Birmingham Institute for the Deaf

Chesterberry

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 January 2016 and was unannounced. Due to the specific needs of the people living at Chesterberry we returned for a second inspection visit on 9 February 2016 with a British Sign Language (BSL) Interpreter and an added relay Interpreter to support the interview communication process. We found that when using the relay interpreter it still proved difficult to obtain comments from people.

At our last inspection on 5 November 2013, the provider was meeting all the regulations that we assessed.

Chesterberry is registered to provide accommodation for persons who require nursing and personal care for adults with a sensory impairment, learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were seven people living at the location.

There was an acting manager in post who had submitted their registration documentation to CQC and was awaiting confirmation. 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 safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion and there was positive communication and interaction with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from opportunities to take part in activities that they enjoyed and what was important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate action.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their well being.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and knew them well.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their
concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Chesterberry

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 13 January and 9 February 2016 and was unannounced. The membership of the inspection team comprised of one inspector, a BSL Interpreter and a relay interpreter. A relay interpreter provides communication between the deaf person with learning disabilities and the BSL interpreter.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection we spent time with seven people living at Chesterberry. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with four people, five care staff, the acting manager and two relatives by telephone. We looked at the care records of four people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Good

Is the service safe?

Our findings

During our inspection we saw that staff had the skills and knowledge to reduce the risk of harm to people. Staff told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. One staff member we spoke with said, "I would recognise if someone was being abused, I know how to record it and report it". We asked a person, if they felt safe at Chesterberry, they said, "Yes". Staff told us that they understood the signs to look out for that might indicate if someone was at risk of abuse, one of them said, "We recognise if there is a change in a person's mood or behaviour". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us how they supported one person to keep them safe when they were outside the home because they occasionally had problems with their balance. Another staff member told us, "When people go out in a group we make sure there are enough staff to support people with road safety". A relative we spoke with told us that they felt confident that people were been cared for safely. A member of staff explained how they completed risk assessments for when people were visiting areas that they might be unfamiliar with, for example when people went on holiday or visited other unfamiliar places. One staff member we spoke with explained how they supported people when using knives or the kettle. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers. We saw that there was a team leader on duty who was responsible for ensuring that the handover process was completed effectively. A team leader is a senior care worker who is responsible for supporting staff with the day to day activities at the home.

The provider had emergency procedures in place to support people in the event of a fire and staff were able to explain how they would do this. There were processes in place to document when people had been evacuated from potential areas of risk and were safe from fire or any other emergency. A staff member told us, "Because people here are deaf, they have vibrating pads fitted to their beds and flashing lights to alert them". A staff member explained to us how they would maintain a person's safety in the case of an emergency; ensuring that that person was safe from further harm and that the emergency services were called to support.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs when they requested support. One relative told us, "The staff are very supportive, they really understand [person's name] needs". The processes in place at Chesterberry ensured that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks

before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living at the home. The manager told us how people at Chesterberry were involved in the recruitment process, "[Persons name] identified questions they wanted candidates to answer". We saw recruitment records that showed the questions and answers chosen by the person, were used as part of the selection process.

A relative we spoke with said they had no concerns with their family member's medicine. Staff told us that they had received training on handling and administering medicines. One staff member said, "We have a six month probationary period before we're allowed to administer medicines and there's an observed practice session to ensure competency". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines and as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis.

Good

Is the service effective?

Our findings

Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. One member of staff told us, "The training is good and there's support for any specialist training we need to meet people's specific needs". The staff member explained how they had received training which focussed on a person's specific health needs so that they were able to support them more effectively. We saw that not all of the people living at Chesterberry had the mental capacity to make informed decisions about the care they received, however from our observations we could see that staff knew how to support people. For example, we saw staff providing hand over hand prompts whilst using encouraging language and gestures to support with food preparation. A relative we spoke with said, "Staff do seem well trained, they are knowledgeable about [person's name] needs". A member of staff we spoke with said, "We are regularly observed by senior staff on our competency". We saw that staff had received appropriate training and had the skills they required in order to meet people's needs.

