioned.

The home had a process in place to attend to repairs and redecoration quickly, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider.

Personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire.

Good

Is the service effective?

Our findings

Chestnut Street provided support to people who had a learning disability. From the observations we made of the care in the home and from talking to people who lived in the home, as well as staff, it was clear that people living at the home were supported to use their independent living skills both within the home and in accessing the community. Each person had one to one staffing provided which enabled them to live fulfilled and independent lives. For example, people who lived in the home were able to access community activities, socialise with friends and attend college or work placements.

We observed staff supporting people and interacting with them in a positive manner. We saw that staff demonstrated their knowledge of people's needs and how they liked to be supported in order to keep them safe and reduce their anxiety. This was particularly effective with those people who were unable to communicate verbally with staff. For example, supporting them in to access community activities at quiet times.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. The head of care services supplied a copy of the staff training matrix which showed the training for staff in 'mandatory' subjects such as health and safety, medication, safeguarding, infection control, mental capacity act and deprivation of liberty safeguards, food hygiene and fire awareness. In addition staff had undertaken training with respect to the needs of the people living in the home, such as autistic spectrum disorder, Asperger's syndrome and mental health awareness.

Staff we spoke with told us they received induction, an appraisal and regular support. We looked at six staff personal files. We found that staff had received an appraisal in March 2014 and had last received supervision in November 2013. We spoke with the house manager who informed us they had been in post since September 2014 and had set up times for supervision with staff in October 2014. A different house manager had been in post prior to September 2014 and had not carried out supervision with the support staff. We saw a copy of an 'informal audit' carried out by the head of care in October 2014. This audit had checked staff files but had not identified the staffs' lack of supervision. We pointed this out to the registered manager during the feedback session at the inspection.

The current house manager told us that the Provider's supervision policy stated that regular supervision should be held every eight weeks. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs.

The house manager told us that since September 2014, when they had started the job they met with staff for quick, informal staff meetings on 'handovers' usually two or three times a week. Records we saw and staff we spoke with confirmed this. We noticed these meetings were held on the same day each week and that this excluded some staff who did not work on those days. We spoke with some staff who were unable to attend these informal staff meetings. The house manager told us they planned to hold more formal weekly staff meetings to enable all staff to attend to start the following week. Support staff told us they received good support from their colleagues.

The head of care services told us that all staff had an NVQ (National Vocational Qualification) or diploma qualification in care. Newly recruited staff were expected to begin studying for a qualification when they started working with the provider if they had not yet achieved one. This was confirmed by one staff we spoke with who had completed their NVQ level 2 and had commenced NVQ level 3. This helped to ensure that staff had developed the skills and knowledge to support the people they worked with in Chestnut Street.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and community mental health team were regularly involved with people. We spoke with a social care professional after our visit. They gave positive feedback about the home. They described the service as person centred with staff who supported people's independence and encouraged and promoted their independent living skills whenever possible. They said they felt that staff were well informed in relation to people's support needs, which helped to supported them in the best way possible.

As the service was small the staff took a personalised approach to meal provision. The three people who lived in

Good

Is the service effective?

the home met each week to decide on the week's menu. Choices were made supported by staff by using the 'healthy eating plate' which guided people in their choices to have a balanced diet.

Care records we reviewed included information about people's likes and dislikes. On the day of our inspection we saw people had their choice for an evening meal. The meal for dinner was one liked by everyone and was homemade by staff. One person had specific dietary needs which staff had good knowledge of and provided support accordingly. We saw staff provided support regarding adding too much salt to a meal and supported people from a distance which provided them some privacy and dignity when eating their meal.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The head of care services and staff we spoke with were able to talk about aspects of the workings of the MCA and discuss examples of its use. We were told that a deprivation of liberty authorisation [DoLS] had been requested for one person who lived in the home and the process of assessment was underway. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. A DoLS application had been made because the front door of the home is kept locked and key pad used to open the door to keep people safe. Capacity assessments had been completed on all three people currently living in the home. The outcome of these assessments was that two people had capacity and understood the reason for the keypad. We found the head of care services and support staff knowledgeable regarding the process. We were informed after our inspection by the head of care that a DoLS had been approved, following a best interest assessment by a qualified social care professional.

