MCCH

Chapel Hill

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 13 May 2016 and was unannounced. At the last inspection of the service in December 2013 we found the provider was meeting the regulations we looked at.

Chapel Hill Care Home is a mental health project which provides accommodation and support for up to 21 people with the aim to prepare people to move on to independent living..

Chapel Hill Care Home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At this inspection we found that improvement was required. Detailed records of one to one keyworker meetings were not maintained to support staff in recognising risks to people. Reports of Care Program Approach (CPA) review meetings were not always maintained on people's care files. Failure to maintain these reports meant that staff may not be aware of any issues arising from these meetings.

People using the service said they felt safe and that staff treated them well. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were enough staff on duty to meet people's needs. The provider conducted appropriate recruitment checks before staff started work. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff training was up to date. Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People were treated with kindness and compassion and people's privacy and dignity was respected. People were provided with information about the service when they joined in the form of a 'service user guide' which included the service's complaints policy.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Support plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Support plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People were supported to be independent where possible such as attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. Staff were committed to offering people a good service that improved the quality of their lives and allowed them to be part of the wider community. There were a variety of activities on offer that met people's needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People told us they thought the service was well run and that the registered manager was supportive. There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided. People and their relatives were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

One to one keyworker meetings were not always documented.

CPA review meeting reports were not always requested and maintained in care files.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

Medicines were managed safely to make sure people received their medicines as prescribed. They were supported to maintain good health and had access to
health care support.

Risks to people were safely assessed and managed.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good

The service was effective.

Staff training was up to date Staff received appropriate supervisions and appraisals.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People received food and drink suitable to their needs.

People had access to healthcare when they needed it.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and respected their dignity and privacy.

Staff supported people to be involved in decisions about their care and support.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

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

There were a variety of activities on offer that met people's needs for stimulation.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and were given information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

Chapel Hill

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 was 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 unannounced inspection took place on 13 May 2016. The inspection team on the day consisted of one adult social care inspector.

The service is registered to provide accommodation and care for up to twenty-one people. At the time of this inspection the home was providing care and support to twenty-one people. We spent time observing the care and support being delivered. We spoke with three people using the service, two members of staff and the registered manager. We reviewed records, including the care records of four people using the service, five staff members' recruitment files and training records. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service and felt well cared for. One person said "I feel very safe as I have twenty-four hours care". Another told us "I feel safe here, staff help me."

Risks to people had been assessed in areas including mental and physical health, diabetes, self-neglect, and self-harm. We saw that people were allocated a keyworker who they met on a weekly basis or whenever needed. Preventative measures were identified within people's risk assessments which included their attendance at their one to one keyworker sessions to discuss current issues and any changes to their care needs. However, improvements were needed as we saw that one to one sessions with keyworkers were not always documented after meetings. For example, records showed that one person involved in an incident did not have a meeting with their keyworker until a month after the incident. We raised this issue with the registered manager who told us that the person involved in the incident did meet with their care keyworker the day after the incident but this meeting had not been documented. The registered manager told us that although the meeting with the keyworker had not been documented the manager showed us that the person had met with their care co-ordinator and a crisis plan had been put in place, we saw records that confirmed this.

We also noted that Care Program Approach (CPA) review meetings had taken place, but reports from these meetings were not always available in people's care files. CPA is a way that services are assessed, planned and reviewed for someone with mental health problems. The failure to maintain records of CPA review meetings meant that staff may not be aware of any issues arising from these meetings and whether or not any changes to people's care were needed to keep people safe. We raised this with the registered manager who told us that following CPA review meetings staff had verbal discussions with the mental health team who informed them of any issues the service needed to be aware of and this was conveyed to other staff at handover meetings, however there was no written record available at the service. We raised this with the manager who told us that hereon in all CPA reports would be requested and maintained on care files. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

Staff were aware of whistleblowing and safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that staff had received training on safeguarding adults, training records confirmed this.

Medicines were stored, administered and recorded appropriately and the service carried out a weekly audit to identify any shortfalls which might compromise safety. We saw that there were no shortfalls or issues identified. We saw medicines risk assessments were in place and described the risk and what action to take. One person we spoke with told us, "Staff help me with my medicines." Another told us "Staff remind me to take my medication".

