

# Inspiration Care Limited

# Chesfield House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 10 March 2016 and was unannounced. Chesfield House offers accommodation for up to five people with learning disabilities or mental health and physical health care needs. There were five people living at the home at the time of our inspection.

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 and associated regulations about how the service is run.

People were supported to maintain some independence and to take positive risks. Staff knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People had good relationships with the staff. It was a relaxed homely atmosphere with staff spending time with people and there was a homely atmosphere in the home. People were treated with kindness, compassion, dignity and respect. People received care and support to meet their diverse needs including people who had complex health needs and were supported to pursue their interests.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to make choices over what they wanted to eat and drink. People told us they enjoyed the food and drink that they had. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

Staff understood people's individual communication styles and were able to communicate effectively with people. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff were well supported and had access to additional training specific to people's needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People told us the staff and management were approachable, willing to listen to their views and opinions. People's views on their care and support was gathered on a regular basis and the registered manager felt

supported by the provider to make any changes as a result of any suggestions or feedback. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

## 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.

People received care and support from staff who understood risks associated with people's needs and how to keep them safe. There were sufficient numbers of staff to meet people's needs in a safe way.

People had the correct support to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People had access to different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were supported to make choices and consent to their care.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were positive about their caring role and took time to make sure that people were involved in making decisions about their care and support.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were responded to and if they were any concerns

about people's health needs staff were quick to involve other professionals.

Relatives knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

**Is the service well-led?**

**Good** ●

The service was well led.

People and staff felt the manager and the provider were approachable and supportive. People felt they could talk to the manager at any time and they would be listened to.

The provider and registered manager monitored the quality of the service by a variety of methods including audits and regular feedback from people and their families and used this information to make improvements to the service.

# Chesfield House

## 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 10 March 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We contacted the local authority for their views on the service. We also looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any concerns of abuse. We refer to these as statutory notifications.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people who lived at the home and two relatives. We also talked with the registered manager and two care staff. We looked at three records relating to people's health care needs this included a behaviour care plan and two risk assessments. We also looked at records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People told us that they felt safe in the home. One person said, "They [staff] look after me and keep me safe." People told us that they were able to raise concerns with staff or with management. Relatives also told us that they felt that people lived in a safe environment and that they were confident staff kept people safe. Staff were able to tell us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home. Staff made sure that the relevant authorities were informed and swift action was taken to keep people safe.

People we spoke with said that they had the support and help that they needed to keep safe. The person told us about how they had chosen to go abroad for their holiday and how staff had involved them in planning it. Staff told us that this had included planning around the medicines and working with the person to look at what the risks were going to be and how they were going to be managed safely. They said that staff had been working with them to look at what support was needed to manage their health needs safely. Risks to people's safety had been routinely assessed, managed and reviewed. Staff told us that they helped and enabled people to maintain their independence rather than doing everything for them. For example we saw a person being supported to prepare their own lunch. Staff took the time to provide guidance and instruction on the safe use of kitchen utensils to the person without taking away their independence in preparing lunch as they wanted it.

Staff were able to tell us about people's health needs and how they managed any risk. For example, staff told us about a person's health condition which meant that at times they needed additional support to manage the person's anxiety. They were also aware of the risks around food and items that may be eaten by the person that could have a negative impact to their health. They were able to tell us what they needed to look out for and how they would respond if the person displayed signs of anxiety. What they told us matched what was written in the care plan and risk assessments. Staff were able to demonstrate they would take appropriate action to deal with emergency situations.

People told us that there were enough staff to give them the support they needed. We saw that staff were quick to respond and offer support if people needed assistance. For example, we saw where a person indicated that they required assistance with their personal care. Staff responded straight away and supported the person. The registered manager told us that at times of sickness and leave there were usually enough staff to cover and they rarely used agency staff. They told us that to ensure continuity of support they only used regular agency staff who knew the people who lived at the home. Staff told us that checks were made to make sure they were suitable to work with people before they started to work for the provider. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate

systems were in place for the ordering and disposal of medicines.



