

# Choice Support Chapel Hill

## Inspection report

51-55 Chapel Hill  
Crayford  
Dartford  
Kent  
DA1 4BY

Tel: 01322553201  
Website: [www.mcch.org.uk](http://www.mcch.org.uk)






Date of inspection visit:  
29 January 2019

Date of publication:  
06 March 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 29 January 2019 and was unannounced. Chapel Hill care home is a mental health project which provides accommodation and support for up to 21 people with the aim of preparing people to move on to independent living. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection the home was providing care and support to 21 people.

At our previous inspection in July 2016 we identified that improvements were needed relating to safe care and treatment. One to one sessions with keyworkers were not always documented after meetings and Care Programme Approach (CPA) review meeting reports were not always available in people's care files.

At this inspection we saw that the provider had made some improvement; CPA review meeting reports were available in people's support files. However, one to one sessions with keyworkers were still not being documented.

We also found that inhouse six-monthly reviews were not always carried out. This included completing and/or monitoring the 'Recovery Star' which was developed by Triangle in collaboration with the Mental Health Providers Forum and enables people using the service to measure their own progress with the support of staff. The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection, we found that medicines were securely stored and managed safely. Risks were assessed and appropriate risk management plans were in place to provide guidance for staff on how to minimise any risks. Accidents and incidents were logged and investigated in a timely manner. Staff had received infection control training and people were protected from the risk of infection. There were appropriate safeguarding procedures in place to protect people from the risk of abuse. Staff understood the different types of abuse and knew who to contact to report their concerns. There were enough staff deployed to meet people's care and support needs and appropriate recruitment checks took place before staff started work.

Staff completed an induction when they started working for the service and they were supported through regular training and supervision to enable them to effectively carry out their roles. People's needs were assessed prior to joining the service to ensure their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink. People had access to healthcare professionals when required to maintain good health to ensure people received the support they needed. The environment had been adapted to meet people's needs.

Staff were kind, caring and respected people's privacy and dignity. People were involved in making decisions about their daily care and support needs. People were encouraged and supported to be independent if possible. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services on offer.

People were involved in planning their care, and their support plans were reflective of their individual care needs. There was a range of appropriate activities for people to partake in if they wished to. Information was available to people in a range of formats to meet their communication needs if required. People were protected from the risk of social isolation. People had individual, person-centred weekly activity planners. Activities outside of the service included attending college, working voluntarily at charity shops and in a garage to fix cars and to places of worship. Activities within the service included arts, board games, cooking classes, swimming, walking, listening to music and watching television.

People's religious and cultural needs were recorded and they were supported to meet their individual needs if required. The service was not currently supporting people who were considered end of life. However, if they were this would be recorded in their care plans. People were aware of the home's complaints procedures and knew how to make a complaint if necessary.

Regular staff and residents' meetings were held where feedback was sought from people. Staff and people using the service were complimentary about the registered manager and the home.

The provider carried out spot and competency checks to make sure people were being supported in line with their care plans. Regular feedback was sought from people about the service. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities. Notifications were submitted to the CQC as required. The ethos of the home was for everyone to feel valued for who they are and live the life they choose.

The provider worked in partnership with the local authority and other external agencies to ensure people's needs were planned and met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

One to one keyworker meetings continued not be documented.

Six-monthly inhouse reviews were not always carried out to document people's mental health progress.

Medicines were managed safely.

Risks to people including behavioural needs were identified, safely managed and detailed guidance put in place to ensure safe care and treatment.

Accidents and incidents were appropriately managed and learning from this was disseminated to staff.

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.

People were protected from risk of infection.

There were sufficient staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

### Is the service effective?

**Good** 

The service was effective.

People's needs were assessed prior to moving into the home to ensure their needs could be met.

Staff completed an induction when they started work and were supported through regular training and supervisions

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff told us they asked for people's consent before offering support.

People were supported to eat and drink.

People had access to healthcare professionals when required to maintain good health.

The environment had been adapted to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and respected their privacy, dignity and promoted their independence.

People were involved in making decisions about their daily care and support needs.

People were supported to meet their individual diverse needs if required.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual support needs

People were involved in planning their care and support.

People's support needs were regularly reviewed and support plans updated following a change in people's needs.

There was a variety of activities on offer for people to take part in if they chose to do so. Information was available to people in a range of formats to meet their communication needs if required.

