

Royal Mencap Society

Chestnut House

Inspection report

Mencap - 141 Acklam Road
Thornaby
Stockton On Tees
Cleveland
TS17 7JT

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16 March 2017

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Website: www.mencap.org.uk

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

Chestnut House provides care and accommodation to a maximum number of six people who have a learning disability. The service is situated on the busy Acklam to Thornaby main road. Communal facilities consist of a family style lounge, a dining room and a kitchen. Bedrooms are for single occupancy and are on the ground and first floor of the service. The service is close to shops, pubs and public transport. At the time of the inspection there were six people who used the service.

At the last inspection in January 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people's safety had been assessed and plans put in place to minimise or prevent the identified risk. This enabled staff to have the guidance they needed to help people to remain safe

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide one to one support and assist with visits out in the community. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to choose meals and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. People who used the service had access to a wide range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and operations manager, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings'. This information was analysed and action plans produced when needed.

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 safe.

Is the service effective?

Good ●

The service has improved and is now good.

Is the service caring?

Good ●

This service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Chestnut 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.

This comprehensive inspection took place on 16 March 2017 and was announced. We informed the registered provider on the morning of our inspection (an hour before). We did this because people who use the service are often out and we needed to be sure somebody was in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the registered provider. We emailed the local authority commissioning team to seek their views of the service; we did not receive a response.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at two staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the registered manager and four support workers. We spoke with all six people who used the service and spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "It's quiet and I like living here. They [staff] understand what I need." Another person said, "Yes I do feel safe."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks had been made before new staff commenced employment, for example, obtaining references and Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm that they were of suitable character to work with vulnerable people. One person told us how they were to be on the interview panel in the coming weeks as the service was interviewing for a support worker. The person told us about the questions they were going to ask the candidates to help to ensure the registered manager recruited the right person for the job.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking, for example, when eating or going out into the community. People were enabled to take responsible risks for example, one person travelled to see their friend in a taxi. When the person set off staff would ring to say the person was on their way and the service received a call when the person had arrived. The same safety measures were in place for the return journey.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies.

There were enough staff to support people's needs. On a morning from 7am there was one support worker on duty. This increased to two support workers from 8am until 10pm. There was one support worker on duty overnight, who went to sleep when people who used the service went to bed. People told us they were able to summon the help of the staff member at night should they need help. At busier times and on occasions at weekends this increased to three care staff during the day.

Staff had created a pictorial duty rota for people so they knew over a 24 hour period which staff were supporting them. To help people understand when staff were on holiday and why they may not be at the service, the registered manager had created additional pictures of a house and an aeroplane. If people were on annual leave a picture of the staff member was placed near to the house or the aeroplane. The house meant on holiday, but not on holiday abroad and the aeroplane meant on holiday abroad. This showed that staff communicated with people very well.

We looked at records, which confirmed checks of the building and equipment were carried out to ensure

health and safety. The water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits.

Is the service effective?

Our findings

People told us that staff provided a good quality of care. One person said, "I like living here, all of them [staff] are kind and thoughtful." Another person said, "The staff are absolutely excellent. [Name of staff member] is brilliant he is always there for me."

Care staff were well supported in their role. The registered manager had an annual planner in place for staff appraisal and supervision. We found records to demonstrate staff received their appraisal every 12 months and had supervision on a regular basis. Supervisions provided staff with the opportunity to discuss any concerns or training needs. One staff member said, "[Name of registered manager] is brilliant and she is so supportive. It helps when you have someone who is approachable." Another staff member said, "We [staff] get so much support. [Name of registered] manager is great."

Records showed staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, emergency first aid, manual handling, safe handling of medication, food hygiene and fire training. Staff told us they had enough training to enable them to support people and meet their needs.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions, however, we noted there wasn't always a written record kept of this. After the inspection the registered manager sent us some decision specific MCA assessments and best interest decisions. The registered manager kept a track of all people subject to a DoLS so they knew when these were due to expire and reassessment was needed.

We looked at the menu plan, which provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this. People who used the service had a weekly meeting in which they chose the menus for the week ahead. We saw the service had picture cards with meal choices. These were pictures of actual meals prepared in the service on the crockery people used. This helped people to make choices about the food they liked as they were able to recognise it. Staff had supported one person to successfully lose some weight by helping them with their food choices and encouraging exercise. This helped to maintain their wellbeing.

People were weighed but this was not at regular intervals. However, other than a planned weight loss for one person who used the service, people had remained at a stable weight. Staff did not undertake nutritional screening with people who used the service. A discussion took place about using a recognised nutritional tool to identify if people were malnourished or at risk of malnourishment or obesity. The registered manager told us they would undertake nutritional screening on all people who used the service as a matter of importance.

Records were available to confirm that people had visited the dentist, optician, chiropodist and their doctor. People had regular healthcare checks and access to screening. People and staff told us how they talked and used easy ready guides to help people understand procedures and what was involved in areas such as bowel screening, cervical screening and a mammogram. Staff were very good at communicating and reassuring people about visits to the doctors. For example, one person who used the service was reluctant to see their doctor. To help with this, the registered manager built up their confidence by first taking the person with them to the doctors to pick up people's prescriptions. On one of the visits the registered manager mentioned to the person about seeing a lady (their doctor) whilst they were, to check on their health and the person agreed. The registered manager told us how this had been a real breakthrough as previously the person had not seen their GP in 10 years. Staff had previously needed to have telephone consultations with their doctor, but now the person has been to see their doctor on two occasions in the last year.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People told us they were very happy and that the staff were very caring. One person said, "They [staff] are very nice."

