Mrs S Dewing

Chiswell Residential Home

Inspection report

193 Watford Road
Chiswell Green
St Albans
Hertfordshire
AL2 3HH

Tel: 01727856153

Date of inspection visit:
13 September 2016
25 October 2016
14 November 2016

Date of publication:
11 May 2017

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

We undertook an unannounced inspection of Chiswell Residential Home, 193 Watford Road on the 13 September and 25 October 2016 and 14 November 2016.

The service provides accommodation and personal care for up to six people with mental health needs. On the day of our inspection, there were six people using the service.

The home had 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.
There were systems in place to keep people safe from harm. Staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care. Staff were well supported to deliver a good service. They felt supported by their colleagues and the management team.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. This also included checks on agency workers who occasionally. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Medicines were administered safely by staff who had received training.

Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people. Staff supported people well and spent time with them. We observed staff engaging in meaningful activities with people.

People were supported to make decisions for themselves where possible and they were encouraged to be as independent as possible. Where people were not able to make decisions for themselves, best interest decisions were made on their behalf which involved advocates and other professionals. People's choices were respected and we saw evidence that people, relatives and/or other professionals were involved in planning the support people required. People were supported to eat and drink well and to access healthcare services when required.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner, as well as, an effective system to monitor the quality of the service they provided.

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 been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Is the service effective?

Good

The service was effective

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

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Chiswell Residential Home

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 13 September, 25 October 2016 and 14 November 2016 and was unannounced. The inspection was conducted by one inspector. Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, the manager, two care staff, and a professional who was visiting the service. We spoke with two relatives via the telephone. We reviewed the care and support records of two people that used the service, two staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

A person that we spoke with told us, "I do feel safe here; I didn't where I lived before because there were too many people." A relative we spoke with said, "Yes definitely [person] is safe." We spoke with staff about how they kept people safe and one member of staff told us, "When our residents are using the stair lift, they are always observed to ensure they are safe." We found that all staff we spoke with knew how to keep people safe and were aware of possible triggers that could change people's behaviour and put them at risk of harming themselves or others. Staff were aware of where they could find written information on triggers and talked us through how they would update such information to support themselves and their colleagues in keeping people safe. Staff explained how they could diffuse potential situations at an early stage. These included using de-escalation techniques. We noted that care plans contained detailed 'triggers', as well as clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques.

Staff were aware of where they could locate information within the home to report any concerns they had about people, this included reporting to either internal or external organisations such as the local authority and CQC. We saw that the provider had a policy pertaining to safeguarding people displayed in the kitchen area. Training records we reviewed showed that staff had all received training in safeguarding people. Staff we spoke with knew where to locate the home's whistle-blowing policy. Whistle-blowing is a way of reporting concerns without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

The manager and/or the senior care worker had undertaken regular risk assessments to ensure that people were safe from harm and these were appropriately reviewed and updated when required. For example where a person was at risk of falling, the risk assessment provided clear instructions for staff to follow which included aiding the person when they wanted to get up, to use a wheelchair when out in the community and to be supported by one member of staff.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people. These included a fire risk assessment, regular gas safety checks and portable appliance testing. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy.
The provider had a contingency plan in place which helped ensure that in the event of an emergency, people using the service were kept safe. We noted that although there was an evacuation plan for the home, there were no individual emergency evacuation plans for people who used the service to ensure that staff knew what support people may need to leave the home safely. The senior care staff we spoke with stated that as it was a small home, staff knew people's needs very well and would know how to support them. However, they said that they would ensure that individual evacuations plans would be written for people. There was information held on how to relocate residents and staff to an alternative site and back to the care home when necessary.

We were told by the provider that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had two care staff on duty. We looked at staff records covering a four week period and these showed that there were always a minimum of two care staff on duty during the day and during the night, there was always one 'waking' staff on duty. People we spoke with said that there was enough staff on duty. During our inspection we saw that staff were available to support people when required.
Staff employed at the service were suitable and qualified for the role they were being appointed to. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

On the day of our inspection we saw that the provider was in the process of updating people's medicines files with photographs of people as an additional way to ensure that medicines were given to the right person. We reviewed the medicine administration records (MAR) for two people covering the period of 1 September to 22 September 2016. We saw medicines were given at the correct time and had been recorded appropriately. Each person's medicines record held details of any allergies they might have. Records were also kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had, received appropriate training and had their competency assessed.

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers' guidelines. For example, daily and monthly audits were undertaken by the senior care worker as part of the provider's quality monitoring processes.

Good

Is the service effective?