People were aware of the home's complaints procedures and knew how to raise a complaint.

The service was not currently supporting people who were considered end of life, if they did this would be recorded in their support plans.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the service.

There was a registered manager in post. Staff and people were complimentary about the registered manager and the home.

Regular feedback was sought from people about the service.

The provider worked in partnership with the local authority and other agencies to ensure people's needs were met.

# Chapel Hill

## **Detailed findings**

### Background to this inspection

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

This inspection site visit took place on 29 January 2019 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 spoke with seven people using the service, three members of care staff and the registered manager. We reviewed records, including the care records of five people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection in July 2016 we found that improvements were needed because reports from Care Programme Approach (CPA) review meetings were not always available in people's care files. Also, one to one sessions with keyworkers were not always documented after meetings.

At this inspection we found that although CPA reports were available in people's care files, one to one monthly sessions with keyworkers, were still not being documented. For example, three people had their key working sessions last documented in October 2018 and two people had no key worker sessions documented. This meant that there was no record to show the most up to date discussions between people and their key workers and therefore we could not be assured that appropriate discussions had taken place with people in relation to measures taken to prevent relapses in mental health or changes in people's support needs.

We also saw that staff did not always carry out required inhouse six-monthly reviews. This included completing and/or monitoring the 'Recovery Star' which was developed by Triangle in collaboration with the Mental Health Providers Forum and enables people using it to measure their own progress with the support of staff. Therefore, we could not be assured that people were always receiving the support they required to maintain their mental health which meant there was a potential risk of avoidable harm.

The above issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the recording issues detailed above people we spoke with told us that they had regular one to one meetings with their keyworker. One person said, "My keyworker schedules meetings for me to see them monthly." Another person said, "Staff help me with my needs."

Risks to people were assessed, identified and managed safely. Risk assessments were carried out in relation to physical and mental health, medicines, substance misuse, self-harm and fire. Risk management plans included detailed guidance for staff on how to manage these risks safely. For example, one person suffered a relapse in their mental health. Guidance for staff to manage the risks associated with this included, having regular keyworker meetings and referring any concerns to healthcare professionals.

Medicines were safely managed. Medicines were securely stored and could only be accessed by staff who had been trained and assessed as being competent in medicines administration. Medicine Administration Records (MAR) were completed accurately. Staff were aware of why people took their medication and if there were any relapses in people's mental health needs they were referred to healthcare professionals to have their medicines reviewed. Medicines that had been prescribed to be taken 'as required' had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. This meant that people received their medicines as prescribed by health care professionals. One person said, "I get my medicines on time."



Accidents and incidents were appropriately managed. Accidents and incidents were recorded, this included the details of the accident or incident, what happened and the action taken to help prevent a reoccurrence. We saw learning was disseminated to staff at staff meetings.

People were protected against the risk of infection. There was an infection control policy in place and staff had received training in infection control. The home was clean and tidy throughout. We observed staff wearing personal protective clothing (PPE) which included disposable gloves and aprons and washing their hands before supporting people with personal care. Staff spoke confidently about the action they would take to minimise the risk of infection. One staff member said, "I always wear gloves and an apron when I am assisting people to prepare food."

People told us that they felt safe. One person said, "Yes I definitely feel safe here." Another person said, "Yes, I feel safe, the staff are nice."

People were protected from the risk of abuse. There were safeguarding adult's procedures in place and staff understood and could confidently describe the types of abuse that could occur. They also knew who to report any concerns to. Staff were also aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would go straight to the manager, I know they would deal with concerns appropriately." There had not been any reportable safeguarding concerns, but the registered manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

There were enough staff deployed to meet people's needs in a timely manner. Staff rotas were planned in advance so staff knew what shifts they were working. Rotas showed that there were sufficient numbers of staff on duty to meet people's needs. One person said, "There are plenty of staff on duty." One staff member said, "Yes we do have enough staff."

Appropriate recruitment checks took place before staff started work. The provider followed safe recruitment practices to ensure only suitable staff were employed to work with people. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

# Is the service effective?

## Our findings

People told us staff knew their jobs well and carried out their roles competently. One person said, "Staff are very good, they know what they are doing and know what I need."

Staff were supported to carry out their roles effectively. When new staff joined the home, they completed an induction which was based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standards for new social care workers. Records showed that staff training was up to date and included safeguarding, medicines, mental capacity, equality and diversity and health and safety. One staff member said, "Oh yes, I have done all of my training." One person said, "Staff know what they are doing, they know their jobs well."

