

Tracs Limited

Chesterwood

Inspection report

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Date of inspection visit:
17 February 2016
22 February 2016

Date of publication:
07 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 17 and 22 February 2016 and was unannounced. We last inspected the service in September 2014 and found it was compliant with all the regulations we looked at.

The service is registered to provide care for up to six people with an acquired brain injury. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was away on the first day of our visit and so we returned on a second day to speak with them.

People told us that they felt the service kept them safe. Staff were aware of how to protect people from risk of harm and how to raise concerns when necessary. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions. People were supported to accept their medicines which were appropriately stored and managed. This helped to keep people well.

There were enough staff to keep people safe and to meet their needs. There were recruitment and induction processes in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them.

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. Staff demonstrated skills and knowledge to ensure people were supported effectively and safely.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support and people were in control of the support they received. People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty. Staff members were not always able to tell us who was legally restricted and they provided mixed reasons for having restrictions in place within the home.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to other health care professionals when necessary to maintain their health.

We found that the service was supporting people well, and during our visit we observed people and staff enjoying each other's company. There was a happy and relaxed atmosphere. We found people were being supported to access activities that they enjoyed and were of interest to them. People had developed positive relationships with the staff who supported them and the service promoted people's privacy and dignity.

We found that each person's care had been tailored to their needs and wishes and people felt listened to.

The care plans were all individual and reflected the preferences and needs of each person. Processes were in place which supported people to be involved in developing their care plans and expressing how they wanted their care to be delivered.

People did not have any complaints about the support they received. The registered manager and staff provided calm, professional and person centred care for the people who lived in the service. There were systems in place for the registered manager and the provider to check the quality of the service day to day and monitor for any trends in how it was operating over a longer period.

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 could recognise and knew how to report concerns about people's safety.

There were sufficient numbers of staff available to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge needed to meet people's specific care needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to eat and drink enough to maintain their well-being.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support.

People's dignity and privacy had been promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

The management and staff supported to people engage in their chosen educational and leisure activities.

Arrangements were in place to regularly check that people were happy with their care and support. The provider had a system in place to respond to concerns.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Systems were in place to monitor the quality of the service from day to day and over a period of time.

Chesterwood

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 inspection took place on 17 and 22 February and was unannounced. The inspection team comprised of two inspectors.

We looked at the information we already had about this provider. We reviewed information from the local authority about the service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our inspection we spoke with all of the people who were receiving care at Chesterwood. We observed how staff supported people throughout the day. We spoke with four care staff, the registered manager, an external training assessor, one person's social worker, an advocate and one relative. We looked at the care records of two people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Is the service safe?

Our findings

We spoke with people who lived at Chesterwood about feeling safe and they all told us that they felt comfortable and happy living there.. One person said, "I feel safe, I'm alright here."

People using the service told us that they would feel comfortable complaining or reporting issues to staff as necessary. Information was available about how to report abuse and was discussed at a recent 'residents' meeting. A poster on display included the various telephone numbers of the different agencies who staff and people they could contact in the event of abuse occurring or being suspected.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff knew what agencies were involved in safeguarding and knew what to look for if someone was experiencing abuse. Staff we spoke with confirmed they had undertaken very detailed safeguarding of vulnerable adults training and they could tell us about the different types of abuse that could occur. Staff were confident that any concerns raised would be acted on.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled staff to manage the risks associated with people's specific conditions. Staff we spoke with told us how incidents and accidents were reported and we saw examples of where reported incidents had led to actions being implemented to reduce the risk of a repeat incident.

People had risk assessments in place regarding the support they needed with their money. We saw that at every handover staff checked that the amount of people's money was correct and that the provider also completed regular audits of how moneys were being managed. We raised with the registered manager that the current storage arrangements for people's money was not as robust as it could be. The registered manager was receptive to our comments and informed us they would review the storage arrangements.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people's care needs. One person told us, "There are always plenty of staff around." An external trainer told us that there was, "Always enough staff." Staff told us that the rotas were developed in advance and staffing levels were agreed based on people's individual risk assessments. One care staff told us, "We have a good ratio of staff here." Staff told us that rather than use agency staff the service used it's own relief staff. One care staff told us, "We usually have enough staff but we can always call on other [Of the provider's] homes if we need cover." During our visits to the service we saw there were enough staff on duty to assist people when they needed it and to support them to go out to activities in the community.

There were regular checks of health and safety arrangements within the service, such as on the fire detection system and emergency lighting to make sure it was in good working order. There was an on call rota so that a senior member of staff from within the organisation would always be available to provide advice to staff about how to meet a person's care needs when required. This meant that people could be assured that staff were fully supported and could get advice in event of a difficult situation occurring.

A member of staff who had been employed since our last inspection confirmed that all the necessary recruitment checks had been completed before they started working with people. We looked at the records of a member of staff who had recently joined the service. These confirmed that the provider had conducted checks, such as identifying if applicants had criminal records, and references from previous employers. This ensured the service employed people who were suitable to support the people who used the service.