Staff told us they had regular supervision and appraisals to support their development. One staff member told us, "We have supervision with the manager every six weeks." They went on to explain, "We discuss our support needs and how we can best support the people here". We saw staff development plans showing how staff were supported with training, supervisions and appraisals. One member of staff said, "We can go and talk to the manager at any time if we need to". We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

We saw that not all of the people who lived at Chesterberry had the mental capacity to make informed choices and decisions about some aspects of their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. For example, we saw staff asking people what they wanted to do, or where they wanted to go. One person we spoke with told us, "They [staff] ask what clothes I want". We saw that staff understood people's preferred communication styles and used these to encourage people to make informed decisions. One member of staff told us, "We use sign language to talk to people, and although some have developed their own style we can still understand what they want to do". Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest.

Staff told us and we saw that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions, that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for the people using the service, to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected. We saw that people were not restricted and moved freely around the home.

Staff were knowledgeable about supporting people whose behaviour might become challenging. One

member of staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. They went on to explain how they would use techniques to reassure people and help them to relax. We saw that people's care plans had information of the types of triggers that might result in people's behaviour becoming challenging

We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. A relative told us, "There's a good choice of food and they [staff] talked to [person's name] about what he likes to eat". Another relative we spoke with said, "I've been here at meal times and I'm happy with the food being offered". We asked a person if they liked the food and they said, "Yes". Staff spoken with were able to tell us about people's nutritional needs and knew what food people liked and disliked. There was no-one on specialist diets. We saw one person, ask a member of staff for a cup of tea. The staff member agreed to make the drink and asked another person present if they would like one too.

We saw there was fresh fruit available for people to eat if they wished and staff confirmed they encouraged people to try healthy alternatives. A relative told us, "Staff are really 'on the ball', they encourage healthy eating". We saw there was involvement of health care professionals and staff monitored people's food intake. One relative we spoke with told us how a person had had some health issues in the past that required close monitoring of what they ate to promote and maintain their health.

Relatives spoken with thought that their family member's health needs were being met. One relative said, "[Person's name] see's the GP regularly and if she needs to make an appointment suddenly, staff are always quick to respond". We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and looked relaxed in their presence. We saw that staff were kind and attentive and there was light hearted conversation between people and staff. We asked a person, if the staff were kind? They smiled and gave us a thumbs up gesture to indicate that they were. Relatives we spoke with told us that they found staff to be very caring.

We saw that staff knew people well and communicated effectively. Staff had been trained to communicate through British Sign Language BSL. Some of the staff were deaf themselves which gave them an even more personalised view of how people might communicate. One staff member told us how they used pictures, communication cards and photographs to help people communicate. We saw a staff member discussing meal choices with a person using communication cards. A relative told us, "Staff really understand "[person's name]". We saw some people leading staff by the arm and directing them to what they wanted to do. Most of the staff we spoke with had worked at Chesterberry for a period of time and this had provided stability and consistency of care for people.

We saw that the provider supported people to express their views so that they are involved in making decisions on how their care is delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's health care needs. A relative told us, "I can discuss any of [person's name] care needs with the manager whenever I want to". We saw that plans were regularly reviewed and updated when people's needs changed.

We saw that there was information available to people in easy read formats, where applicable, so that they could make some choices and decisions about their care. Examples being, the use of pictures and communication cards. One relative told us, "We're involved in care planning and get regular updates". We also saw people been supported to make decisonms about what they did , where they went and what to eat and drink

Information was available about independent advocacy services and we saw that some people had been supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported the person to access advocacy to ensure they could fully express their views.

We saw people's privacy and dignity was promoted. Staff we spoke with explained how they promoted people's privacy and dignity. One staff member explained how each person has a buzzer and light to indicate when someone is at their door. "We always press the buzzer when we visit a person's room". One person told us, "My room is private, people can't come in unless I say so". People could spend time in their room so that they had privacy when they wanted it. We saw one person taking his lunch to his room so that he could eat in private. Staff made sure that bedroom and bathroom doors were closed, preserving people's dignity.

