Community Homes of Intensive Care and Education Limited

Chesham 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

Chesham House is a residential home for up to ten people. The service offers accommodation, care and support to people with mental health needs. The accommodation is over two floors and includes a communal sitting and dining area, a further communal "quiet" room and a communal kitchen. There are eight bedrooms in the main house and a further two flats in the garden. The flats are self-contained as they each have their own kitchen and bathroom. At the time of our inspection there were ten people living at the home.

The inspection took place on 6 September 2017 and was unannounced. The inspection team consisted of one inspector and a mental health specialist advisor with experience of working with people with mental health needs.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People and staff said they felt safe at the home. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. Risk assessments identified when people were at risk from every day activities and comprehensive plans were in place to minimise those risks and to deliver care and support which met people's needs. People's needs were met by suitable numbers of staff. Appropriate recruitment procedures were in place.

People were supported to take their medicines as prescribed and systems were in place to manage peoples' medicines safely. Two staff administered the medicines which ensured the process and recording were accurate.

People were supported by staff who were trained appropriately for their role. New staff completed an in-house induction and the Care Certificate where they did not have previous experience in support work. The provider had an ongoing training programme in place and staff spoke highly of the training available and additional bespoke training was provided when needed. Staff had training about the Mental Capacity Act 2005 (MCA).

People were supported to shop and make their own meals as well as to access healthcare services when necessary.

Staff formed positive caring relationships with people. Staff presented as genuinely caring and interested in people's welfare. We observed positive interactions between people and staff on duty. The service supported people to express their views and be actively involved in making decisions about their care and

support. Staff respected people's privacy and dignity when supporting them.

People were supported to undertake a range of activities, both individually and as a group. People who were moving in to the home were involved in choosing the décor of their bedroom. People received personalised care that was responsive to their needs. People's care and support needs were assessed and care plans were written, reviewed and developed regularly. The registered manager kept a log of complaints raised and we saw that complaints were investigated and responded to and included an apology where this was needed.

The provider and registered manager promoted a positive culture and staff spoke highly of the organisation, the project, and its management. There was a clear management structure in place which demonstrated good management and leadership. The registered manager had a system of audit in place to monitor the quality of service provided. "Service user meetings" were held regularly and were used to discuss the views of people living there and to give people information.

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.

Staff had completed training with regard to safeguarding and the registered manager knew how to make appropriate safeguarding referrals.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

People's needs were met by suitable numbers of staff and appropriate recruitment procedures were in place.

People were supported to take their medicines as prescribed and systems were in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained appropriately for their role.

People were supported to shop and make their own meals.

People were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People were at the centre of how the service was run and staff cared about them.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and

dignity.

Is the service responsive?

Good

The service was responsive.

People were supported to undertake a range of activities.

People received personalised care that was responsive to their needs.

The provider had a complaints procedure in place and people knew how to complain.

Is the service well-led?

Good

The service was well led.

The provider and registered manager promoted a positive culture and staff spoke highly of the organisation, the project, and its management.

There was a clear management structure in place which demonstrated good management and leadership.

The registered manager had a system of audit in place to monitor the quality of service provided.

Chesham 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.

The inspection took place on 6 September 2017 and was unannounced. The inspection team consisted of one inspector and a mental health specialist advisor with experience of working with people with mental health needs.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). 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.

During the inspection, we spoke with five people, four staff and the registered manager. We looked at a range of records, including two care plans, three staff recruitment files and quality assurance audits.

This was the first inspection of this service since the provider changed.

Good

Is the service safe?

Our findings

People and staff said they felt safe at the home. One person told us, "It's alright here, the atmosphere can become unsettled. The staff are pretty good at sorting things." The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. They ensured that safeguarding was discussed at every team meeting and reminded staff what they should do if they were concerned about anything at all. Staff told us what action they would take if they suspected or witnessed abuse.

Risk assessments identified when people were at risk from every day activities and comprehensive plans were in place to minimise those risks and to deliver care and support which met people's needs. Each person was at risk from different activities, such as cooking, using electrical appliances, using sharp objects and slips and falls. Risk assessments were individually written and assessed different risks specific to each person. Where people had physical health needs, such as epilepsy, risk assessments identified what staff should do to support the person while swimming, travelling, bathing and what to do if they stopped breathing.

People's needs were met by suitable numbers of staff. Staff told us they felt the home was staffed appropriately and that when cover staff were needed, they were always staff who were familiar with the home and the people living there. The registered manager explained that head office developed the staff rota depending on the assessed funding levels of each person. If people's needs changed, the registered manager increased staffing levels and discussed with head office afterwards. Staffing was flexible to cover different times of the day as well as when people needed more support, such as, attending hospital appointments. Other staff, or staff from other homes run by the provider covered staff illness and holiday. The registered manager said they had always found cover but that they would not leave the home if there was a shortage of staff.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were recruited from the provider's other services or externally. The registered manager told us people using the service had been asked if they would like to attend interviews but so far, had declined. However, the candidates spoke to people in the communal area before their interview and staff observed how they interacted with people.

