

Mr Swadesh Munbodhowa

Chaffinch Residential Care Home

Inspection report

36 Chaffinch Drive
Bury
Lancashire
BL9 6JU

Tel: 01617634579

Date of inspection visit:
10 December 2015
11 December 2015

Date of publication:
28 January 2016

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 was unannounced and took place on 10 and 11 December 2015. The last inspection of Chaffinch Residential Care Home took place on 14 April 2014 when we found all the regulations we reviewed were met.

Chaffinch Residential Care Home is a care home providing support for up to five people who have mental health needs.

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.

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, "Yeah I am safe here. When I was on my own I was scared of people. I am not scared here, I am just happy" and "I am happy here. I have a good friend in [person who used the service]. They are like a sister to me."

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

People who used the service had the capacity to make decisions about their day to day lives and what they did with their time.

People told us they were happy with the food provided. They said, "The food is alright" and "If we don't like something we can have something else."

Arrangements were in place to request health and social care services to help people keep well and advice was sought when needed.

The relationships we saw between people who used the service and the staff supporting them were warm and friendly. The atmosphere was calm and relaxed. People we spoke with told us that the service was, "Nice and friendly," "It's warm, friendly and quiet," and "I just like it here. I am happy and I have got friends."

We saw that to ensure people's right to privacy they had keys to their bedrooms

People told us they had a range of individual activities that they participated in within the local community; these included, for example, going to the local college, out with Contact (a local social group), and visiting

family. One person said, "I enjoyed going on holiday with Contact and I hope to go again this year." Another said, "I like to go out on my own on bus rides. I prefer not to join in."

We found people who used the service were encouraged to maintain their independence, wherever possible. People took responsibility for household tasks such as keeping their bedroom tidy, doing their laundry and drying up after meals.

Systems were now in place to regularly assess and monitor the service provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff reported that the provider and the registered manager were approachable and supportive. Resident and staff meetings were held which gave people the opportunity to raise any issues or concerns that they had.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about 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 who used the service felt safe and able to raise any concerns they had with the staff. They were confident that they would be listened to and action would be taken to help them.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

Is the service effective?

Good ●

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People were supported to maintain good physical and mental health through attendance at routine appointments, for example, with doctors, dentists, and opticians.

Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and the staff were warm, frequent and friendly. The atmosphere was calm and relaxed.

The staff knew the people well, including their needs, likes and dislikes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

We found people who used the service were encouraged to maintain their independence wherever possible.

People were involved in a range of different activities outside the home depending on their individual needs and personal wishes.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to regularly assess and monitor the service provided. The provider had notified us of any incidents that occurred as required.

People who used the service and staff told us that the provider and the registered manager were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

Chaffinch Residential Care Home

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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by an adult social care inspector.

During the inspection we spent some time with four people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included one person's care records as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, "Yeah I am safe here. When I was on my own I was scared of people. I am not scared here I am just happy" and "I am happy here. I have a good friend in [person who used the service]. They are like a sister to me."

The term safeguarding is used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation.

We saw that there was a safeguarding file available for staff to refer to in the office that held a range of information. Records showed that staff had received training in the safeguarding of vulnerable adults. The staff member who we spoke with was confident they could raise any issues and discuss them openly with the registered manager and the provider.

Staff turnover was low and staff had worked at the home for a long time. The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home, for example, hospital appointments or activities, additional staff came in to support people. No agency staff were used at the home. This meant that people were always supported by people who knew them well and ensured good continuity of care. We were told that a verbal handover took place at every shift change so that staff knew what support people needed from them.

We looked at the recruitment file of a new member of staff who was returning to work at the home. We saw there were recruitment and selection procedures in place which met the requirements of the current regulations and an interview had taken place. This helped to ensure that applicants who were coming to work at the service were suitable to work with vulnerable adults.

We saw that there were risk assessments in people's care records that gave information to staff about how to support people to keep them safe and minimise any presenting risks. For example, smoking, the use of the bath or shower and a nutritional assessment.

Records we saw showed that there had been no accidents or incidents at the service for some time. We saw that personal emergency evacuation plans (PEEPs) were available by the front door so that the fire service could access them quickly in the event of a fire.

People we spoke with showed us around the communal areas of the house and we saw their bedrooms. We saw that the house was comfortable, homely and reached a satisfactory standard.

Staff members were responsible for cooking and cleaning, as well as supporting people with daily living skills. During our inspection visit we saw that the environment was clean and tidy, though a malodour was detected in the downstairs shower room.

In the kitchen and bathrooms we saw that liquid handwash and paper towels were available for people to use to help prevent the spread of infection. The home had a copy of the Department of Health guidance on

infection control for care homes.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

Staff were responsible for the administration of people's medicines. We saw systems were in place to record what medication people had taken. We looked at the Medication Administration Record (MAR) charts for people who used the service and found these were fully completed.

No-one was self medicating and consent for staff to give them their medication was in place. We also saw a person did not want to take their medicines because they had a history of taking too much. We saw that arrangements for the use of an 'off license' medicine were in place and the necessary health checks associated with this medicine were undertaken. Monthly audits were undertaken and there had been no medication errors in the last twelve months.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Information was available to staff in the office about MCA and DoLS in the safeguarding file. The provider and the registered manager had undertaken external training in MCA and DoLS.