A signing in book was in use in the office area, to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

We saw an accident and incident file recording all incidents and accidents for people using the service. This included the detail of the incidents or accident, i.e. what happened and what action was taken, For example one person was involved in an incident that involved smoking in their bedroom, the incident was documented by staff and reviewed by the manager. We saw that an action plan was in place to minimise future incidents, this included not smoking in bedrooms.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and records confirmed that they had received first aid and fire training. The fire risk assessment for the home was up to date and we saw regular fire drills were undertaken to ensure staff knew what to do in the event of a fire.

Appropriate recruitment checks took place before staff started work. Staff files contained a completed application form which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

There were sufficient numbers of staff on duty to meet people's needs. We observed a good staff presence and staff were attentive to people's needs. One person we spoke to told us "There are always enough staff, I like all of them." Another told us "There are enough staff here to help me."

Good

Is the service effective?

Our findings

People we spoke to told us that staff were understanding, knew them and were competent. One person said, "Staff know what they are doing, I trust them."

Staff training records confirmed staff had completed an induction and carried out a minimum of two weeks job shadowing when they started work. Staff told us they were up to date with their mandatory training which included safeguarding, first aid, food and hygiene, mental capacity and medicines training. Records we looked at confirmed this. One member of staff told us "The training we get is fabulous". Another told us "I get lots of training which is good".

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this. At these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for all staff that had completed one year in service. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. Members of staff we spoke with told us "I have regular supervisions and an annual appraisal. I find supervisions useful". Another told us "I have regular supervisions it gives me an opportunity to voice any concerns I may have".

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA). 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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their care and treatment. However if they had any concerns regarding someone's ability to make decisions they would work with the person, their relatives, if appropriate, and any health and social care professionals to ensure appropriate capacity assessments were undertaken. Staff told us they had received training on the MCA 2005 and understood the need to gain consent when supporting people. One staff member said "I always ask seek people's consent before offering them support".

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were recorded. People's individual records contained information about all their scheduled healthcare and medical appointments. This included the GP and dentist visits. Staff ensured people attended these and accompanied them when needed in order to maintain good health.

People were supported to have a balanced diet. We saw that people had individual weekly menu plans,

which they planned with staff on Sundays. Staff told us there were some people who catered for themselves and there were other people who had meals prepared for them. Staff told us they assisted people with shopping and encouraged them to eat healthy.

We saw individual food preferences were recorded in people's care files, for example, one person especially enjoyed cooking and eating Hungarian food. This person told us "I love Hungarian food, especially paprika chicken".

Good

Is the service caring?

Our findings

People and their relatives told us that the service was caring. One person told us "The staff are very caring and they always help me." Another told us "The staff really do care about us, they are kind".

Staff knew how to support people; they understood, and were able to describe the individual needs of people who used the service. For example, the time people liked to wake up and go to bed and the types of food they liked and disliked. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy. For example, they knocked on people's bedroom doors' before entering and kept bedroom doors closed when they were supporting people. One person told us "Staff respect my privacy; they always knock on my door before coming in and tell me what they are doing".

People we saw were well presented and looked comfortable with staff. We observed staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw people were assisted by staff in a patient and friendly way. We saw and heard that people had a good rapport with staff.

The service had a calm and happy atmosphere. We saw that staff took their time and gave people encouragement whilst supporting them. Staff were committed to offering people a good service that improved the quality of their lives and allowed them to be part of the wider community. For example, some people who used the service attended the First Step Trust. This organisation gave people the opportunity to carry out their theory driving test and lessons were funded. This helped to prepare people for when they moved on to independent living.

People were supported to be independent where possible. This included cooking, tidying their rooms and washing. Staff told us that it was important to encourage people in order to help prepare them for independent living. This also included visiting the GP and independently travelling to attend activities. One person told us "Staff are very helpful and help me to arrange my appointments and manage my money. This will help me when I move on to live by myself". People were given information about the service in the form of an information leaflet, this leaflet outlined the standard of care to expect and the services and facilities provided at the home

Staff were also knowledgeable about people's needs in relation to disability, race, religion and sexual orientation and supported people appropriately to meet identified needs or wishes. One person told us "I go to church now and then". Another told us "I used to go to church but have decided not to go anymore". People were supported to see relatives and friends. Staff said that visitors could ring and come at any reasonable time. One person told us "My children come and visit me every two weeks". Another person told us "I visit my mum every day".

