

Inspiration Care Limited

Chesfield 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

Chesfield House is a registered care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Chesfield provides residential care for five people who have learning disabilities or mental health and physical health care needs.

The accommodation for people is spread over ground and first floors of two houses. People have single bedroom accommodation with en-suite toilet and shower or bathing facilities; two of the bedrooms also have small kitchen facilities. People have shared access to communal rooms, kitchen and laundry.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, it was clear that people living in Chesfield House were given choices and their independence and participation within the local community was being encouraged and enabled.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

There was a registered manager in post. The registered manager was on leave at the time of the inspection. 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 continued to receive a safe service. They were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them.

People continued to receive an effective service. 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 home supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

Staff received the training and support they required to meet people's individual needs, including meeting their nutritional needs. Staff worked well with external health care professionals and people were supported to access health services when required

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions and exercising choices and independence, wherever possible. People's diverse care and support needs were recognised and staff enabled people to access activities when they could not access such services independently.

People using the service were well known by staff and the staff team worked consistently to provide continuity of care and ensure that the support provided respected their needs. People's own individual communications methods were well known and consistently used by staff who were keen to advocate on behalf of people whenever they were indicating that they were unhappy, or demonstrating in any way that they were not at ease.

People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported, they received regular supervision and participated in staff meetings and general discussions about the service that provided opportunities to share ideas, and exchange information. People continued to receive a service that was well led. Required information was available in the home and made available when requested.

Further information is in the detailed findings below.

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.

Chesfield 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 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 comprehensive inspection took place on 04 December 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met all five of the people who were living in the home. We spent our time in the company of people using the service provided and with staff who provided the direct care, some people spoke with us. Some of the people living in the home were unable to communicate verbally with us due to their health conditions and used individualised methods of communicating with staff who were supporting them. We spent time observing how people in the communal areas of the home. We saw how they were being cared for and supported by staff and used these observations to help us understand peoples' experience of living at the home.

We spoke with the team leader and the provider's representative (who had a lead role in providing training as well as monitoring the service) and four members of staff. We looked care records of one person in full, and looked at care plans, health action plans and medication administration records. We also sampled other records of care that had been provided. We looked at some records related to the management of the home. These included records relating to audits and systems in the home including some records of the checks of safety procedures.

Following the visit, we spoke by phone with two relatives of people who used the service to obtain their

views about the care and support provided. We also contacted one professional about training provided for staff who support people who lived in the home.

Is the service safe?

Our findings

At the last inspection in March 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

Relatives of people who used the service said that they were confident that people were protected and kept safe. One person said, "[Relatives name] does get support to keep safe." We saw that people were safe and protected from the risk of harm. Through our discussions with them, staff demonstrated a good understanding of safeguarding reporting procedures within the organisation and with external bodies such as the local authority. Staff used training that they had received in processes and procedures to enable them to manage any risks or incidents.

Risk assessments and care plans were in place for all people. Staff contributed to and helped to develop these assessments when changes were noted in how people needed to be supported. We saw that support was provided in line with the care plans.

People continued to be supported by enough staff on duty at all times. Some people were supported by two staff and others by one staff member. Staff worked flexibly to cover staff absences through annual leave or sickness. Any agency staff working in the home were known to people who lived in the home and the support that people received was consistent and safe.

The provider had a set recruitment policy in place and staff could clearly recall the recruitment procedure they were required to undertake before they had commenced working in the home. The processes had included interviews, reference checks, DBS checks (Disclosure and Barring Service checks to make sure they were of good character) and they had been required to complete comprehensive induction training.

People safely received their medication from staff and clear records were maintained of all such administrations. When a person was going out for the day, their prescribed medication was ready to be administered if needed. Protocols were in place for staff to follow for people who needed medication at variable times and the administration of such medication was checked regularly. Regular audits were carried out and any errors in recordings were dealt with in a timely manner.

