

Icon Care Ltd

Chamwood

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 the 09 May 2017 and was unannounced, which meant no one at the service knew we would be visiting.

The service is registered to provide care for up to eight people with learning disabilities and/or autistic spectrum and people who misuse drugs and alcohol. At the time of our inspection there were six people living there.

Chamwood has single bedrooms with en-suite accommodation. It is located in the Grimesthorpe area of Sheffield with good access to public services and amenities. Accommodation is on two floors. The home has two communal lounges and a kitchen/dining room. There is car parking to the side of the property.

The service had a registered manager at the time of 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.

Our last inspection at Chamwood took place in April 2016. At that inspection we found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found evidence on this inspection to show improvements had been made to meet the requirements of regulation and the provider was compliant in both these areas.

We spoke with four people living at Chamwood. Their comments about Chamwood were positive. We saw people freely approach staff and have conversations and interactions with them. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Staff had a good understanding of the procedures for the safe administration of medicines and had completed formal training in this.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People felt able to tell staff if there was something they were not happy with.

People living at the home, said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and/ or their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

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.

The registered provider had procedures in place to help to protect people from abuse and unsafe care.

There were enough staff employed in order to provide a safe and flexible service to people.

A thorough recruitment procedure was in place.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to provide care and support to people who used the service. Staff had been provided with supervision on a regular basis for development and support.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required

Is the service caring?

Good ●

The service was caring.

People told us that staff were "approachable and caring."

Staff were respectful of people's privacy and dignity needs.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People were aware of the complaints policy and were confident to use this if needed.

Is the service well-led?

The service was well led.

The registered provider and registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

A range of audits were in place to monitor the health, safety and welfare of people.

Good ●

Chamwood

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 inspection took place on the 08 May 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an inspection manager.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. We had also received a provider information return (PIR) from the provider, which helped us to prepare for the inspection. 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 contacted the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with us.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people who used the service to gain their views and experiences of the service. We spoke with the registered manager, two staff about their roles and responsibilities and a visiting professional.

We reviewed a range of records about people's care and how the service was managed. These consisted of care records for three people, and other records relating to the management of the home and included three staff training records, support and employment records, quality assurance audits, and minutes of meetings with staff. We looked at the findings from questionnaires and incident and accident reports.

Is the service safe?

Our findings

People living at Chamwood told us they felt safe, comments included, "I like it here I feel safe, I couldn't have got better than living here" and "I feel safe here the staff are great they are encouraging"

During our last inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. This was because there were gaps and inconsistencies in the recruitment records. We checked whether this regulation had been met as part of this inspection and found improvements had been made.

We looked at three staff files to see if appropriate checks had been undertaken prior to employment. We saw the company had a staff recruitment policy so important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a Disclosure and Barring Service (DBS) check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. Each file contained references and proof of identity. This showed recruitment procedures in the home helped to keep people safe.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them. Information gathered from the local authority and from notifications received showed safeguarding protocols were followed to keep people safe.

During the inspection there were two support staff and the registered manager on duty. The manager told us two staff were provided each day and one staff per night. Staff spoken with confirmed two staff were always on duty apart from during the night when one member of staff was available and awake on night shifts. We looked at the home's staffing rota for the four weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said enough staff were provided to meet people's needs.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's individual activities and included a general risk assessment. We found risk assessments had been

updated as needed to make sure they were relevant to the individual.

We looked at the procedures the registered provider had in place for assisting people with their medicines. We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe. Staff told us they had medicine management training as part of their induction and the registered manager carried out 'medication competency assessments' before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice.

We found the medicines systems were checked and audited by the registered manager. The last audit completed showed that no urgent actions were required.

We found one member of staff, usually the senior on duty, was designated with responsibility for managing medicines. We checked three people's Medicine Administration Record (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out. These showed procedures were in place for the safe handling and storage of medicines.

We found that a policy and procedure was in place for infection control and the service had an identified infection control lead. Training records seen showed all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the home was clean and comfortable.

The service reviewed incidents and accidents to minimise the risk of them happening again. We saw there was a system to analyse them to help prevent any further occurrences.

We looked at the safety of the premises and found the home was very clean, odour free, warm and welcoming. People's rooms were varied in size but all were personalised and looked comfortable.

We saw people had personal emergency evacuation plans (PEEP) so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency.

The service had an emergency and crisis plan and a business continuity plan. These gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power.

Is the service effective?

Our findings

Everyone that we spoke with spoke positively about living at Chamwood. One person told us, "I like living here" and "the staff are approachable."

At our last inspection we found a breach in regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing. We found staff were not provided with supervision on a regular basis. Appraisals and supervisions were not always completed in line with the provider's policy. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

At this inspection we found improvements to the provision of supervision and appraisal. We saw a policy on staff supervision and appraisal was in place for guidance and information. We saw the supervision matrix and plan, which showed regular, planned supervision and an annual appraisal was provided to staff. Staff spoken with confirmed they were provided with regular supervision meetings with the registered manager.