Staff received regular supervisions and annual appraisals had been conducted for all staff that had completed a full year in service. Areas discussed included training, objectives, performance, health and safety and areas of concern. One staff member said, "I attend all of my supervisions. I get feedback from my manager as well as getting support from them as well as discussing my training needs."

Assessments of people's needs were conducted prior to them moving into the home. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs. These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment, therefore nobody was subject to a DoLS authorisation. They explained that if they had any concerns regarding a person's ability to make a decision, they would work with the person using the service and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA

Staff had an understanding of the MCA and they also understood the need to gain consent when supporting

people. One person said, "Yes staff always ask for my consent." One staff member said, "I do ask people for their consent before I assist them, for example, when I am helping them to make their lunch." People's rights were therefore protected as staff met the requirements of the MCA.

People were supported to eat and drink. People had access to the kitchen at all times and staff encouraged people to eat a balanced diet and supported them to plan their own meals according to their likes, dislikes and preferences. Staff also encouraged people make their own drinks and be involved with meal preparation. One person said, "When I came here, I could not cook at all, now I make chilli con carne. Staff we spoke to were knowledgeable about people's dietary needs and preferences. One staff member said, "There is one person who can't eat pork, so we always make sure there are alternatives."

People had access to a variety of healthcare professionals when necessary. We saw that people's healthcare appointment letters were kept in their care files. If there were any concerns, staff referred people to health and social care professionals such as their GP, community mental health teams, Psychiatrists, care coordinators, dentists and opticians, when needed. One person said, "Staff come with me to doctor's appointments." Another person said, "I go to doctor's appointments myself, but staff do come with me to hospital appointments."

The service met people's needs by suitable adaptation and design of the premises, which included appropriately large communal areas to ensure people had enough space to mobilise safely. People had their own rooms which they could decorate with their own personal belongings such as pictures, photos and ornaments.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. One person said, "Staff are so lovely, they are so kind and caring." Another person said, "Yes staff are caring."

We observed that staff treated people with kindness, dignity and respect. We saw staff took their time and gave people encouragement whilst supporting them. Staff addressed people by their preferred names and showed compassion and understanding. For example, when one person was agitated, a staff member used distraction techniques by reassuring them and talking to them calmly. We saw staff engaging with people on a one to one basis. They spoke to people about what was important to them. For example, one person wanted to buy a birthday cake for one of their children, staff took their time speaking to them about it. Another person needed to make a personal call but were unable to get through to the person they needed to speak to. We saw staff sitting with them and reassuring them and encouraging them to go and have some lunch and come back later and try making the call again.

Staff were knowledgeable about people's individual likes, dislikes and preferences and knew their hobbies and what they liked to talk about. For example, one staff member said, "One person likes to stick to a strict routine by getting up early."

People were involved in decisions about their daily care such as what time they wanted to wake up or go to bed and what they wanted to wear. People's individual needs were identified and respected. One person said, "I make decisions about what I wear." Another person said, "It's up to me what time I get up or go to bed."

Staff protected people's privacy and dignity. Staff told us and we observed them knocking on people's doors and obtaining permission before entering rooms. Staff told us they closed curtains and doors and ensured people were covered during personal care. One person said, "Staff don't come into my room without knocking."

People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff told us that they promoted people's independence whenever possible by encouraging them to help in meal preparation or tidy their rooms or the kitchen. One person said, "I clean the kitchen every day, that's my job. I also tidy my room." One staff member said, "I always encourage people to do what they can, especially when we are preparing them for independent living."

People were given information in the form of a 'service user guide' prior to moving into the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Staff told us that people's relatives and friends were encouraged to visit them regularly and vice versa, to maintain relationships that were important to them. Staff said that relatives and friends were welcome at any time and there were no restrictions on visits to the home.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care and support needs. People's needs were assessed and support plans had been developed based on an assessment of their needs, which had been carried out by the provider. Support plans contained information about people's desired outcomes from using the service, such as increasing their independence and moving onto independent living. One person said, "I discuss my support plan with staff."

