

Speciality Care (Rest Homes) Limited

Speciality Care (Rest Homes) Limited - 57 Chestnut Street

Inspection report

57 Chestnut St Southport PR8 6QP
Tel: 01704 534433
Website: www.craegmoor.co.uk

Date of inspection visit: 5 November 2015
Date of publication: 23/12/2015

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 

Overall summary

57 Chestnut Street is a semi-detached house in Southport situated close to the town centre and its amenities. It is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. Chestnut Street can provide accommodation for three young adults aged over 18 who attend the college. There are support staff 24 hours per day. Accommodation can be term time only and outside of term time if required.

This was an announced inspection which took place on 5 November 2015. We announced our inspection so that

key people could be present and people who lived at the home could make arrangements to be present if they wished to speak to us. The service was last inspected in September 2013 and was meeting standards at that time.

There was 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.

Summary of findings

When we spoke with people living at 57 Chestnut St. they told us they were settled and felt safe at the home. We saw they were relaxed in the company of staff and there was a warm rapport.

To support up to three people being accommodated at the home at any one time we saw there was sufficient staff in place. We saw from the duty rota that staff numbers were consistently in place to provide safe care.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found the home were good at managing risks so that people could be as independent as possible. Both of the people living at the home at the time of our inspection were supported to attend Arden College. One of the people had been assessed as requiring one to one support to minimise assessed risks and promote as much independence as possible. We spoke with relatives of people being supported who told us staff managed people's care needs well and this included ensuring their safety.

We saw there were good systems in place to monitor medication safety and that staff were trained to help ensure their competency so that people received their medicines safely.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. The home was undergoing planned development / maintenance at the time of the inspection and we saw this had been assessed and planned well so that people were living in a comfortable environment.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they

communicated these needs. People we spoke with and their relatives were aware that staff had the skills and approach needed to ensure people were receiving the right care. The comments we received evidenced people received effective support.

We saw that the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions.

There was one person who was being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the authorisation had recently been made and the appropriate referral to the Local Authority had been made and was being monitored by the manager of the home.

We were told that meal times were flexible. People being supported were encouraged to plan and prepare their own meals including shopping. We saw meal plans prepared with the support of staff. We also saw evidence that staff promoted healthy eating options and the collection of meal recipes we saw evidenced a wide variety of easy to prepare and cook meals.

We assessed whether people were treated with dignity, respect, kindness and compassion. We saw that there were various communication aids for people to use to show if they were distressed or unhappy. Relatives commented on the caring nature and philosophy in the home. We made observations when people returned from the day at college. The interactive skills displayed by the staff when engaged with people were warm and supportive and showed a personalised approach to help ensure people's wellbeing.

We found that care plans and records included people's preferences and reflected their identified needs from admission and during their stay. There was good evidence that care plans had been discussed with people on a regular basis so they felt involved in their care. One person said, "'I like the team I'm in. I do cooking and like it here.'"

Summary of findings

Social activities were organised. These were both community activities and also some individualised activities and outings. The main focus of the day was centred on each person's learning plan and attendance at Arden College.

Well-developed processes were in place to seek the views of people living at the home and their families. Managers

were able to evidence a series of quality assurance processes and audits carried out. These were comprehensive and helped ensure standards of care were maintained consistently as well as providing feedback for ongoing development of the service.

Summary of findings

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.

We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

We found the home supported people to provide effective outcomes for their health and wellbeing.

We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Good



Is the service caring?

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People spoken with were satisfied with support offered.

The people we spoke with commented on the caring nature of the staff and said they liked living at the home. Staff, when engaged with people, were supportive and showed they understood people's care needs.

Relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Good



Is the service responsive?

The service was responsive.

People's care and education was planned so it was personalised and reflected their current and on-going care needs.

Good



Summary of findings

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

The service was well led.

There was a registered manager in post who provided an effective lead for the home.

We found an 'open' and responsive culture in the home that aimed at seeking the views of people using the service. There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We found the manager and staff to be open and caring and they spoke about people as individuals.

