

Chescombe Trust Limited

Chescombe

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 February 2015 and was unannounced. The previous inspection of Chescombe was on 11 December 2013. There were no breaches of the legal requirements at that time.

Chescombe is a care home without nursing for up to 19 people with learning disabilities. The accommodation consisted of three houses called Treetops, Lavender Lodge and Orchard House. There were also self-contained flats for three people.

Chescombe did not have a registered manager at the time of this inspection. 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.

The previous registered manager was in the role of ‘executive manager’ with the organisation and they left their position in November 2014. Their registration was cancelled, although the provider did not provide us with the reports about the management of the service that were required at the time. We received further information about the management arrangements following the inspection.

Summary of findings

Senior staff had taken on some additional responsibilities in the absence of a registered manager. However not all aspects were being covered, including the arrangements being made for monitoring the service. Information relating to quality assurance was not all available to show that standards were being checked and improvements made where necessary.

People told us that they felt safe living at Chescombe. However, procedures were not always being followed in a consistent way to provide a good level of protection. These were shortcomings in how people's medicines were being managed.

People received support from staff which helped them in different areas of their lives. This included help to arrange check ups and appointments so that people maintained good health. People had individual plans which mostly provided good information about their needs and the support that had been agreed. Staff had received training so they were competent in the tasks they carried out.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and helped people with making

decisions. Choice was being promoted and information had been produced in ways which made it easier for people to understand. Menus, for example, included photographs of the meals and people told us they could choose what meals they wanted.

People were treated with respect and in a caring way by staff. Staff helped people to maintain good relationships and to have a comfortable and well decorated home environment.

People took part in activities they enjoyed. They went out on a regular basis and could choose what they wanted to do, such as going shopping. People had meetings together when they could talk about the day to day arrangements and resolve any issues.

We found three breaches of regulations during our inspection. These concerned the recording of medicines, notifications by the provider and the arrangements being made for quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe in all aspects. People told us they felt safe living at Chescombe. However, there were shortcomings in safety relating to medicines which put people at risk.

Staff were readily available to provide support and help people to be safe in the home. Staff took action to reduce risks to people.

People were protected from harm because staff were aware of the risk of abuse and the action to take if they had any concerns.

Requires improvement



Is the service effective?

The service was effective. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were provided with a choice of meals. They received the support they needed with their food and drinks.

Staff felt supported in their work and undertook training that was relevant to their role.

People received support to access other services to ensure their health care needs were met.

Good



Is the service caring?

The service was caring. People were responded to in a caring way. The relationships between people and staff were friendly and positive.

People's independence and choices were respected. Staff helped to create a homely environment for people.

People received support to maintain good relationships with their family members and others.

Good



Is the service responsive?

The service was responsive. People were part of the local community and took part in activities they enjoyed.

People's needs were kept under review to ensure they were receiving the right support.

People had the opportunity to raise any concerns and these were being followed up.

Good



Is the service well-led?

The service was not well led in all aspects. The provider was in breach of the regulations by not notifying the Commission when certain changes had taken place concerning the home.

Requires improvement



Summary of findings

Information was not available to show that standards were being checked regularly and improvements made where necessary.

Staff had a clear understanding about the aims of the service and how to achieve these. Action was being taken in response to any incidents to help prevent a reoccurrence.

Chescombe

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.

The inspection was unannounced and carried out by an inspector on 17 February 2015.

Prior to the inspection we reviewed the 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 also reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with seven people who were living at Chescombe and with six staff. We made observations throughout the day in order to see how people were supported. We looked at five people's care records, together with other records relating to their support and the running of the service. These included medicine records, risk assessments and staff employment records.

Is the service safe?

Our findings

People told us they felt safe living at Chescombe. Records showed that people's needs were being assessed and risks identified, for example when going out in the community. When visiting one person in their flat we were told that staff came to assess their household items and the facilities to ensure these were safe to use.

One person told us that staff helped them with their medicines and they felt this was safer for them. Staff supported people with medicines in each of the three houses and in the flats. We looked at the storage and recording of medicines and found that suitable arrangements were in place, other than at Orchard House. People's medicines were stored in a designated secure space, although the medicine cabinet key had been left in the medicines cabinet. This had been seen at the last inspection and we had then brought it to the provider's attention as it was not a safe practice. When we checked medicines in Orchard House we found that the record of stock was not being completed consistently. The records of one person's medicines did not correspond with the actual amount being kept for them.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they could talk to staff if they had any concerns. Staff were aware of their responsibilities to safeguard people from abuse and the action to take if they had any concerns. The staff we spoke with understood the different forms of abuse and how people could be at risk.

They told us they had received training in safeguarding adults and there was a procedure to follow if they had any concerns about people. We saw that guidance for staff about abuse and their responsibilities in protecting people was readily available. This included information about the role of the local authority in safeguarding adults and details of who to contact in connection with this.

