

Milestones Trust

Chasefield House

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

Chasefield House is a residential care home without nursing and provides care and support for up to 11 people with learning disabilities. On the day of our inspection there were 8 people resident in the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

We looked at systems in place to manage medicines and found that they were safe. Medicines were stored and administered safely. People were supported to maintain good health and had access to external health care professionals when required.

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

Support provided to people met their needs. Care plans provided information about what was important to people and how to support them. People were involved in activities of their choice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

We looked at staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff completed training to ensure they were suitably skilled to perform their role. Staff were supported through a supervision programme

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from people and compliments received by the provider confirmed that people were happy with the service and the support received.

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 remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chasefield House

Detailed findings

Background to this inspection

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

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

This comprehensive inspection took place on 25 February 2017. The inspection was unannounced and was carried out by one inspector.

On the day of the inspection we spoke with four people, three members of staff. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

The provider had suitable arrangements in place for the storage and administration and recording of people's medicines. We saw records that demonstrated that staff had been trained in the administration of the medicines. There were medication profiles for each person. They provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely.

The service had safe and effective recruitment systems in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they were confident that the registered manager and provider would act on their concerns. One member of staff told us how they had reported a concern to the registered manager which had been acted upon.

There were sufficient staff to meet people's needs. During our inspection we spent time observing staff interacting with people who used the service. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs. The staff rota was planned and took into account when additional support was needed. Staff told us that on occasion when there was a shortage of staff this was covered by the regular staff at the service, bank staff or staff from one of the provider's other homes.

People told us they felt safe and that there were sufficient staff on duty to meet their needs. People's comments included; "I feel safe here, I love it here" and "Yes its safe here, it's very good there's enough for me."

There were completed assessments of people's risks and recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. For example we saw that following an accident one person's mobility risk assessment was updated to reflect their increased needs. When the person had recovered from their injury the risk assessment was updated again to meet their needs. Staff were able to describe the guidelines for people to keep them safe.

Is the service effective?

Our findings

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Staff demonstrated a good understanding when they were asked about the principles of the MCA and DoLS.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service had also been provided for staff.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People told us they enjoyed their meals and were able to choose what they ate. We observed that when people needed support with their meal, this was offered by staff in a calm and unhurried manner. Some people prepared their own meals with the support of staff. One person told us how they enjoyed shopping for their meals with staff and then cooking what they had bought.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

Is the service caring?

Our findings

The staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed talking about football. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One person said "I like [staff name] she always helps me with my knitting." Another person said "I talk with [staff name] about Star Wars."

We observed that staff demonstrated a kind, caring and compassionate attitude towards people using the service. When we saw staff supporting people they didn't rush them. They encouraged independence whilst also offering support when it was needed. Some people were not able to speak but were able to communicate with staff with the use of signs and pictures. Staff were also able to recognise when people who could not vocalise their anxiety exhibited signs of distress; we observed that staff were able to provide these people with additional support to help them manage their anxiety.

We saw staff respected people by knocking on doors prior to entering and checking out if everything was alright. People told us they were treated with dignity and respected by the staff. People told us that staff were respectful when undertaking their personal care. People said their dignity was maintained, one person said "The staff are very kind they help me look after myself." Staff told us they enjoyed working at the home and the relationships they had formed with people. The atmosphere in the home was very friendly and happy with people chatting and laughing together.

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt involved in their care. They told us staff were understanding and knew how to meet their needs effectively. People felt they received personalised care.

Each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

People said they had access to activities they wanted to take part in and could go out into the local community on a daily basis. People's activities were personalised and used to help them maintain their independence. People went to discos, pub lunches, the cinema, Zumba classes amongst other activities. People told us about the trips they had been on and what was planned for the future such as holidays. People had also formed relationships with local shopkeepers and were well known in their local community. People told us that they were kept occupied. One person said "I go out with staff for coffee and cake and they help me do my shopping."

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain. We looked at the complaints file and found that complaints were recorded and dealt with in line with the provider's policy and to the satisfaction of the complainant.

Is the service well-led?

Our findings

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.

The registered manager and staff said they felt confident people and relatives would talk with them if they had any concerns. Staff also understood what whistle blowing was and that this needed to be reported. Staff told us they had not needed to do this, but felt confident to do so.

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Staff told us they felt well supported by the registered manager and their colleagues.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.