Good



Speciality Care (Rest Homes) Limited - 57 Chestnut Street

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 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 was an announced inspection which took place on 5 November 2015. The inspection team consisted of an adult social care inspector.

We were able to access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

During the visit we were able to meet and speak with two of the people who were staying at the home. We spoke with two visiting family members by phone following the inspection visit. As part of the inspection we also spoke with, and received feedback from a social care professional who was able to give us some information regarding a person living at the home and how the service supported people generally.

We spoke with five staff members including care/support staff and senior managers. We looked at the care records for two of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home, relatives and staff. We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Is the service safe?

Our findings

We found the home was good at managing risks so that people could be as independent as possible. People we spoke with who lived and visited the home told us that safety was not an issue. One person told us one of the taps they used had hot water which was 'very hot'. When we checked this with staff they were aware and there was a measure in place to look at this. We spoke with relatives of people living at the home who had no concerns about their relative's safety.

We saw one person was being escorted out by staff on a one to one basis to college and the general community. We saw that care records showed this had been given some thought and any risks had been assessed. For example there were assessments regarding visits to the pub, meals out, the gym and other community activities. The risk assessments were highly personalised and helped to ensure people could access the community safely. One person was being encouraged to follow a programme to become independent travelling along specific short local routes.

When we reviewed the PIR for the home we saw that future initiatives would concentrate on developing this philosophy further:

'(We will) review and develop student understanding and involvement in safety issues, including developing support for students to understand risks using accessible information. As well as involving a greater emphasis on positive risk taking'.

These measures helped ensure people retained their independence but remained safe as possible.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We saw there had been recent and ongoing work to both maintain and develop the environment of the home. We saw the general environment was safe with no obvious hazards.

A detailed 'fire risk assessment' had been carried out and updated at intervals. We saw personal evacuation plans [PEEP's] were available for the people resident in the home

to help ensure effective evacuation of the home in case of an emergency. The plans were highly individualised and took account of people's behaviours and communication needs. We spot checked other safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date. This showed good attention to detail with respect ensuring safety in the home.

We asked about staffing at the home. We saw that people were assessed according to the support they required and sufficient staff were made available. Staffing was organised so that support was also available from a sister home next door.

Staff told us that the staffing numbers were good and were consistent. On the day of the inspection people were out at college until late afternoon and were being supported by individual care staff. Staff worked alongside people living at the home and got involved in whatever activity they were engaged in.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

Only one of the people living at the home was receiving medication. We saw records that showed people were given medicines at appropriate and correct times by staff. Staff described how they carried out medication management and this met with the home's policy; ensuring safe administration.

Staff told us about the medication training they underwent and told us they were observed by the manager to ensure their competency to administer medicines and ensure they had the necessary skills and understanding. We saw this was recorded in individual staff files.

We looked at PRN [give when required medicines] and variable dosage medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

We saw that the person's medicines were reviewed on a regular basis. Records confirmed this. We saw a routine audit carried out by the manager and this covered storage, stock check for medications and other aspects of

Is the service safe?

medication administration. We carried out a stock check of one medicine and found a discrepancy regarding the stock levels. We discussed whether 'over stocking' was an issue and the senior manager we spoke with said they would review this and also include a stock check on the audits they carried out.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw there was a clear line of accountability regarding the reporting of any allegations.

There had been one safeguarding incident that had occurred since the last inspection. There had been appropriate liaison with professionals. The home demonstrated they were keen to liaise and work with the local authority safeguarding team and agreed protocols had been followed in terms of reporting and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available and a policy was available for staff to follow.

Is the service effective?

Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

We spoke with a social care professional who was involved in the support of a person at Chestnut Street. The professional had had experience of working with the provider over a number of years. We were told that the service was 'progressive' and organised support and learning programmes around people's individual needs. We were also told that staff kept social care professionals up to date with any changes or issues that required review.