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were extremely polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw staff were affectionate with people and provided them with the support they wanted and needed.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that people were treated with dignity and respect and this promoted their well-being.

We saw people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give detailed histories of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. Staff told us how they encouraged independence on a daily basis.

Information on advocacy services was available for anyone who required this. Advocacy had recently been utilised for one person who used the service to support them with important decisions.

Staff were very skilled at communicating with those people who were unable to talk. Person centred support plans and communication books provided very detailed information on people's needs and how they expressed themselves. For example, one person would brush their fringe, which meant they wanted a haircut. Staff helped us to communicate with this person by telling us how we needed to ask closed questions and how the person could answer yes or no if we presented them with clenched hands, one representing yes and one representing no. This person liked to communicate and would make a kiss sound if they were happy or liked something. They made this kiss sound on many occasions during our visit.

The registered manager and staff told us how they promoted equality and diversity. They told us the importance of treating people as individuals and everyone having the same chances in life. People were encouraged to maintain relationships that were important to them. People who used the service had their

friends come round for tea and people would visit their friends, with staff ensuring they were safe.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "I am always busy. I like to go out for the full day and sometimes I will have a martini." One person told us how staff set them an achievable goal each week, such as changing their library books or making a pie, and how when they achieved this they got a certificate. The person showed us their certificates, and told us of their achievements, and was clearly very proud.

People visited the service on many occasions to have their needs assessed before they moved in. This enabled people and staff to get to know each other and to determine if the placement was suitable.

We saw people received person centred care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and about treating the person as an individual. During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. For example, the care plan for one person described in detail that they liked to go to bed between 8.30pm and 9.30pm and liked to watch television in bed before falling asleep. It also detailed how the person liked a cool room to sleep in. Detailed care plans helped to ensure people received the care and support they needed.

People were supported to access activities in the community, which included visits to shopping centres, cafés, social clubs and the local church. One person who used the service was undertaking The Gateway Award, which is an activity award scheme for people with a learning disability. The award encourages people to gain new skills and experiences, become more independent, make friends, be active in the community and improve their health and wellbeing. With the support of staff the person had painted plant pots, purchased different beads and made jewellery and improved their fitness. The person had taken part in sport sessions for people with a disability, which included basketball, rounders, football, hockey and tennis. The person told us how much they enjoyed working towards this award and they were clearly proud of their achievements.

Another person had attended Stockton Helps All self advocacy group for some time. They told us how they had raised an issue with crossing a busy road near to the service. They had raised concern about the rapid build-up of fast moving traffic especially at peak times. The person had raised concern that there was a long stretch of road that did not have safe crossing areas such as a zebra or pedestrian crossing. They told us how they had received tremendous support from the organisers and how the issue had now been passed to Stockton Council. The person has since sent a letter to neighbours to collect their views on crossing the road and is currently awaiting a response.

The service very much supported people to be an active part of the community. One person who used the service told us they were helping with the Safer Place Scheme. This is a voluntary scheme that aims to assist vulnerable people with learning disabilities, autism and dementia to feel safer when travelling

independently. This scheme involved shops and other public places, informing people that they have staff who had been trained on how to help people who were vulnerable in the community. Vulnerable people and their families have been made aware of the stickers to familiarize themselves with the scheme and given a small card to complete with emergency contact details should they enter a safe place distressed. The person had undertaken research in Thornaby town centre to see which shops, cafes and other public places displayed this sticker and supported this scheme. They had only found one place in Thornaby displaying the sticker had spoken with staff there who were very helpful and knowledgeable. This information was then shared with Stockton Helps All advocacy group who were doing a survey of places registered with the scheme. The person who used the service was very passionate about the work they had done and their achievements.

The registered provider had a complaints policy that was also available in an easy read and picture format so that people could understand what they should do if they wanted to make a complaint. People confirmed they knew how to make a complaint. One person said, "I would tell [name of staff member] or [name of registered manager]." There have not been any complaints since we last inspected the service.

Is the service well-led?

Our findings

People who used the service spoke highly of the registered manager. One person said, "I really like [name of registered manager]." Another person said, "[Name of registered manager] she is brilliant."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. "[Name of registered manager] is the best manager I have had. She's not afraid to get stuck in. She remembers she started out as a support worker. She is very fair and very balanced." Another staff member said, "[Name of registered manager] is very involved. She has helped [name of person who used the service] this morning. It's just a nice place to work. We [staff] put the guys [people who used the service] first in a person centred way."

The registered manager has worked at the service for a number of years and has been the registered manager since February 2014.

The registered manager and other senior staff carried out a number of quality assurance checks, in areas including medicines, care planning and health and safety. The operations manager also completed their own quality audits every month to ensure the effective running of the service.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. The registered manager used these meetings to keep staff updated with any changes within the service. One staff member said, "We've got a meeting coming up on the 27th. We talk about any problems or concerns and go through key worker reports." Meetings for people who used the service had also taken place. These were used to discuss house safety, being considerate and respectful of others, activities and decoration of the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.