Our findings

A relative we spoke with said this when speaking of staff, "I think they do understand [person]'s needs, [person] seems happy and content." Staff we spoke with knew and understood the needs of the people who used the service. We saw that staff were able to communicate with people effectively. We saw that details of people's needs were well documented within people's care and support plans so that staff could refer to them.

In our previous inspection on 4 February 2016, we found although staff had received supervision from the manager, the records of these meetings were sometimes basic and did not detail fully the discussions held and agreed actions. At the time, the manager told us this was because they were such a small home and they worked alongside staff on a daily basis so processes were much more informal. During this inspection we found that the supervision process had been improved. Records we saw showed that meetings were held with staff during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with confirmed that they were always given an opportunity during supervision to discuss concerns about their work and to identify areas of self-development. The provider had not yet undertaken annual appraisals, however we were able to see that there was a process in place for these to commence. Staff told us that they could discuss issues with the manager if the need arose at any other time.

Staff we spoke with and evidence reviewed showed that staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. Appropriate training such as health and safety, infection control and first aid were undertaken by all staff. Regular refresher courses were undertaken to ensure that staff were abreast of any changes. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC). One member of staff we spoke with said, "Training gives me more information. I love training; it keeps me up to date and refreshes things in my mind."

Staff had also received training in food safety. Some people who used the service required special diets. Where that was the case, we saw that there were guidelines that staff followed to ensure that people had a well-balanced diet. A person using the service told us, "I don't have a problem with the food." Another person said, "The food is good. I enjoy the fact that's it traditional food and if you don't like it they [staff] do their very best to change it for me." People's food preferences had been documented within their care support plans. Where possible, people were involved in choosing the menu. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. A relative we spoke with said, "They do lovely food. They actually make it on site, it seem very nutritious." Staff we spoke with told us that they strived to provide people with a healthy choice of food they liked and ensured that people were offered plenty of fluids throughout the day. One person we spoke with when talking about fluids said, "[Staff member] gives me a big mug as [staff] know I like to drink a lot."

A person that we spoke with told us that staff always asked for their consent prior to providing care and support. We saw that were able, people signed their care plans to indicate that they had consented to the care and support staff provided as outlined within the care plan. Other care plans had been signed by relatives. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support. A member of staff told us, "I always ensure that people understand what I'm asking and make sure they are happy for me to do the task with them or for them."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our previous inspection on 4 February 2016, we found that mental capacity assessments had not been completed to determine whether people had capacity to make specific decisions. During this inspection we found that there was now a system in place to appropriately assess people. On the day of our inspection the provider had made four applications to the local authority and was awaiting a decision. Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA). Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA).

A person told us, "When I was ill they [staff] arranged straight away for me to see the doctor." People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required. The home's communication book held details of appointments that people required support to attend. Staff told us that they read the daily logs in the communication book each time they came on shift to ensure that they were aware of any appointments people had.

Good

Is the service caring?

Our findings

Throughout the day we observed staff interacting with people in a positive and caring way. We saw that staff had time to sit, talk and assist people where required. A person using the service said, "The staff are all really lovely, friendly and helpful." A relative told us that they felt staff were caring based on how they interacted with their relative and how their relative responded to staff. Another relative said, "[Person] has improved greatly. They were encouraged to take part in loads of activities when [person] first moved there."

A professional who was visiting the home on the day of our inspection told us, "The staff here are very kind and caring towards the residents." They also said, "We observed that people were happy with their surroundings and the interactions they have with the carers during my visits." A Relative told us, "The staff are brilliant, I couldn't fault them. They take into account [person]'s personality behaviours and look after [person]."

Staff we spoke with told us how much they enjoyed their job. A member of staff said, "We live like one big happy family, we treat our residents as though they were our own parents, so we spend quality time with them. It's important that we spend time with them so we can really understand what they like or dislike, and what they are interested in. It's great how much information you can find out by just listening and talking with them." People told us that they were able to talk to staff about their needs. One person said, "All the staff ask if I'm ok, if I need anything." Another person said, "Staff are caring, they listen to me and we have a nice time here, I really do like living here."

People's support plans were written in plain English to ensure that they could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in the care planning process. A person told us, "I filled in my care plan together with the senior carer. She explained everything to me first. I agreed with what was written because it was what I wanted to do."
People were encouraged and supported to decorate their bedrooms to their liking. We saw that all bedrooms were homely, individualised and decorated with items that people liked and reflected their individual personalities. Decorations included soft furnishing and personal effects such as pictures of family members.

During our inspection we observed that staff respected people's privacy and dignity. A person told us, "Yes I do feel respected." Staff confirmed that before they entered people's bedrooms, they would knock on the door and wait to be given permission to enter. Staff told us that they ensured that when undertaking personal care, doors and curtains were shut so that people were supported in private.