We looked in detail at the support for one person. The person's care file included evidence of input by a full range of health care professionals. There was a care plan which showed evidence of the person's and relative's involvement. The individual concerned lacked capacity to make some decisions regarding their care so relatives had been involved in some of the key decisions and care planning in the person's best interest. There were daily notes from the care staff which detailed how care had been carried out as well as 'key worker' discussion sheets which discussed and recorded the person's progress against targets set for care and for learning at Arden College.

One person had ongoing care needs involving some challenging behaviour. We saw a positive plan of care involving the input and review from health care professionals. Care notes evidenced regular reviews of care and showed the home had been flexible in working with the college to accommodate individual preference around attendance. The person's relative told us the staff had been careful to arrange times to attend the college which best suited the person's learning needs. This had been very effective.

We saw that each person had a 'health action plan' and this detailed specific medical needs as well as detailing routines and preference around healthy living. One person had a specific on-going medical issue which staff monitored and made sure the person was supported for any investigations.

Communication was aided by the use of pictures and symbols to denote key feelings such as happy or sad as well as lifestyle and activity choices.

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The manager supplied a copy of a staff training calendar and records for training planned and we looked at records of staff training for two staff members. We saw training had been carried out for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

We were told about specific training regarding working with people with special communication needs. A new modular training programme in communication skills for staff members to have been developed by a specialist speech and language therapist. This had been designed to develop staff skills in this area. This was to be rolled out to all staff.

The induction package for new staff was based around the new 'Care Certificate' and we saw that new staff were signed up to this. The senior managers told us that many staff had a qualification in care such as QCF (Qualifications and Certificates Framework) and this was confirmed by records we saw where over 60% of staff had attained a qualification and others were currently undergoing such a qualification.

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions and staff meetings. Staff were able to provide feedback and any issues were discussed at supervision or raised at staff meetings. Staff reported they were asked their opinions and felt the manager acted on feedback they gave and this helped them feel acknowledged and supported.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. Managers we spoke with were able to discuss examples where people had been supported and included to make key decisions regarding their care. There was a good understanding of the use of standard mental capacity assessments for specific decisions when needed.

Is the service effective?

Staff had applied for one person to be supported on a Deprivation of Liberty [DoLS] authorisations. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the application to the local authority was being monitored by the manager of the home.

People said they were happy with the food choices. Good nutrition was promoted and menus were suggested based

on the NHS Eatwell Plate guidelines. People were encouraged to take part in meal preparation and meals were designed to suit the students' taste. One person said, "I enjoy the meals" and the other person commented, "The meals are delicious." There was a board in the kitchen with planned menus and we saw fresh fruit on the table. People were involved in both cooking and preparing their own meals with varying support from staff.

Is the service caring?

Our findings

People who lived at the home said they were well cared for. One person said, "The staff here are good, I get on with all of them. I like the home and the team I'm in." A relative commented, "I have no issues. The staff are really good and go out of their way to support [person]. Staff help [person] to do things he wants to do." We were told about how staff went out of their way to organise a special event for one person which had been arranged with the persons individual needs in mind. The event had been a great success and helped support the person's sense of wellbeing.

We made short observations of staff interacting with people during our inspection. Staff showed a caring nature with appropriate interventions to support people and maintain rapport. These interactions showed good interpersonal skills and understanding. We saw that staff had time to spend with people and engaged with them in a positive manner. Staff were engaged with people making plans for the evening and next day.

People living at the home and their relatives told us they felt they were listened to and staff acted on their views and opinions. A relative said, "There is excellent communication - we feel involved in all aspects of [persons] welfare." We saw entries made by people on their reviews of care. These were positive and recorded people's opinions about the home and staff.

With regards to privacy we saw that each person had their own bedroom. These were personalised with people's effects and belongings.

There was some information available in the home for people which were displayed in the entrance foyer. This included information on notice boards as well as leaflets and information guides available. The PIR for the service stated, "Students are supported to contact Sefton Advocacy service if they would like the support of an advocate." Although none of the people living at Chestnut Street were involved in the advocacy service we were told about a person at a sister home, managed by the same provider, who was receiving advocacy support to develop future plans for accommodation and education.