Any incidents or accidents in the home were reviewed to identify if there was any learning which may help to prevent a similar issue from reoccurring. Staff advised that the reviews of incidents helped them to provide consistent safe care.

People living in the home were well protected by measures in place to prevent infection and the home was clean throughout.

Is the service effective?

Our findings

At the last inspection in March 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Assessment information was in place that provided information on the person's needs such as personal care, medical care and wellbeing. It gave a past medical history and information on what care the person required. One person said that the staff were good at arranging appointments with their GP when they were unwell. Peoples individual healthcare needs were well known by staff and specific oversight was maintained to ensure that checks and regular appointments are planned and attended as needed. One person was supported at the time of the visit to attend a planned hospital appointment and they advised that staff always supported them to be on time at such appointments. The home had contact details for all healthcare services and had regular contact with some healthcare professionals who were working closely with some people living at the home. One person said, "They have kept ([relatives name]) safe and I know that their healthcare needs have been looked after."

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "I have done lots of mandatory training; training here is good and I can ask for specific training or repeated training if I need it." Another staff member advised that they had received encouragement to undertake formal training outside the home. Staff told us they were well supported and received regular one to one supervision meetings where they could discuss any issues of concern as well as their own developmental needs. We saw that the training matrix evidenced training staff had completed and were due to complete. Training of staff in specific support needs of people was afforded a high priority by the provider.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were. Applications for DoLS had been submitted to the appropriate authorities as required. Staff could tell us who the DoLS applications were for and why. Staff were very clear about upholding people's rights and abilities to make decisions.

People were supported to eat and drink to suit their own tastes and preferences and all were encouraged to have a balanced diet. Some people had known risks off eating or drinking amounts that was not good for their health, and specific support was provided to people in line with these risks. Input was sought from

healthcare professionals when necessary about specific dietary needs. The planned menus were varied and there were ample food stocks in place to enable people to select other options when they did not want the meal that had been planned. People were supported by staff to prepare food and drinks when they were able and were supported to exercise choice in what they had to eat and drink including menu planning. Support was in place to ensure that any disruptions at mealtimes were minimised so that other people could enjoy their meal in calm and unhurried manner. One person advised, "They have supported my relative really well and have made more progress here with meals than I thought possible."

We found that decoration and furniture in the home was well maintained and people could move around the communal areas of the home in line with risk assessments when necessary. Some art work and photos were displayed in the home and people mostly kept their own belongings in their bedrooms.

Is the service caring?

Our findings

At the last inspection in March 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People were supported by staff who knew them well and were aware of their individual preferences and routines. Staffing levels in the home were organised to ensure that there were enough staff on duty to meet the support needs of people. Some people needed support from two staff at all times other people needed support from one staff member. We saw that these support needs were known and adhered to. We saw that people were at ease at all times with staff supporting them.

On arrival in the home and throughout our visit it was clear that relationships between people who lived in the home and those who worked there were warm and friendly. The premises were clearly regarded as the home of people living there and one staff summarised this when they commented, "We are working in someone's home – we are lucky working here."

Conversations and discussions were centred on what people were planning to do. Staff were attentive and supportive encouraging people to get ready for their individual planned activity. On the day of the visit, one person was supported to attend a hospital appointment, and another person was supported to go out on a shopping trip that they had planned. When people were planning to go out staff provided support and reminded people about getting items they wanted to take with them. One person frequently went out on their own.

People respected each person's private space and whilst everyone could have a key to their room if they wished most people chose not to. We saw that no one entered another bedroom without being invited, and this included staff. Locks were fitted to all bedroom doors and keys were available but staff advised that no one in the home had chosen to have a key to their bedroom. Staff advised some people chose to use bedroom door locks from the inside as they wished. Some aids were used within people's own bedroom or en-suite to help keep people safe whilst respecting their rights to privacy and independence.

People were supported to undertake cleaning and tidying of their own rooms and were also involved in doing their own laundry in line with their skills and abilities. Some people could not have access to the laundry and kitchen without staff support due to risk and this was well managed so that people without such risks were not unduly restricted. When people's abilities had changed, risk assessments had been completed or updated to reflect what they could safely continue to do.