We were shown the bedrooms of the people who lived in the home. We found they were clean and tidy and decorated to the person's personal choice. They were homely, personalised and comfortable.

Good

Is the service caring?

Our findings

We spoke with people who lived at the home and they told us the staff treated them with respect. Comments included: "I like the staff who work here, I get the support I need" and "Staff know how to support me when I' m feeling anxious." We were told of agency staff that had been used who did not support one of the people in the home well and in the way they needed. We told the house manager about this during our inspection. They told us they had been made aware of the issues at the time and the particular member of staff no longer worked at the home.

The staff we spoke with had a good understanding of people's needs and how they communicated. They told us they had worked with the people who lived in the home for a few years, even when they lived in other homes. One staff member had moved from working in a different home to support one person at Chestnut Street. This consistency of staff helped to ensure people's complex support needs were understood and support provided as required.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

Over the two days of the inspection we saw the home was generally busy with lots of activity particularly when people returned from college. We saw staff respond in a timely way so people did not have to wait if they needed support as staff were always on hand. We noted there was positive and on-going interaction between people and staff. For example we observed staff and people who lived in the home preparing their evening meal and planning for the next day's meals and discussing the activities they were doing.

We observed staff taking their time when supporting people, to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful and there was plenty of interaction and laughter.

People who lived in the home were supported to live independent lives. We saw evidence they were involved in the day to day running of the home and the decisions relating to activities. Some people attended college and work placements. They were supported to keep in contact with family and friends.

The personal information about people who lived at Chestnut Street was stored securely which meant that they could be sure that information about them was kept confidential. We saw from people's care records that support plans and activity plans were completed in pictorial form, to enable to people who lived in the home to understand them.

Families of people who lived in the home were kept informed regularly of their welfare. Some spent time at home with their family members. Family members were involved in decision making when this was necessary or requested by the person. An independent advocate was involved with people who had no family to represent them in decision that needed to be made about their welfare.

Good

Is the service responsive?

Our findings

We asked people who lived at the home how they were involved in planning their lives. One person we spoke with told us they had regular house meetings and met with their key worker. We saw evidence of their key worker meetings in their personal care records. These meetings identified goals and targets the person wanted to achieve and dates when they had been met. This showed evidence that people's independence was supported. People who lived in the home currently received one to one support when they went out into the community. One person we spoke with told us they had discussed with staff a plan to reduce this support and to have times when they would go out without staff. They said they felt nervous about this but wanted to try it. They also told us that they no longer required staff support to administer their medicines.

We saw evidence that the three people who lived at Chestnut Street had a fully weekly activity plan. Each person who lived in the home had a completed activity plan in their care record. They attended college activities each week day based either in the college or at home, or attended work placements. Staff facilitated group activities with friends who lived in other homes the provider owned. In addition people took part in activities in their local community with staff. Examples of these activities included shopping, going for lunch, attending night school and swimming.

We looked at the care record files for three people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with people and also their relatives if needed. We found that people had been involved in the completion or review of their 'education and support plans' as we saw those people who could had signed them and some people had written them themselves. We could see from the care records that staff reviewed each person's care on a regular basis to ensure it was up to date and being provided as needed.

Arrangements were in place for daily communication between support staff at the college people who lived at Chestnut Street attended and the Chestnut Street staff. People who could consent to this arrangement did and agreed for staff to share information about them. This information included their activities of the day, how they felt and any anxieties they had. For people who could not consent the information was recorded 'in their best interests' to enable staff to support people in the way they needed.