People were supported to take their medicines as prescribed and systems were in place to manage people's medicines safely. Two staff administered the medicines which ensured the process and recording were accurate. At the start of every shift, staff checked the medicines and signed to say the records were accurate. Staff had received training in administering medicines and their competence was assessed. Care plans included details of what support people needed and records were kept which detailed when people had taken their medicines. The care plans identified the reason people were prescribed medicines, as well as

information about the triggers and signs, guidelines for us and information on the product. The registered manager was clear regarding what action they would take if a medication error was found to have occurred. A staff member told us, "I would feel able to own up to a medication error because I know how serious it is."

Good

Is the service effective?

Our findings

People were supported by staff who were trained appropriately for their role. New staff completed an in-house induction and the Care Certificate where they did not have previous experience in support work. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. A staff member told us they felt the induction had been "good" and that "things were going well", particularly regarding the "training and the quality of information on residents."

The provider had an ongoing training programme in place and staff spoke highly of the training available. Comments from staff included, "The training is great", "All new starters get basic and core training", "There are so many training courses and I am learning every day". Staff said there was lots of subject based training available, for example, about epilepsy or personality disorder, with additional learning being provided in-house. One staff member said, "I couldn't understand [a health condition] before; I did the training, now it's brilliant and I understand! The training is absolutely brilliant, so relaxed, relaxed enough to talk and discuss, ask questions." One staff member told us they were currently working towards a level 3 qualification in health and social care and said there was also, "good coaching available and good peer support."

Additional bespoke training was also provided when needed. The registered manager told us how they had asked for some specific training from a psychology professional and this was arranged. They went on to say, "The company is good at providing training: any change in the law, straight away there is a policy in place."

Staff were further supported in their work through regular supervisions and annual appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. New staff received supervision on a weekly basis for the first six weeks to ensure they were supported in their new role.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. Staff followed the principles of MCA in their daily practice by involving people in their care and support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the procedures to follow and one person had been granted a DoLS whilst another person had been referred for assessment.

People were supported to shop and make their own meals. One person told us, "I can eat when I want. On Thursday we do a communal meal." The registered manager said that since they started working at the home, people were supported to become more independent with their cooking and eating. People shopped and budgeted, with staff support, for their own meals and therefore chose what they ate. People had

different skill levels when preparing and cooking their meals and were supported appropriately. One person preferred to cook at night and staff supported this. Another person needed staff to cook their meal for them but sometimes threw it away so staff offered alternatives until the person ate something.

People were supported to access healthcare services when necessary. We saw that people had visited or been referred to professionals such as occupational therapists, speech and language therapists, opticians, dentists, GPs and a consultant psychiatrist. A healthcare professional told us, "[The staff] make appropriate health referrals as required." Staff kept records detailing what was said at healthcare appointments so that any advice or guidance from professionals was available to everyone involved.

Good

Is the service caring?

Our findings

Staff formed positive caring relationships with people. One person told us, "Staff sit with me and support me through the 'voices'." They went on to say that staff understood them, were nice and respectful and that they preferred living at Chesham House to the last place they lived. The person had been admitted to hospital earlier in the year and said, "Staff visited me on the ward. They used to phone to see if I needed anything to make me happier, or needed something to do. When I was in ITU, they phoned twice a day to see how I was."

Staff presented as genuinely caring and interested in people's welfare. We observed positive interactions between people and staff on duty. We saw one person telling staff that they were going out for a while and were starting 'work' later that day. They were excited to be able to tell the staff about this and the interaction was relaxed and friendly. Another person came to the office to ask how much money he had in his account and staff were able to tell them without looking at the records. One staff member told us how they enjoyed working at the home, "I love working here, especially the close working with people."

A staff member said that dignity and respect were core values of the service and said, "Staff really do care [about people]. I was blown away by it [when I came to work here]." A healthcare professional told us they had visited the home and found that, "People presented as well cared for, happy within the environment and were enjoying time with the staff on duty."

The service supported people to express their views and be actively involved in making decisions about their care and support. We saw people chose how and where they spent their day and made everyday choices. One person told us they regularly chose to cook and serve a meal for relatives in their own kitchen. A staff member told us how the staff team respected people's decisions, for example, by asking if they would like to be weighed each month and adhering to their decision.