Medication was managed safely. One person told us, "I get my pills when I need them." Staff told us that medication training involved in-house competency assessments and observations and members of staff were allocated to check medications to help reduce the risk of errors. Managers from the provider's head office also conducted medication audits to check medication was managed safely.

There were systems in place to respond appropriately in the event of a medication error. A member of staff described how they would contact the NHS 111 and GP or hospital if they had concerns about a person's health. The service had established a system to learn from previous medication errors.

Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People's care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used.

Is the service effective?

Our findings

People were supported to maintain their health and welfare and they confirmed they were happy living at Chesterwood. One person told us, "It's a good place here, I'm looked after." A relative of a person living at the service told us, "[Person's name] is very happy living there." People were being supported by some staff who had worked at the home for some time and who had got to know people's needs well.

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. Staff spoke positively about their training and were able to access training videos and websites in the office. One care staff told us, "The training is really good and we have refreshers." Another staff told us, "The quality of the training is good" and "I cannot think of any training I need that I have not been offered." One person had a specific health condition which staff confirmed they had received training about. During our inspection, an external training assessor was at the service to observe and assess a member of staff. They told us that training seemed to be given a high priority by the service.

We asked the registered manager if staff new to the care sector had the opportunity to complete the 'Care Certificate'. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. The registered manager confirmed this was part of the induction process for all new staff.

We asked staff if they received regular supervision. With the exception of one member of staff the staff we spoke with told us they had received recent supervision. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities.

During our visit we saw staff seeking consent from people for everyday decisions, for example if people wanted to go out or for staff to enter their bedrooms. 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.

When it was identified that a person lacked mental capacity, we saw that the provider had approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. Decisions about the care people received were made by the people who had the

legal right to do so. One care staff told us, "It's all about protecting people and making sure they have a voice." Whilst the staff we spoke with were knowledgeable about the principles of the MCA we received different information from staff about which people had a DoLS that was approved and the rationale in place for the locking of one of the doors within the service. We observed however that this did not impact negatively on people's day-to-day living or the quality of their care. One person told us, "I have my own key to get through the door." After we spoke with the registered manager at the service, they agreed to reinforce staff learning at the next team meeting.

People who used the service told us they had food they enjoyed. One person told us, "If you get hungry there are always snacks available." During our visit we saw that staff constantly asked people what they wanted to eat and promptly responded to people's requests for drinks. There were flexible lunch time options and people enjoyed different sandwiches of their choice and had the option to eat their lunch where they wanted. One person told us that staff always ensured they purchased the type of bread he preferred in his sandwiches. All people and staff had the choice of dinner at the same time around one table and we observed people and staff talking and enjoying their meal. The staff we spoke with could explain people's specific dietary requirements and we observed that people were supported in line with this.

People living at Chesterwood had a wide range of healthcare needs. We found that good links had been developed with the relevant health and social care professionals, and that people were being supported to attend appointments at community clinics and hospitals or within the home. The care staff we spoke with had a good understanding of people's healthcare needs. One member of staff told us about a medication change for one person and about the positive impact this had on their medical condition. Daily notes showed that staff recorded and passed on information about a person's health and well-being meaning that staff had information about people's changing needs. Staff were able to tell us of the appropriate action they would take should they be concerned about the healthcare needs of a person they were supporting.

Is the service caring?

Our findings

During our visit we saw and heard staff treating people with compassion and kindness. One person told us that they had previously thought they would never settle in a care home but that staff had helped them to do this.

Staff regularly played games and talked to people throughout the day whilst doing routine tasks, and we observed staff members laughing with people and sitting with them at breakfast and lunchtime. One person told us, "They [staff] chat to me as an individual." Another person told us, "Staff are lovely." A relative told us, "Staff are kind and caring, they are marvellous." One person's social worker and an external trainer we spoke with confirmed that staff were caring in their approach. People had been supported to personalise their bedrooms with things that mattered to them and people had keys to their rooms.

People said that family and friends were able to visit whenever they wanted to. The service kept a list of people's relative birthdays and we saw that people were supported to send them cards at birthdays and special times. This helped people to maintain relationships which were important to them.

On our initial arrival at the service not everyone was up and dressed. Staff told us this was because people were on half term from college and some people had chosen to have a lie in. Throughout our inspection we saw and heard staff working in a way that was respectful of people's privacy and dignity. This included staff knocking on people's bedroom doors and seeking permission before they entered. Staff told us that people's medications were stored securely in their own rooms to promote their privacy and right to confidentiality about the medications they were taking

Staff were able to tell us how they promoted people's privacy and dignity, for example when assisting people with their personal care. One staff gave us an example of how they had recently taken action when an entry in a person's care record was not respectful in the terminology used. They told us they had addressed this directly with the staff concerned and would make the registered manager aware on his return from annual leave.