People had a personal profile in place, which provided important information about the person such as religion, ethnicity, next of kin details and contact information for healthcare specialists. Personal profiles also provided information on the person's diagnosis and support requirements, for example, support required to promote independence. People's support plans addressed a range of needs such as communication, nutrition, physical and mental health needs. Support files also included details about people's individual routines and preferences. Records showed that people were assigned keyworkers to give individual and focused support and daily progress notes were maintained to record the care and support delivered to people to ensure people's individual needs were met.

Support files included information about people life histories, choices and information about the things that were important to them. Their dietary likes and dislikes, what they liked to do such as spending time in their rooms, shopping and cooking.

The registered manager told us that everyone at the home could communicate without the need for information to be provided in different formats, however, these would be made available if needed. This included information published in large font or different languages that people spoke.

People were protected from the risk of social isolation. People had individual, person-centred weekly activity planners. Activities outside of the service included attending college, eating out, shopping, visiting the local town centre and swimming. Activities within the service included board games, arts and crafts, listening to music and gardening. One person told us, "I go swimming and volunteer in a charity shop." Another person said, "I like reading and socialising."

People's cultural, sexual and spiritual needs were documented in their care plans. This also included, for example their preferred choice of language. People's religious beliefs were recorded, although at the time of our inspection no-one required support to practise their faith. One person independently attended a place of worship on a weekly basis. One staff member said, "Although there is no-one that needs support to practise their faith, we would support anyone who required it." At the time of our inspection no-one required support with any cultural or spiritual needs or any other aspect of diversity. The registered manager told us if they did, this would be documented in the support plan as well as the support they required.

The service had a complaints policy and system in place to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. The service had not received any complaints; however, the registered manager said that if they did they would investigate them in line with the

complaints policy and disseminate learning to staff. One person said, " Yes I know how to make a complaint and all information is in my care file." A relative said, "If we had a complaint we would contact the registered manager and the information about making a complaint is in my [relative's] care file." A third relative said, "I have no complaints about the service."

The service was not supporting people with end of life care needs at the time of our inspection. The registered manager told us that if they did then they were aware of best practice guidelines and would consult with relevant people using the service and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

## Is the service well-led?

### Our findings

The home had systems in place to monitor the quality and safety of the home, however, these were not always effective because they had failed to identify and address issues we found during this inspection. For example, that keyworker meetings continued not to be documented, to ensure there was a written record if people's needs changed and any concerns they had. Inhouse six-monthly reviews were not always carried out and the 'Recovery Star' was either not completed or monitored to show the individual progress people were either making or not making. This meant the provider could not ensure that they had responded to people's changing health and well-being needs.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager, who told us that they would ensure that all keyworker meetings were documented and maintained in people's care files. They said they would ensure that the inhouse six-monthly reviews including completion of the 'Recovery Star' was recorded to ensure that they were immediately responding to people's changing needs. We will check this at our next inspection.

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities. Notifications were submitted to the CQC as required.

The ethos of the home was for everyone to feel valued for who they are and live the life they choose. Staff confirmed that the home did fulfil this. People and staff we spoke to were complimentary about the home and the registered manager. One person said, "The registered manager is very good." Another person said, "The registered manager is nice and helpful." One staff member said, "The registered manager is very good, I can go to them at any time." Another staff member said, "The registered manager is calm, tolerant, flexible and everything you would want in a manager."

Staff attended daily handover meetings at the end of every shift so that they were kept up to date about any changes to people's care and support needs. Regular staff meetings were held. Minutes from the last meeting showed areas discussed included people using the service, training, safeguarding, medicines, health and safety and learning from incidents. These meetings were also used to disseminate learning and best practice so staff understood what was expected of them at all levels. One staff member said, "Staff meetings we have are very good so we can discuss clients and best practice." Another staff member said, "We get told what's going on in company."

The registered manager sought people's feedback during regular residents meetings. Minutes from the meeting held in January 2019 showed items discussed included activities, safeguarding, coffee mornings and culture nights. A Spanish night was due to be held at the end of January 2019. There had not been any negative feedback and the registered manager told us that if they received any negative feedback they



would use this to drive improvements.

The registered manager told us they worked in partnership with other agencies, including local authority commissioners and healthcare professionals, mental health teams, MIND, a mental health charity who were involved in supporting people. For example, on the day of our inspection, a representative from MIND held a presentation for people about a local drop in crisis centre they could access if they chose to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to mitigate potential risks by fully completing records to ensure people's health and safety needs were being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective processes in place to monitor the quality of the service