Staff told us they were provided with a range of training which included equality and diversity, first aid, infection control, safeguarding, food hygiene, person centred thinking and autism. We saw a training record was in place so training updates could be delivered to maintain staff skills. Systems were in place to identify when staff needed training updates so these could be planned. The registered manager told us training was completed via e-learning on the home's computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood. In addition, face-to-face learning in some subjects such as first aid and moving and handling was provided to support people's learning.

Induction training was provided to staff so they had the skills and knowledge for their role. Induction records showed an induction was provided to staff. New staff spent time shadowing more experienced staff to help them understand their role. The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

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 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. The registered manager was aware of

the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We looked at three people's support plans. They contained a range of information regarding each individual's health. Support plans contained a health action plan, which showed annual health reviews took place to monitor people's well-being. We saw people had contact with a range of health professionals that included GP's, dentists, psychiatrists and hospital consultants. The files held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

At the time of this inspection there were two vacancies at Chamwood and there was a social care professional visiting looking at the service to see if they could support another person.

The registered manager explained that she was in the process of undertaking an assessment of a person who might want to live at the service and that she considered the needs of, and compatibility with other people already living at Chamwood.

The social care professional told us, "The registered manager has been really helpful and I feel confident that the registered manager will think about what will work well and what won't work well both for the people already living here and the person that wants to move in."

The support plans seen detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. Staff told us people decided what to eat each day and they joined staff to do the food shopping. Staff confirmed people were able to choose what they wanted to eat. We saw the fridge was well-stocked and fresh fruit and vegetables were available for people to enjoy and to promote health. This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation and assistance with eating was supported by staff. We saw evidence that staff had received training in food safety and were aware of safe food handling practices.

We saw Chamwood had a patio and garden area. At the last inspection we found the garden was unkempt and overgrown in places. We found the appearance of the garden had improved.

Is the service caring?

Our findings

People told us they liked living at Chamwood Comments included, "When I came to live here I was having a difficult time but the staff believed in me and told me that I had potential" and "If I need to talk about anything I just talk to the staff, I can talk to any of them."

Throughout our inspection we saw examples of a caring and kind approach from staff that obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

The interactions observed between staff and people living at the home appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were supporting a person to go to a local shopping centre and they made sure they left when the person wanted to. Another staff supported a person to a social event that they had decided to attend. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them. Staff displayed genuine warmth and caring attitude to the people they were supporting. One staff told us, "I love coming to work. It can be really challenging but we all like spending time with [the people supported]."

Staff said they had a good relationship with people's families and we found the staff spoken with were knowledgeable about people's family and the contact they had with them. One person told us how staff had supported them to make regular contact with their family.

Throughout our inspection we saw people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and plans so these could be respected.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity.

The manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and preferences so these could be respected. This showed important information was recorded in people's

plans so staff were aware and could act on this.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's individual needs and wishes

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. When asked if they got the support they needed, people responded 'The staff are great' and "They are encouraging, they know when I am having a bad day and it's very comfortable here."

We saw staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person when they wanted to eat and encouraged them to prepare breakfast.

We found ranges of activities were provided, and these were based on people's individual interests. We found activities included meals out at various local pubs, shopping trips, and visits to the local community hub. On the day of our inspection two people were doing an exercise class and others were baking.

We were told people's care and support plans were developed and reviewed, with the involvement of people using the service.

People's care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The plans contained clear guidance for staff on people's communication so staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

The care records were well organised and each identified area of support held a corresponding risk assessment so staff were provided with comprehensive information to reduce risk whilst promoting independence.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident people's plans contained accurate and up to date information that reflected the person.

We found support plans held evidence they had been reviewed to keep them up to date. For example, one person's mental health care plan outlined signs to look out for and the staff actions required when the person was becoming anxious. The record also evidenced appropriate health professional's guidance had been obtained. This showed a responsive approach.

We found a system was in place to respond to complaints. The registered manager told us no complaints had been received since our last inspection. The registered manager was aware of the complaints procedure and informed us a record would be kept of any complaint received and would include the actions taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC. 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.

At our last inspection we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 18 fit and proper person and regulation 19 staffing. We found that there were gaps and inconsistencies in the recruitment process and that staff had not had all the training they needed to.

At this inspection we found improvements to the recruitment process. Staff recruitment procedures were thorough and ensured people's safety was promoted. We also found improvements in staff training. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety.

This inspection found improvements had been made to the frequency of staff meetings. Records seen showed regular staff meetings were held and all staff spoken with confirmed this.

We found quality surveys had been sent to people using the service or their representatives following our last inspection in April 2016. The results had been analysed and the registered manager told us how they planned to use the findings to improve the service. We were provided with a copy of the staff, service users' and professionals' surveys, which reflected positive results.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We saw the registered manager and senior staff at the home on a daily, weekly or monthly basis had made checks and audits. These included daily financial records checks, daily medication checks and regular health and safety checks. We found the health and safety audits covered infection control so any issues identified could be acted upon. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

Staff spoken with were fully aware of the roles and responsibilities and the lines of accountability. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "We are a small staff team but we all get on well," and "The manager is very approachable." and "I definitely feel supported at work." We saw staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so staff were aware of these.

The home had policies and procedures in place, which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of

their training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they also used this regular review to identify any themes or trends that may require addressing.