

Chessel Support Services Ltd

Chessel Support Services

Inspection report

Old Harbour Master House
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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

About the service:

- This service provides care and support to people living in several 'supported living' settings, so that they can live in their own home as independently as possible.
- The service supported younger disabled adults and people with a learning disability, mental health needs or autistic spectrum disorder. At the time of the inspection 32 people were receiving support from the service.

People's experience of using this service:

- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The service provided safe and effective care to people. People were supported to move from residential settings into a more independent setting in the community.
- People received support which helped them maintain their independence and be part of the local community. People were supported to achieve their goals and ambitions.
- The service had good experience of supporting people with mental health and learning disabilities. The provider had good measures in place to monitor and maintain performance, safety and quality.

Rating at last inspection:

This is the first inspection of this service which registered with the CQC on 19 March 2018.

Why we inspected:

This inspection was the first planned comprehensive inspection of the service, which was due to take place within 12 months of the service registering with the CQC.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Chessel Support Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service provides care and support to people living in several 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited the office location on 31 December 2018 to speak with the registered manager and review records. We reviewed three people's care records. We reviewed other records, including two medicines

administration records, audits and quality assurance documents, team meeting minutes, policies and procedures, activity plans and meal plans.

We visited people in their own homes to speak with them and speak with staff. We spoke with two people and observed people's interactions with staff where they were unable to speak with us. We spoke with four members of staff, the registered manager and the Operations Manager. We also spoke with one person's relatives to gain their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risks of neglect and abuse.
- Staff were trained in safeguarding people and had a good understanding of signs of abuse, such as changes in people's behaviour.
- People's individual safeguarding risks were assessed and understood by staff, for example people at risk of financial abuse.
- Staff felt confident to report their concerns and felt these would be taken seriously and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed by the service;
- People's risks were assessed and care plans were written to safely support people to minimise these risks wherever possible.
- Staff had training in managing behaviours which may challenge and people had detailed support plans with how best to identify and de-escalate when someone became distressed.
- Behaviour support plans encouraged staff to use the least restrictive approach, using redirection and quiet spaces.
- People were supported to manage their own risks, where possible, to enable them to continue activities and the lifestyle they enjoyed.

Staffing and recruitment

- There were enough staff to keep people safe;
- The service was actively recruiting and had one vacancy.
- Staff recruitment processes were robust and ensured that staff were suitable to work in the service. This included checking prospective staff conduct in previous employment, criminal records checks and right to work in the country.
- Staffing levels were calculated based on people's funded support hours and the service utilised agency staff when required to meet people's needs.

Using medicines safely

- People received their medicines safely and as needed.
- The provider undertook checks of medicines records to ensure people received their medicines safely.
- Staff were trained and had their competencies assessed to ensure they had the skills and knowledge to administer medicines.
- The service had protocols for 'as required (PRN)' medicines, such as pain killers or medicines for

constipation. One person's protocol required further detail of signs of pain as they were not able to verbalise when they were in pain. However, staff working with the person knew them well and the non-verbal signs of pain they would display. The provider told us they would update the protocol to be more detailed.

Preventing and controlling infection

- People were protected from the risk of infection.
- People's individual risks relating to infection control were assessed and support was provided to minimise these risks, such as support with taking food temperatures when cooking.
- Support plans detailed infection prevention procedures to follow when delivering care and staff understood the principles of good infection control.

Learning lessons when things go wrong

- The service had an open reporting culture to learn from incidents and errors.
- There was a policy in place which supported staff to report incidents. Staff felt confident to report when things went wrong and learning from incidents was shared with them.
- Incidents and errors were reported, investigated and action taken to reduce the chances of re-occurrence. People's risk assessments, care and support plans were reviewed following any incidents to ensure they reflected any learning or change in needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care provided to meet their needs;
- The provider followed best practice guidance in supporting people with behaviours which challenge. For example; people had detailed support plans identifying triggers and signs of agitation.
- Staff told us they had good support when people's needs changed. One member of staff told us when someone's behaviours changed and they became more agitated, "[Registered manager] was really good, really supportive and advised me what to do."

Staff support: induction, training, skills and experience

- Staff had the skills and experience to deliver effective care;
- Staff told us they had a good induction when they started working which gave them the knowledge and confidence they needed to do the job.
- There was a range of training provided for staff to develop their knowledge such as supporting mental health, understanding mental capacity. The provider supported people to undertake vocational qualifications should they wish to.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to drink enough and have a balanced diet;
- Staff supported people to create meal plans and develop their cooking skills to gain more independence with eating and drinking.
- People with a risk of choking had their risks assessed, staff understood their risks and what foods people could and couldn't eat.

Staff working with other agencies to provide consistent, effective, timely care

- People received effective, co-ordinated care;
- The service worked with other organisations to deliver support which met people's needs, including the local authority.
- Staff referred people to other services and worked with other agencies as needed to ensure they received timely care, such as occupational therapy, physiotherapy and speech and language therapy.
- People had 'hospital passports' which gave an overview of their health needs, ways of communicating and ways to support them to manage anxieties, should they need to visit hospital.
- The provider was part of a pilot by the local authority to have a 'hospital grab bag' in place – this allowed the provider to keep relevant information and belongings in one place should the person need to go to hospital.