We spoke with one person who had recently moved to live at Chestnut Street. They told us they had transferred from another college. They said they were happy with the support they received from staff at Chestnut Street. Staff told us they had attended meetings with staff at their previous college to gather information about the person's support needs prior to their move. We saw that care plans and risk assessments had been completed in advance of their admission. We saw personal information regarding their likes and dislikes and their daily routines had been recorded, as well as an independent living skills assessment and support plan. This helped the person receive the personalised support they needed on admission to Chestnut Street.

Records we reviewed showed that risk assessments had been completed to enable people to be supported safely both in the home and the community. We saw that the on-going review of care plans and risk assessments had led to referrals to other services such as the Learning Disability Consultant Psychiatrist, in order to ensure people received the most appropriate care.

We looked at the information that was supplied if people went into hospital so that key information about their needs was easily communicated. We saw a 'health passport' for one person. The key details included information about the person's medication needs, communication needs and key health information. The information was easy and quick to understand.

We observed a complaints procedure was in place and people we spoke with were aware of this procedure. An easy read version was displayed on the notice board in the entrance hallway. The head of care showed us a file containing some recorded concerns / complaints raised by people living at the home and their relatives. We saw there had been a response made to the issues raised and where possible changes had been made in accordance with the outcome of the complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was not based in the home and also had managerial responsibility for other services within the organisation. There was a house manager who had managerial responsibility for other services within the organisation and a head of care, who reported directly to the registered manager.

The house manager told us they called into the home most mornings or afternoons and spent every Tuesday there. They held informal staff meetings at the end of each handover. The house manager met with the head of care services and registered manager every week to update them on the home.

The house manager ensured people who lived in the service received support from familiar staff. Staff from the current staff team covered shifts for sickness and annual leave of colleagues. In exceptional circumstances agency staff were used. The agency staff had worked with the people who lived in Chestnut Street before and therefore they knew them. People who lived in the home we spoke with told us it was important to them that the staff knew how to support them as they had complex health needs. Recent issues raised about particular agency staff had been addressed by the house manager and they were no longer used to support people who lived in the home.

We saw from documents made available to us that the provider had a process in place to seek the views of people who used any of their services, staff and relatives about the service provided, which involved an annual feedback survey. We were told that a survey was sent out during the summer term (April to July time) but we were told the responses returned were poor. Easy read versions were sent to people who used services.

Key worker staff met each week with people who lived in the home to discuss their activities and any issues they had. The key workers also had weekly contact with people's parents. A record of this meeting and contact and any issues were recorded in people's care records. This ensured each person who lived in the home had a dedicated staff member with whom to discuss matters with, who kept their family informed, attended health appointments with them and kept other staff up to date with any changes to their health and support needs and circumstances.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We found evidence that regular internal and external audits and checks were completed in the home.

The manager completed monthly checks of medication stock, medication administration records, care records, staff files and the weekly fire audits. However the twice yearly medication audit by a senior manager was last completed in December 2013. This meant that any issues would not identified by the management team and the registered manager may not have been made aware of them.

The head of care services undertook monthly audits. The most recent survey of the home had been completed on 12 October 2014. We looked at a copy and could see that it covered a variety of areas including care records, staffing, the environment, and person centred care. We saw that any issues that were raised at the visit had since been actioned. We saw that the staffing audit did not include staffing supervision and appraisals and therefore the lack of supervision (since November 2013) was not identified. We discussed this with the new house manager and registered manager during the inspection.

We observed quality audits had been completed during 2013/2014 related to gas and electrical appliance testing and the heating and water system. This assured us that people who lived in the home were supported and living in a safe environment.

Records were kept to ensure the quality and safety of the premises. We saw that the water temperatures, fire fighting equipment and the fire alarm were tested each week. We saw service contracts were in place for fire prevention equipment, stair lifts, clinical waste and legionella.

A comprehensive health and safety log was checked weekly, which included checks of windows, condition of furniture, condition of electrical wires, light bulbs, security and doors, as well as the general hygiene and cleanliness of the home. Cleaning schedules were in place. An infection control was audit was completed each month.