Is the service responsive?

Our findings

We were told by a relative that the home liaised with the college provided 'excellent' sport for people. We were told that both learning and social activities were planned well and presented a range of positive learning experiences. This was echoed by comments we received from a social care professional.

Staff told us people's choice and independence was very important and we saw people were involved in discussions about what activities they would like to do. Accessible resources were used when needed to support choice making and understanding. We saw that people were allocated one or two keyworkers at the home who met regularly with the person concerned to monitor their activities. This helped ensure that the person was not feeling isolated and was taking part in a range of social activities of their choice and to meet their needs. We saw keyworker discussions and agreed actions were recorded in people's care files along with written comments by the person concerned.

We saw each person's individual programme for the week. This included attendance at Arden college as well as other outside and evening activities. A relative commented "There are lots of activities – there is always something going on."

The PIR form from the provider told us; 'Students are encouraged to join in with their peers and group activities are arranged for students from all the Arden College homes. For example on a Wednesday evening students have the opportunity meet other Arden College students, and their peers from other providers at a community disco'.

People's care, support and education plans were regularly reviewed, and updated according to need. We saw that people were encouraged to understand the documentation and contribute to reviews. We saw people had signed they agree to the review plans. The relatives we spoke with were clear about the support being delivered and that this was discussed with them on a regular basis.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw an easy read complaints procedure was displayed in the home. We also saw that the regular reviews with each person asked about the person's happiness. Peoples bedrooms contained information including the person's key worker or the 'person they could go to' [if they needed to talk].

We saw an example of a complaint by a relative that had been made in the past. This had been responded to positively and the relative was recorded as being satisfied with the outcome.

Is the service well-led?

Our findings

There was a registered manager in post. We were told the registered manager was the Principal of the college. There was a clear management structure with the senior management team in the college including the Principal, Vice Principal and Head of Care. This management structure promoted a close working relationship between the education provision and the residential provision such as 57 Chestnut Street. People's plans of care and education (ICEPs) were used across both areas. We saw that any updates to plans could be discussed by residential managers and the education team, tutors, learning managers, to help ensure a consistent approach.

57 Chestnut Street was managed day to day by the 'home manager'. The home manager was part of a team of home managers who work at Arden College. We were told the team meets regularly with the Head of Care to promote quality, development and consistency across all the homes. The head of care was present at the inspection.

Staff told us the home manager was available to the staff team at the home to guide and advise them, and to monitor their work with people living at the home. Staff we spoke with told us the home manager provides good day to day support and was approachable.

We saw a range of audits and checks completed by the home manager who reported and liaised with the Head of Care to discuss any issues. Staff showed us the rota for the 24 hour on-call system in place. It showed that if the home manager was not at work another home manager or the Head of Care are available to support the staff team.

The PIR submitted states one of the homes overriding philosophies: 'Arden College have strong links with the

local community. During the evenings /weekends students access many of the local community venues. All students are supported and encouraged to take advantage of these opportunities'.

A process was in place to seek the views of people who stayed at the home and their families. We saw the results of a recent 'service user' survey. These had been presented in easy read format for people to complete. We saw some positive comments such as; 'I like the floor in my bedroom', 'I don't mind helping out with some of the jobs' and 'I am enjoying the meals'. We discussed further developments regarding how to access people's opinions. The PIR for the home states that future developments would include: 'To review parental and student annual feedback questionnaires and review procedures for gathering the views of complex young people'.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out both internally and by senior managers including the Head of Care. externally the home is part of Arden College and affiliated to NATSPEC (the association of National Specialist Colleges) and as such people's learning and progress in the college and the residential setting is inspected by OFSTED [currently rated as 'good']

We discussed the requirement for specific incidents to be notified to us [Care Quality Commission [CQC]]. Managers were not wholly conversant with these and the Head of Care said they would include a regular review of whether necessary notifications had been sent to CQC on one of the management audit tools used.

Overall, through these processes we found monitoring had been effective in identifying issues and addressing any service development needed.