We saw that where possible, staff had discussed end of life care with people and/or their relatives. The provider told us that if people did not wish to discuss end of life care, their decision was respected.

Good

Is the service responsive?

Our findings

A member of staff told us, "One person likes to have a shower on a Wednesday and Saturday. They like me to wash and rinse their hair, but want to dry it themselves. Another person needs a lot of prompting to wash themselves or they may neglect themselves. Staff offer [person] all the support they need. We have involved medical professionals in [person]'s care plan each time their care plan is reviewed, to ensure that their care is a collective approach."

Care plans were person-centred and contained comprehensive details of the support people needed. Care plans were written in plain English which meant that people who had the ability were able to read and understand their care plan. They contained enough detail about people's history, preferences, interests and things they found important. Where possible, people and their relatives or other professionals were involved in the review and the care planning process. A person we spoke with said, "Yes I was involved in my care plan, they asked me questions about things I liked, and then they wrote it down." The senior care worker had regularly reviewed peoples care plans with them, during which they would explore if people's needs were being met and if any changes to care and support plans were needed. A relative we spoke with confirmed that they had been involved with their relative's review and that staff kept them updated with any changes.

People had been supported to attend activities within the community and at the home. On the day of our inspection we observed a member of staff supporting a person to make tea. Staff told us that people had their individual activity plans which were based on their likes and interest. Activities included visits out in the community, and visiting a coffee shop. A person told us, "I do loads of activities here, knitting and jigsaw puzzles, but I would like to go out to London Colney again ..." We saw that arrangements were being made for the person to go to London Colney .
Another person told us how staff had supported them to achieve their goals. They said, "When I first came here I just stayed in my room, now I move around and do things which I once found hard to do. Staff have supported me and helped me to get back into a normal life, what I used to have before. I'm actually going to the pictures [cinema] tomorrow, that's something I could do before."

People told us that they had regular residents meetings during which they could discuss any concerns or changes that they wanted in the home. We saw at a meeting in September 2016 that residents had asked for a particular type of cereal more often. We saw that as a result, the provider had purchased a large quantity of this cereal.

A person that we spoke with said, "If I'm not happy I would speak to the manager if I had a complaint." There was a complaints policy and procedure available, which was displayed in the communal areas of the home as well as in the office. The policy provided details of how and where a person could make a complaint to the provider. Records reviewed showed that there had not been any complaints in the last six months. Staff told us that during staff meetings the manager would discuss best practice ideas.

Good

Is the service well-led?

Our findings

During our previous inspection on 4 February 2016, it was found that the service was not always well-led because the manager did not have effective processes in place to assess and monitor the quality of the service. The arrangements for record keeping were poor and the provider did not always have robust processes in place to be able to demonstrate that the service was run both effectively and efficiently.

During this inspection we noted that the office was a bit disorganised. However this was because the provider was moving the office from downstairs to upstairs on the day of our inspection. Record keeping was now much improved and there were processes in place such as reviews and risk assessments to enable the service to be effective and efficient.

Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have had in regards to the service and people's care. A staff member said, "The manager is here most of the time and is very helpful. The residents are always happy to see her. We [staff] can speak to [manager] about anything." Another member of staff told us, "The manager is transparent." People described the registered manager as, "Lovely and caring."

People we spoke with confirmed that staff and the management team were easy to get on with. They knew staff names and who the registered manager was. One person said, "Sometimes I get confused and I get to call some staff by the wrong names, but they are very understanding." People also confirmed that the service sought their opinion on how the service should be run and if they required any improvements. They also told us that their opinion was listened to and where possible acted upon. A relative we spoke with said, "The manager is very approachable, all the staff are."

The registered manager told us that they had an open door policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of all staff, as well as, the management structure of the organisation. They were clear on who they reported to and who within the organisation they could contact to obtain particular information from. A member of staff told us that the philosophy within the home was to, "Help people live a full and happy life."

The registered manager undertook monthly staff meetings and these were recorded so that staff who were unable to attend could be kept abreast of any changes. The manager was visible throughout the home and was also involved in providing support to people who used the service. The registered manager told us that where it was suitable, they discussed concerns or ideas that had been raised in staff meetings so that they could be used as a learning tool to improve the service. The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as medical professionals and social workers.

Audits had been undertaken which included care plan audits, medicines audits and weekly environmental cleanliness audits. Accidents and incidents were recorded and these were reviewed and analysed to enable

patterns and trends to be identified so where possible, plans could be put in place to keep people safe. These were discussed at staff meetings. The provide also undertook un-notified regular 'spot checks' of the home to ensure that people were receiving high standard of care and to identify any areas where improvements would be required.