Staff respected people's religion. Some people had expressed a wish to attend a place of worship of their chosen faith. People we spoke with confirmed they were supported to attend by staff when they wished to do this.

People's independence was being encouraged. One person told us they cooked their own meal once a week and were supported by staff to go out shopping to choose the food for this. They told us they liked to do this as it helped them to be independent. We also saw that people were involved in other household tasks such as cleaning their own bedrooms and doing their laundry. One person's care plan identified they needed daily support from staff to help them remember things. During our visit we saw staff sitting with the person supporting them with this in line with their care plan.

Is the service responsive?

Our findings

We found that people benefitted from a service that was meeting their individual needs. One person told us, "I'm involved in everything and I have my own key-worker." Another person told us, "You can go to anyone, as well as your keyworker for support." One person's social worker told us that the care provided was centred on the person's needs. A member of staff who was a key-worker told us the person had goals they were trying to achieve and that these had been set by the person themselves.

Each person had an individual plan of care. These had been tailored to meet each person's individual needs. Where possible information from as much of the person's life had been included to ensure staff supporting the person was aware of their life history and the context of any special behaviours or challenges they displayed. We saw that people's culture and religion had been recorded and the support people needed to practice this was included in each person's plan.

Staff we met and care records we reviewed showed that some people had experienced changes in their care and support needs. We could see from records and staff told us that the care and support offered to people changed to accommodate their needs.

During our visit we observed that people were offered choice about what they wanted to do and were enjoying the activities they were engaged in. These included reading newspapers, playing dominoes with staff and watching TV. People were offered the opportunity to go out on activities during our visit, this included going for a coffee, swimming and to a relaxaway session. The activities on offer were reflective of the things people enjoyed.

One person told us that staff encouraged them to get involved in activities and we saw that staff had created a weekly plan of things they said they would like to do. Another person told us they were regularly supported to attend a college they enjoyed. A staff member told us that they discussed ideas for activities with people so that they have the opportunity to try new things. The registered manager told us that people were also supported to obtain jobs, if they wanted to. One person currently had a part time job with a local charity.

People had the opportunity to go on holidays they liked. One person confirmed they had been involved in choosing where they wanted to go and had looked at lots of brochures with staff.

We found that no complaints had been raised but there were established policies in place to support people who wished to raise a complaint. We saw that at a recent 'residents' meeting people had been given information on how to make a complaint. One person told us, "I can raise any concerns." A person's relative told us, "I feel able to raise any concerns."

Is the service well-led?

Our findings

We found that people benefitted from a service that was well led. A registered manager was in post who had worked at the service for a number of years. Staff told us and records showed that staff were asked for their views of the service by the registered manager. Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. One care staff told us, "The manager is approachable and listens to staff. He does implement things." Another care staff told us, "I feel able to raise any issues, there is the opportunity to say what we want."

Staff told us that they have good communication as a team and that they address concerns together. One care staff told us, "One of the positive things here is teamwork, everyone contributes."

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker to help ensure they received continuity of care and each shift was led by a designated member of staff. The registered manager told us that a senior carer had left the service in the previous months which had given them the opportunity to review the staffing structure and identify the best arrangement to meet the needs of the staff and people who used the service.

The registered manager was aware of and was carrying out the requirements of their role. This involved making notifications to the relevant authorities when a significant incident had occurred.

One person's social worker told us that the registered manager was good at following up on anything that was raised with them. At the end of our visit we made the registered manager aware of some minor issues that needed to be addressed including an observed incident of poor infection control. We found the registered manager to be receptive of the feedback given.

We had previously been made aware by the registered manager of an incident that had occurred whilst a person was out in the community with staff. Staff spoke about this incident honestly and with candour. The incident had led to learning within the staff team and steps had been implemented to reduce risk for similar scenarios. The registered manager had developed an open and transparent culture.

The registered manager told us how people and staff were actively involved in developing the service. The service had recently been assessed and achieved accreditation with the national charity 'Headway. The Brain Injury Association.' The registered manager told us the initial assessment had identified that staff needed additional training in the Mental Capacity Act and this was something that had been done in order to achieve this accreditation.

Each year the provider sent questionnaires to relatives of people living at Chesterwood, the staff team and health care professionals to identify how the service could be improved. Feedback was mainly positive and we saw an action plan had been developed in response to the comments raised. In each report the provider gave an update on the action taken since the last survey. This ensured people could see the impact their feedback had made on service development. One person told us, "Staff do check with me about what I

think, but I cannot think of anything to improve."

We found that the provider audited key areas of the home to ensure it was safe and that it was meeting people's needs. The audit was not just records based and also included observations of practice and seeking people's views. The audits identified any actions that needed to be taken and we saw that the registered manager had followed these through. We saw that the provider was actively looking at how it could improve the involvement of people who used their services in the auditing process. The provider's website gave details of a new initiative that was in its early stages of employing 'Quality Checkers.' These would be people who lived in the provider's services who would assist in checking quality.