# Is the service effective?

## Our findings

People felt that staff knew their needs and how to support them. Relatives told us that they were confident in the skills, knowledge and experience of the staff. Staff said that they had enough training to enable them to do their job effectively. Staff told us they had an induction to support them when they started their roles, which included attending training and working alongside more experienced staff. They felt the induction process had been a positive experience. Staff told us that they had regular training including more person specific training when needed. They said that if a person's needs changed or if they felt that additional training would be helpful managers would take action to arrange this. An example that staff gave us was recent training for staff on how to safely respond to a person who can on occasions have behaviour that may challenge because of their anxiety. They said this specific training around the person's individual anxiety needs gave them the skills and confidence to manage these situations calmly and effectively. The registered manager told us that the provider was focusing on increasing the amount of training that managers had about specific health conditions to improve their understanding of people's individual needs. Staff felt that they had good support and supervision from the registered manager and also from the provider.

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).

We spoke with staff about their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about the processes that made sure that decisions made on behalf of people were in their best interests and involved the people that knew them best. One staff member said, "We cannot take away someone's freedom of choice." One example was a person who became anxious when attending a dentist. The dentist had identified that they may need some dental work done. Staff had been working with the person to overcome their fear by using role play and offering reassurance, but at the time of the inspection the person was still reluctant to go. Staff told us that it was important to respect the person's decision and that they would never force them to go to the dentist against their will. They told us that if the need for treatment became urgent they would arrange a best interest meeting and look at the least restrictive option for treatment. All the staff we spoke with told us that they all worked in the least restrictive way.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was following the

requirements in the DoLS. There were systems in place to refer people for a DoL assessment if it was felt they may be being deprived of their freedom or liberty. The registered manager told us that there were two people using the service who were currently deprived of their liberty using these safeguards. All staff we spoke with were aware of the people that had a DOL in place and understood what this meant for the person.

We saw that people enjoyed the food and that they were given choice over what they wanted to eat. Lunchtime was a positive time with staff laughing and chatting with people. Staff offered people a choice of drinks and snacks at all times through the day and provided support where required. Where professional guidance had been given regarding people's food and drinks this was followed. For example, one person needed their food choices to be limited and structured otherwise they could become anxious. Staff set the menu for this person with them and ensured that the correct food was always available at the time agreed with the person. Staff told us how this structured approach helped reduce the person's anxiety and ensured that they got enough food and drink to keep them well.

People told us that when they were unwell they were supported to access the doctor or other health professionals. We saw that when required advice was sought from external professionals to ensure that people stayed healthy. Staff told us that the approach was a multi-disciplinary approach that consisted of other professionals like speech and language therapists (SaLT), Occupational Therapy, Psychology and Psychiatrists. One example had been recent changes in a person's health which had meant the involvement of a speech and language therapist. We spoke with staff about this and they felt that this had made sure they could continue to meet the person's needs. The registered manager told us that people could be seen by these professionals at very short notice and felt that they were quick to respond to any changes in people's health or wellbeing.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person said, "They [the staff] are great here." Another person said, "The staff are very good, they treat me well." We found the atmosphere in the home was friendly and relaxed with people chatting and laughing with staff. Staff told us about people's individual health needs, likes and dislikes and they all spoke fondly of the people they provided support for.

People told us that they felt involved in their care. One person told us how they had been involved in their care plans and had been able to plan and discuss their care and support with staff. They told us about the planning they were doing around an upcoming holiday. Staff told us that everyone has a person centred plan which is kept under constant review. This changes regularly as people express new ideas for what they want to do or achieve. We saw that staff explained clearly before going ahead and carrying out any care tasks and time was taken to give people the opportunity to be involved.

We could see that people had complex learning disabilities and people needed care and support to carry out most tasks. Staff told us that where they could people were encouraged and supported to maintain independence. We could see where a person was being supported to get ready to go out, staff were seen to encouraged the person to do as much as they could to get themselves ready. Staff told us that they promoted an approach that recognised people's choices and independence. Examples we were given included aspects of personal care, meal preparation and shopping.

People told us that they were treated with dignity and respect and this matched what we saw. Staff called people by their preferred names and respected people's privacy. Relatives told us that people were always treated with dignity and respect. Staff told us about how they made sure that people were treated with dignity and respect at all times. One staff member said, "We have to treat people as we would want to be treated ourselves." Staff told us how they made sure they knocked people's doors and made sure people were happy for staff to enter their rooms before going in. People told us that this happened. All staff told us that they had received training around dignity and respect and that it was a regular topic of discussion in staff meetings.