A relative told us how they could visit at any time; "I visit quite a lot, I often pop in when I'm passing, there's no time restrictions". Another relative told us, "We can visit [person's name] and see them privately in their room, sometimes we sit in the kitchen". Staff told us how they supported people to be as independent as possible, for example, one person returned to the home after a shopping trip and they showed us the shoes that they had bought. We also saw staff supporting people to cook their own pancakes.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and they knew what people liked. One relative told us, "The manager and staff are very focussed on providing person centred care". We saw that people were encouraged to make as many decisions about their support as was practicably possible. For example, staff would ask people what they wanted by signing, the use of pictures or using items for people to touch and help them make their choice. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative told us, "I have attended meetings about [person's name] care, but I'm in regular contact with [manager's name] too". We saw records of care planning meetings involving people, relatives and staff. We saw detailed, personalised care plans that identified how people liked to receive their care. One staff member told us, "We don't have timetables, people make their own choices of when they'd like to do things".

We saw that staff were responsive to peoples individual needs. Staff explained how they supported people to maintain their cultural beliefs. One relative we spoke with told us how staff had supported a person to observe specific cultural practices related to a family event. We observed staff responding to people's needs promptly when required, for example; one person had become upset and a member of staff sat with them and supported them until they were more relaxed.

We saw that all people living at the home had their own rooms and choose whether to stay in them or join the communal areas. One person told us, "I like my room, I'm getting Wi-Fi soon".

Throughout our inspection we saw that people had things to do that they found interesting. We saw one person go out shopping with a member of staff. One person told us, "I go out and buy my own sweets and chocolate". We saw that people were supported to maintain hobbies and interests. A relative we spoke with told us how their relative had wanted to learn to play the piano lessons, so the manager was arranging it. They told us, "The manager is very positive about people realising their potential". We saw that people were encouraged and supported to suggest activities they would like to do.

Staff supported people to maintain relationships that were important to them. One staff member told us how they supported a person to make regular visits to their family in another part of the country. We saw risk assessments and photographs of a recent visit that the person had made.

We saw there had been no complaints made about Chesterberry since the last inspection. Relatives we spoke with said they knew how to make complaints if they needed to and would have no concerns in raising any issues with the management team. One relative told us, "I've never had to complain, they're very professional." The provider had a complaints procedure in place. We saw there was a structured approach to complaints in the event of one being raised. We saw how it would be monitored and audited that would identify trends and we saw how the provider developed action plans where required.

Good

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. We saw evidence from house meetings that people, staff and families were involved in how the home was run. One staff member told us, "The manager is very responsive to any suggestions we put forward". Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. One staff member told us,"There's an open door policy here, we can talk to the manager at any time". Another staff member told us, "I'm happy and feel valued here, I get praised by the manager for my work". One staff member said, "[Manager's name] is very supportive of helping me develop my career opportunities". A person we spoke with, told us, "I can talk to [manager's name], she's nice". Staff we spoke with told us that they felt that they were listened to by the manager. A relative we spoke with told us,"Staff are very approachable, we can write in the comments book, leave messages or talk to them at anytime".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider had good links to the local community. We saw that people had access to local colleges, social groups, leisure facilities and businesses. One relative told us how their relative had worked in a local café. Another relative we spoke with told us, "[Person's name] did jewellery making at college".

At the time of our inspection there was an acting manager in post who had submitted their registration documentation to CQC and was awaiting confirmation. We saw that this process had been completed appropriately by the acting manager.

We saw that accidents and incidents were recorded and used to support further learning and development at the location. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring service provision. This included surveys and telephone calls to relatives where they were encouraged to share their experiences and views of the service provided at Chesterberry. We saw that audits were used to identified areas for improvement and plans were developed the service. For example; it had been recognised by the provider that the location required refurbishment, especially in the kitchen area. The manager showed us details of plans and resources that were already identified to complete these improvements.