People were involved in planning and deciding how their care and support was to be provided. A variety of different methods of communication were available and used by people with support from the provider and staff. Some people made use of written information and other people made use of electronic devices as well as pictorial material and picture exchange communication aids (PECS). Visitors were welcomed to the home at any time and some people enjoyed regular contact with relatives which was accommodated and supported by the home. A relative told us that they were well informed about any changes in the person's

well-being or health, "The staff know that I want to be informed and have listened to me and ensure that this happens."

Is the service responsive?

Our findings

At the last inspection in March 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

People continued to get support that responded well when their needs changed. As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. The assessment information was used to compile a tailored plan of care. Each care plan detailed the needs of each person and provided staff with guidance on how to support them in the best way. They described the individual support people needed to maintain their independence.

People continued to receive person centred care that met their needs. A person said, "The home has responded well to [relatives name] changing needs and have met the challenges whether they have been their physical care needs or their mental health." Another person said "[Relatives name] gets the care they need. They listen and take on board comments we have made."

People were supported to broaden their interests and opportunities for people were sought out by staff in line with the wishes and aspirations of people living in the home. People had achieved varying degrees of independence since living in the home and people progressed at their own pace. People did not join in many structured activities outside the home but were supported to participate in activities they enjoyed and visited numerous community venues or places that were of interest to them. People had individual activity plans that were facilitated and supported by staff. One person told us, "I like the staff and they go with me to eat out in [named favourite restaurants]. Staff are good at arranging things for me to do that I like." In addition to planned activities staff undertook impromptu in-house activities when people were not otherwise occupied.

Care plans and related discussions also covered issues related to ageing and future care needs with long term plans being developed as needed. We were advised of plans that were being explored for one person about their future care and support needs.

Staff ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People expressed concerns in numerous different ways that staff responded to. Whilst only a few people could make verbal comments or complaints, staff were knowledgeable about how people did indicate any level of dissatisfaction. One relative advised that they had never had reason to raise a complaint but knew who they would contact should it be necessary. They added "[Relatives name] once complained and I know that the provider addressed it immediately and took action." They added "Even though some of the staff are new to caring they do take required action." Another person told us, "I raised an issue about an aspect of

care and my concerns were swiftly addressed. This hasn't been issue since then." We found that the provider was reflective and had acted to address issues raised and revisited training with staff involved to ensure that protocols were consistently followed related to the issue raised.

Is the service well-led?

Our findings

At the last inspection in March 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

The registered manager of the home had been in post in this home since August 2018. 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 was on leave at the time of the inspection. We were advised that the registered manager maintained a good overview of all aspects of the home.

Regular audits and checks were made by either the registered manager, the provider or team leaders in the home. Records of audits were available and were sampled. Systems in place were well used. The audits were either focussed on a specific issue or were broader periodic service reviews. A recent audit undertaken in the home had focussed on the medication administration system and action identified as needed was recorded and then monitored and reported on. Regular checks and audits were undertaken of the records and notes in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Senior staff worked well to ensure that people were supported in consistent professional ways and had frequent contact with the provider representative who knew staff and people very well. People benefitted from a service that was open to ideas and ways of continually improving and conducted regular checks and audits to maintain existing standards of care and support. Team leaders consistently worked across different shifts in the home to facilitate greater consistency and good communication across the staff team to benefit people using the service.

We found the home worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through meetings and surveys. The provider ensured that people who lived in the home benefitted from contact that had been established with an informal network of provider forums. In addition, they maintained subscriptions to a range of national organisations so that they could keep up to date and current in respect of caring for people living in the home. One staff member told us, "The manager and [providers name] are really knowledgeable and keep us up to date with latest guidance." Notifications were shared with us as expected, so that we could see how any issues had been dealt with. We

found that the previous inspection rating was displayed as required.