Staff told us about how they respected people's privacy and dignity when supporting people with their personal care. One staff member said, "We prompt and try different strategies [to support a person with bathing]." One example of using strategies was identifying that a person had a particularly good relationship with one member of staff and so they had negotiated a bathing care plan with the person, to meet their needs. Another staff member said, "I ask them if they'd like help [with their personal care], if it's a 'no', that's ok. They can also ask us for support." They went on to describe how they respected people's privacy when supporting them with personal care. Staff confirmed, "Ladies assist the ladies and men assist the men."

Good

Is the service responsive?

Our findings

The provider had an assessment process in place which started with visiting the person in their current environment. People were then invited to visit the home and were given information about what the home could offer as well as the opportunity to ask any questions. The registered manager said they took into account the views of the other people living at the home as well as ensuring the person wanted to move in, before offering a place. The provider employed staff known as "the psychology team" whose role it was to visit the person, gain further information and develop a support plan regarding the person's mental health. The registered manager then based the wider care plan on this assessment and head office devised a transition plan to enable a smooth moving in process. People were assigned a named staff member as a "key worker" and as the staff team got to know the new person, the care plans were reviewed and amended.

People received personalised care that was responsive to their needs. One person told us they had been at the home several years and felt that they had "done well" there. People had "mental health recovery plans" in place which were reviewed at regular and appropriate intervals. There were systems in place to ensure appropriate care was given. For example, staff signed to confirm they had, "read, understood and will follow" the most up to date care plans contained in the file. Files contained information which staff needed to be aware of, such as triggers and signs of declining mental health. The care plans detailed how staff should respond to people when their behaviour changed.

Care plans also included information, where necessary, which covered the transition period when people moved to the home from a hospital setting. There were also documents in place which would accompany people to hospital should they need to be admitted. A healthcare professional told us, "The care plans are appropriate to the client's needs. From my recent visit, the manager was knowledgeable [people]; they shared care plans that were appropriate and client focused and were reviewed on a regular basis." They went on to say that people could, "move around the home as they need to, and are also able to access the community dependent on their identified need."

People were supported to undertake a range of activities, both individually and as a group. Some people chose to do more activities than others, including swimming, gardening at an allotment and going out with friends. Staff told us the women liked to go shopping but this was not an activity the men enjoyed. One person told us, "I like the allotments. [Staff] try and do a trip out as a group and we have meals out and we [recently] had breakfast out." People who were moving in to the home were involved in choosing the décor of their bedroom. They could involve their family if they wished, could choose paint colours and have pictures on the wall.

The provider had a complaints procedure in place and one person told us they knew how to make a complaint. The registered manager kept a log of complaints raised and we saw that complaints were investigated and responded to and included an apology where this was needed. The registered manager submitted a monthly report regarding complaints to the board of directors so they were up to date with any concerns.

Good

Is the service well-led?

Our findings

The provider and registered manager promoted a positive culture. One person told us, "The [registered] manager is nice. She has made a lot of changes, some people have felt it." However, the person felt the changes were for the best as people were supported to be more independent.

Staff spoke highly of the organisation, the project, and its management. One staff member said they, "loved working" in the home and that the registered manager was, "On top of everything, knowledgeable and calm." They went on to say there were, "good opportunities for progression within the company." The registered manager outlined the opportunities for staff to progress within the organisation, such as by completing a development foundation management programme and joining the 'fast track' scheme to run shifts. Another staff member said, "I can go into the office and talk about anything. [Information] is communicated to me. It is a relaxed, nice atmosphere. Everyone knows what they're doing, they get on and do it, and there is no angst."

There was a clear management structure in place which demonstrated good management and leadership. The registered manager was supported in their role by their staff team (including a deputy manager) as well as senior management. The registered manager received monthly supervisions from a senior manager in the organisation and said of the supervisor, "[They] are brilliant." The registered manager went on to say that they could raise any issues with senior management: "We are asked to be transparent and [management] are extremely supportive." The registered manager attended a managers' meeting which was held every two months to discuss policies and other relevant issues. Their learning and development was further enhanced through training, attending a mental health steering group every three months and conferences.

The registered manager had a system of audits in place to monitor the quality of service provided. They used a monthly monitoring tool which was used to monitor and record a range of checks. Examples included health and safety, fire safety, medicines audits, checks that staff meetings and service user meetings had been held and that supervision and appraisals were up to date. The registered manager also audited care plans and records such as whether medical appointments were made and in the diary and that correspondence was filed accurately. The registered manager would also identify any gaps in records and discuss during supervision sessions. Senior management visited the home, unannounced, on a monthly basis to complete various audits, which included looking at the files. The registered manager told us, "[Senior managers] tell us on the day what I need to work on" and this was followed up at the next visit.

"Service user meetings" were held regularly and were used to discuss the views of people living there and to give people information. Examples included talking about day trips and the fire evacuation procedures.