## Is the service responsive?

### Our findings

Staff were able to tell us what they would do if a person's health condition changed. For example staff told us about a person's health and what they needed to look out for that may show signs of a change in the person's health. Staff told us how following some changes to the person's health the involvement of the doctor and other professionals had increased and closer monitoring was happening. We saw in the person's care records that care plans and risk assessments had been updated as a result of this change. Staff were able to tell us what they were looking out for and what they would do if they had concerns. Relatives told us that they felt staff were quick to respond if people were unwell. One relative said, "They [staff] co-ordinate and support people very quickly to the right health professionals."

People told us that if they had any concerns they would talk to staff or the registered manager. Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They were confident that any concerns or complaints would be listened to and dealt with appropriately. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

People were able to express what they wanted to do and staff provided the support people needed to enable them to do it. For example one person had expressed interests in going to support their football team at matches. Staff had worked with the person to identify which matches they wanted to attend and to plan with them how they were going to make this happen. Another person wanted to go to a specific country abroad. Staff had worked with the person to get the relevant items such as a passport and the tickets and planned with them an itinerary for the holiday. The registered manager said that staff were always available to support these opportunities. We also saw that people were supported to make choices over what was happening on a day to day basis and care and support was only provided with the consent of the person.

People told us they could talk about their care needs at any time with staff. The registered manager told us that there were two key workers for each person. The role of the key worker was to understand the person's communication and take regular opportunities to discuss the person's goals, preferences and general comments in a manner that was appropriate to the individual. We saw that staff used a variety of ways to communicate with people. For some people we saw that time needed to be taken to give the person time to think and respond to make a choice, and staff were respectful of this. For other people pictures and objects were also used to aid communication. Staff were able to describe to us people's communication styles and we saw that staff made sure that people did not feel rushed or pressured in their choices. People felt their suggestions were listened to and acted upon and felt valued by the staff. We were told by staff that the approach and regularity of reviewing care plans and risk assessments was totally individual to the person. Some people needed more time and support to express their views while other people were more active in expressing how they felt and what they wanted. One member of staff said, "People's care is steered and moulded by the person themselves and is unique to that person."

## Is the service well-led?

### Our findings

People told us that they had a good relationship with the registered manager. We could see that people were relaxed and happy when talking with them. Staff told us that they found the provider and registered manager approachable and felt that they were able to make suggestions or to raise any concerns or comments with them. Relatives told us that they felt that the service was well managed and that they had good communication with the registered manager and providers. One relative said, "The manager listens and always asks how we think they are doing." Staff felt well supported and able to speak with the registered manager or providers at any time. One staff member said, "We see the owners quite often and they always check that things are going ok. That together with the support of the registered manager makes us feel valued as staff." One staff member said, "This is a really good organisation to work for. There is a strong focus on staff development and support." Staff told us that there were regular staff meetings and that staff were able to influence changes. Staff told us that they found the meetings supportive and useful. The registered manager told us that they always made sure that people could approach them with anything and they would listen and where necessary take action.

The registered manager told us that the vision for the service was to, "Person centred, homely environment that made people as happy as possible." All the staff we spoke with were motivated to provide a person centred approach to the care and support they provided. One staff member said, "We treat it as the person's home not as a workplace. It has to feel like home."

The registered manager told us that they were well supported by the provider and there was a clear management structure to support them with their role. They told us that they saw the provider on a weekly basis and were able to make any suggestions about the development of the service and they felt listened to. Following feedback from people over hobbies and interests they wanted to pursue, the registered manager told us that recently they had been able to purchase more resources to further improve the opportunities for the people that lived there. They told us, "It isn't a battle to get support from my managers they listen and act upon things. I feel very well supported."

The provider and registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and the people that lived there and regular checks and audits. Staff told us that people's feedback was gathered through the keyworker who took time to gather people's views including if they were happy or had any worries or concerns. The person was then supported to discuss this with the registered manager. Staff told us this happened on a regular basis. Audits and checks were carried out regularly including checking of daily records to help to identify any trends relating to people's risks or health conditions. The registered manager felt this provided them with a clear overview of what was happening in the home. We could see that improvements had been made from the information gathered. For example changes had been made to the home environment and additional resources had been approved by the provider in response to what the registered manager had requested.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a

required timescale. This means that we are able to monitor any trends or concerns.