Adapting service, design, decoration to meet people's needs

- CQC does not regulate premises used for supported living
- The service advocated for people to ensure their properties were suitable for their needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives;
- Staff helped people monitor their alcohol intake and diet to make healthier choices.
- Staff encouraged people to stay active and participate in the community.
- People had access to healthcare services such as the GP, podiatry and specialist mental health and learning disabilities services.

Ensuring consent to care and treatment in line with law and guidance

- Staff understood mental capacity and how to support people to be as independent as possible.
- 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 with appropriate legal authority. We found the service was working within the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion;
- Staff spoke with people as equals and with respect.
- We observed staff spending time to support and explain someone's financial arrangements with them when they became anxious about money. The staff member was patient and respectful.
- People were supported to access the day centres, cultural groups or places of worship as they wished to.
- Staff were friendly with people, laughed and joked with them and spoke with them about their interests.
- We asked one person what the staff could do better, they told us, "Nothing."
- People were supported to pursue their hobbies and pastimes that they enjoyed.
- Staff celebrated people's achievements. One member of staff told us about a person who had moved from a residential setting to supported living. They told us, "It's a great achievement".
- The provider had developed a series of easy to read information documents for people, such as about going to hospital to help reduce people's anxiety.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and have control of their care.
- People were involved in making decisions about their care as much as they were able to.
- People had 'key workers' who knew them well to support reviews of their care and support plans.
- Staff worked to overcome barriers to communication. Staff knew people well and understood how best to communicate with them and allow them to express their views.
- People's care and support plans identified how they communicated their decisions and how they expressed pain if they were not able to speak. Support plans were written in a way which people could understand, using easy to read principles and visual aids.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was promoted by staff;
- Staff were respectful of people's personal space.
- Support plans were written to outline what the person needed support with, what they needed encouragement for and what they were able to do themselves without help.
- People had goals to promote independence, to develop life skills such as managing money, planning meals and shopping or making positive steps for managing their mental health.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was personalised to meet people's needs;
- People were supported to follow their interests and do activities they enjoyed. People told us about going to concerts and shows, going on holidays and other activities they liked.
- People were supported to plan their own activities wherever possible to promote independence and gain life skills, such as organising their holiday.
- Staff supported people with higher needs to give sensory stimulation, using textured items to feel, projected lights and music.
- People were supported to pursue their ambitions, one person had recently completed a vocational qualification at college and staff were supporting them to look for further training which interests them.
- Wherever possible, the same staff were co-ordinated to work with people so that they could form relationships and provide continuity of care. People's 'key workers' knew them well and worked with them to plan their support.

Improving care quality in response to complaints or concerns

- The provider supported people and families to raise a complaint or concern should they wish to;
- The provider had an easy read complaints policy to make this more accessible to people using the service.
- The service had not had any complaints from people and families in the last 12 months, however they had received complaints from some people's neighbours. The service had worked with neighbours to resolve any issues and was working proactively with neighbours of other properties to prevent similar concerns arising.
- One person's family said that the service had been difficult to get hold of in the past, however they told us this had improved.

End of life care and support

- The service did not provide end of life care, however they supported people to make advanced care plans and decisions about the future.
- Care plans prompted discussions with people and families around whether they would want to be resuscitated and what level of treatment they would want should they become very unwell.
- People were supported to express their spiritual beliefs around death and funerals.
- People were able to outline their preferences, such as favourite song and who they would want involved in their funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had clear person-centred values;
- Staff told us they felt confident to raise concerns and there was an open approach to reporting and discussing incidents.
- Staff had regular supervision and support to develop their skills and manage performance. Staff told us they received feedback in their supervision about the way they worked.
- The service had a number of initiatives to improve staff wellbeing and retention, and reward high quality care, such as a bonus twice a year for high performing staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their role and responsibilities;
- The service had a clear leadership structure in place, staff throughout the structure had responsibilities for monitoring and improving performance. There were 'co-ordinators' within the service who visit the services each month to review records and speak with staff to review the quality of the service.
- The provider had independent quality audits of the service each year which involved reviewing paperwork, speaking with people and staff. Improvement actions from this audit had been completed.
- Staff told us the registered manager and the management team were helpful and were always available to provide support. One member of staff told us, "There is always someone on-call, there is always someone to help." Another member of staff told us, "They are always there to give me advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and families were engaged and involved in the service;
- The provider organised events for people and families to enable them to develop relationships and a feeling of community in the service.
- The service worked with the local community and charities. The service had supported people to raise money for charity by approaching local businesses to donate prizes to a raffle.
- The service had an annual survey for people and families to gain their views – people were supported to express their views with an easy to read survey and with staff support should they need it.
- Staff were very positive about the service and felt engaged. One member of staff told us, "" I love it...it's the best job I've ever had."

Continuous learning and improving care

- The service was looking at innovations and improvements they could make to give people the best support possible.
- The provider was looking for opportunities to work with other organisations, such as the local library, to look at employment and training opportunities for people.
- The registered manager saw feedback as an opportunity to learn and improve.

Working in partnership with others

- The service worked with the local authority and other organisations to support people.
- The provider had worked closely with the local authority to take on new contracts, including some under an open safeguarding investigation, and to work to resolve any issues.
- Staff worked with other healthcare professionals and agencies involved in people's care to ensure they received joined-up care and support.
- The service was working with an organisation to offer employment opportunities to people receiving support from other services.