Good

Is the service responsive?

Our findings

People using the service and their relatives were involved in reviews of their care and support. The extent people were involved depended on the complexity of their needs. People were assessed to receive care and treatment that met their needs and support plans documented clear guidance for staff on how people's health needs should be met. Support plans and risk assessments were reviewed on a regular basis to ensure this. Records showed that people were assigned keyworkers to give individual and focused support.

Each person had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, next of kin and family details and contact information for healthcare specialists. Personal profiles also provided information on the person's diagnosis and support requirements, for example, support required to promote independence and help with personal care.

We saw care files were well organised and easy to follow and included support plans and risk assessments. We looked at four people's care files and saw their health care and support needs had been assessed before they moved into the home.

The care files we looked at included individual support plans addressing a range of needs such as communication, personal hygiene, nutrition and physical needs. However, we found that care files did not include people's life histories to assist staff in communicating with them and supporting them

Daily progress notes were maintained to record the care and support delivered to people to ensure people's individual needs were met. Support plans were reviewed on a monthly basis and documented clear guidance for staff on how people's health needs should be met. We saw that some relatives of people who used the service were involved in the planning of their care, and that their key workers and relevant healthcare professionals were also involved in the care planning process.

Records showed that people were assigned keyworkers to give individual and focused support.
Support plans were person centred and identified people's choices and preferences. For example, the activities people liked to do such as bingo, cultural nights and gardening and what their favourite foods were. Support plans recorded that one person liked spending time on their own and would say 'time to go' when they wanted to do this and another person liked to have fizzy drinks and cakes as part of their dietary plan. This allowed staff to be fully aware of people's individual needs and preferences.

Staff knew people well and remembered things that were important to them so that they received person-centred care. Staff we spoke with demonstrated a good knowledge of people's preferences within their daily routines. For example what time they liked to wake up and go to bed and their preferred time to shower. Staff communicated effectively with each other and other services to make sure people received the right care and support. For example, giving a detailed update at handover meetings.

People were supported to follow their interests and take part in activities. Activities within the home included board games, crosswords, having BBQs and coffee mornings. One person told us "there is lots of

activities, buts sometimes I just like to watch the telly."

We saw the service had a complaints policy in place and leaflets were displayed on noticeboards across the service should people need to raise concerns. The service's complaints handling process was effective. There was a record of complaints raised in the service with written acknowledgement sent to a relative. The service had investigated and resolved complaints received within timeframes set in the provider's complaints procedure. Staff told us how they would support people to make a complaint and ensure they received an appropriate response.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the care and support they received and the way in which the service was managed. People told us they thought the service was well run. One person told us "The service is well run, the manager is lovely". Another told us "I like the manager, she treats me well".

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of this. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included medicines, risk assessments and complaints.

The home had a registered manager who had been since 2015 was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input and that the manager operated an open door policy. One member of staff told us, "The service is well-led, it has an open culture and we are encouraged to work as a team, I can go and see them [management] at any time". Another told us "The manager has done a really good job; she's adaptable and always looking for ways to improve the service".

Staff we spoke with told us that the home's ethos and vision was to enable people to move on to living independently. One member of staff told us "Our ultimate goal is help prepare for independent living" Another told us "We have really empowered clients who have moved onto independent living".

We saw that regular residents house meetings were held to provide people with an opportunity to air their views about the service. Minutes of these meetings showed they were well attended and that people engaged with the process and their suggestions had been actioned. Items discussed included, day trips, holidays, culture nights and how to make a complaint.

Staff attended daily handover meetings at the end of every shift so that they were kept up to date with any changes to people's care and welfare. Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions took place around areas such as incidents and accidents, fire safety, policies and supervisions. One member of staff we spoke to told us "Staff meetings are good; they give me the opportunity to give feedback".

We saw that the service carried out regular annual residents and relative surveys. Resident surveys for 2015, showed eight-seven percent of people rated staff as good or excellent. Staff surveys results showed that wages were increased and more team building days were available as a result of feedback received. The manager told us they use all feedback to make positive changes.