The provider told us that all the people who lived at the home had the capacity to make their own decisions about their day to day lives. People who we spoke with confirmed that they were able to do what they wanted to. Staff were aware that if a person's mental health deteriorated then their mental capacity could be affected and fluctuate. There were no concerns about people's mental health at the time of our visit.

The new member of staff had worked at the home previously and had experience of working in mental health settings. We saw that a personal development file was in place for them to start the Care Certificate standards and online training. Information about Skills for Care was available for staff to refer to. The Care Certificate is a nationally recognised set of induction standards for people working in care.

We looked at the service's staff team training record. This showed that staff had received basic training in food hygiene, health and safety, first aid, fire safety, infection control, medication, safeguarding, the MCA and DoLS.

People told us they were happy with the food provided. They said, "The food is alright" and "If we don't like something we can have something else." We saw that there was plenty of food available to eat and people confirmed that was always the case. One person told us they went out everyday and took a packed lunch with them.

There was a weekly menu on display that showed one choice for the main meal of the day. People told us they could access the kitchen at any time to get a hot drink and a jug of cold juice was always out and available for them to drink. There were no concerns about the weight of any of the people who lived at the home and no special dietary needs were required.

People we spoke with confirmed that they they were registered with a doctor, dentist and optician and attended routine appointments as needed. One person we spoke with was going to the doctors on the day of our visit. They were able to attend on their own but said they would be supported if it was necessary. We

were told that people were all in the process of having an annual health check with their doctor.

Is the service caring?

Our findings

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People we spoke with told us that the service was, "Nice and friendly," "It's warm, friendly and quiet," and "I just like it here. I am happy and I have got friends."

People we spoke with told us they got on well together as a group. People told us that they were looking forward to celebrating Christmas. A trip to the Christmas markets in Manchester and a Christmas meal out had been arranged.

A person told us that they were very pleased with their bedroom which had been painted in their favourite colour. The bedroom had a colour co-ordinated Christmas tree and decorations in place. The person was also enjoying keeping tropical fish.

One person told us that they liked to "Keep myself to myself. I like peace and quiet." They said that staff and the other people understood that and it was respected.

People looked well cared for and were well dressed. We saw that to ensure people's right to privacy they had keys to their bedrooms and to the front door. People who we spoke with told us that no-one went in their room without their permission.

It was clear from discussion with staff that they had a good understanding of people's individual care and support needs.

Leaflets were available in the lounge that gave people information about local services that they could access if they need additional help or support.

We saw that personal information about people who lived at Chaffinch Residential Care Home was stored securely which meant that they could be sure that information about them was kept confidential.

Is the service responsive?

Our findings

We looked at the care records for one person who used the service. We saw that care records had improved since our last inspection visit to the home. The record covered a range of areas which included, daily routines, personal care and keeping well. There was also a section about the person's mental health coping strategies such as, 'talking to staff, listening to music and watching television and finding things to keep my mind busy'.

We saw that the person concerned had signed their agreement of the care records and were kept under monthly review by the provider and registered manager. We also saw that an external mental health review had been undertaken in July 2015 to ensure the person's wellbeing.

People told us they had a range of individual activities that they participated in their local community; these included, for example, going to the local college, out with Contact and visiting family. One person, "I enjoyed going on holiday with Contact and I hope to go again this year." Another said, "I like to go out on my own on bus rides. I prefer not to join in."

We found people who used the service were encouraged to remain independent. Wherever possible, people took responsibility for household tasks. People told us, "I keep my own room tidy and I do my own washing."

There had been no complaints about the service. People told us if they had any worries or concerns that they felt confident to talk to staff and that they would listen and try to sort the problem out. We saw that there was also a comments and complaints book in the dining area which people occasionally used to raise issues.

We saw that a meeting was held with all the people who used the service on 17 November 2015, with the provider, the registered manager and a support worker. This gave people the opportunity to raise any issues that they might have. Records showed that the activities that were available from a local mental health organisation were discussed and information leaflets about the organisation were in the lounge. One person said that they would like to bake pies and cupcakes and arrangements for Christmas were discussed. No complaints or suggestions were made by people.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately, with the support of the provider or the registered manager.

Is the service well-led?

Our findings

The service had a manager who was registered with us. 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 a 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 provider also worked at the home.

The provider of the home was a former psychiatric nurse manager with many years experience working with people with mental health needs. Both the provider and the registered manager had completed a NVQ Level 4 which covered leadership and management.

People who used the service and staff told us that the provider and the registered manager were approachable and supportive.

Services which are registered are required to notify the Care Quality Commission of any incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered manager for this service had done this appropriately when required.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service. Records we saw showed that regular contract monitoring visits were made to the service by the local authority. The registered manager told us that these visits had been helpful in supporting them to improve audits and paperwork.

Records showed that a range of audits were carried out covering all areas of health and safety and the management of the service. Checks included ensuring that weekly reports, care plans and risk assessments were up to date, medication audits, staff training and fire safety.

We saw that a quality assurance survey had recently been carried out and been completed by all the people who used the service. One person had been helped to complete the form by a relative. The survey questions covered privacy and dignity, independence, security, rights, choice and fulfilment. The survey showed that overall people were satisfied with the service they received.

The last staff meeting at the home took place on 17 November 2015. The staff meeting gave staff the opportunity to raise any issues or concerns they had about the home. Records showed that at the last meeting the medication policy and competence checks were discussed and signed off. It was also discussed for staff to encourage people to drink water and juice as well as having "brews."