In each house we saw staff were available to support people with their needs and to respond to any concerns they may have. Staff described how the deployment of staff was based on a system based on people's assessed needs and the number of support hours they required. A timetable of people's activities during the week had been produced to help in the planning of staff rotas and to show the times when additional staff were needed. This information was reflected in staff rotas which showed the number of staff who were working at different times of day.

The provider had a policy for staff recruitment which set out the checks to be completed on applicants to confirm their suitability. The staff employment records showed checks had been made with the Disclosure and Barring Service (DBS) before new staff had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Other checks had been made in order to confirm the applicant's identity and their employment history. References had been taken up. However, the documentation did not provide a clear record to show when the references had been obtained in relation to the staff members' starting dates. We received confirmation after our visit that staff members did not support people at the home before their references had been checked.

Is the service effective?

Our findings

People said the staff helped them in different areas of their lives. This included assistance with personal care, household tasks and with managing money. People spoke positively about the help they received from staff; one person for example, commented “I’m getting all the support that I need.”

Staff told us that the degree of support varied according to people’s assessed needs. In the flats, we met with one person who had a lot of ‘one to one’ support. Two other people said they did a lot of things for themselves and had their own self-contained accommodation. They said they liked having this degree of independence, whilst also knowing that staff were available to help them if needed.

People felt that the staff had got to know them well and had a good understanding of their needs. They told us they were encouraged to be independent, with support with personal care being provided through prompting and reminders. Information had been recorded about people’s daily routines and the amount of support they needed with personal care.

The staff were knowledgeable about people’s needs and the areas in which support was required. They said they felt competent to carry out the tasks expected of them. We were told that staff and the management team received training in a range of subjects that were relevant to their roles. One of the senior staff said their role included supervising staff and they had received training in connection with this. Records showed that staff received training in a range of subjects, including those relating to the needs of the people they supported. This was confirmed by one staff member who said they had received training in epilepsy and was due to undertake further training about diabetes.

In people’s records, we saw they had confirmed their agreement to receiving support from staff, for example with medicines. The records also showed that people’s mental capacity was being considered on an individual basis when a particular decision needed to be made. The staff we spoke with said they helped people to make decisions, for example by providing them with information and talking

about the different options. Staff also understood that any actions taken must be in people’s best interests when they lacked capacity to make informed decisions. These arrangements helped to ensure people’s rights were protected in accordance with the Mental Capacity Act 2005.

Procedures were also being followed in relation to the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff we spoke with were familiar with the DoLS and told us this had been covered as part of their training about mental capacity. Guidance had also been produced which listed a range of factors that could indicate a person was being deprived of their liberty unlawfully. Records and the notifications received prior to this inspection showed that steps were being taken to ensure people were not being unlawfully deprived of their liberty.

People told us they enjoyed the meals and could suggest what they would like to have on the menu. The arrangements in the different houses reflected people’s abilities. Most people managed their meals and drinks independently although where support was needed, this was highlighted in their care records. In one person’s record, for example we read that advice had been received from a dietician and guidelines produced about how staff were to support this person with eating and drinking. This included starting a chart to monitor how well this person was eating. We saw this was being completed by staff.

People told us the staff helped them with making health appointments and talked to them about keeping healthy. The arrangements reflected people’s independence and what they were able to do for themselves. One person, for example, said staff reminded them when an appointment needed to be made. Staff supported other people by accompanying them on the visits. One person went to the GP for a check up on the day we visited.

People’s records included health action plans which set out how their health needs were to be met. Staff told us that health services were available when needed and that people received good support from a local GP surgery.

Is the service caring?

Our findings

People told us they liked living at Chescombe and got on well with the staff. The relationships we observed were friendly and positive. Staff spoke with people, and about people, in a respectful way. Staff took the opportunity to enhance people's feeling of well being, for example by complimenting them on their appearance and what they had achieved.

The accommodation was varied and helped to promote people's independence. Some people had their own self-contained flats and other people lived in the shared houses. When going around the premises, staff respected people's privacy in their own accommodation and ensured they were happy to meet with a visitor. Staff explained to people the purpose of our visit and clearly answered people's questions.

People said they liked their individual accommodation. They said they had chosen the colour schemes and staff had helped them to decorate their rooms as they wanted. The flats looked personalised and the communal areas of the shared houses were mostly well decorated and furnished. Flowers and pictures helped to create homely surroundings for people, although this was less evident in Orchard House. Staff commented on the lack of office space in the houses and the difficulty this presented in terms of storage and having a working space away from people's living areas.

Staff spoke with pride about helping people to create a nice environment. They told us how they had raised money for garden furniture and encouraged people to use the facilities that were available to them.

People told us that meetings had been held when they talk together about their activities and the day to day arrangements. It was also an opportunity to discuss any concerns and resolve any issues between people.

Staff were aware that compatibility between people was important when living together. They told us a lot of support was planned with the aim of supporting people with their relationships and ensuring that people's actions did not adversely affect others. Staff told us how compatibility between people had been considered in relation to the accommodation and where people would like to live. We were told that one person's move from a shared house into one of the flats had been very beneficial for them and for other people.

People told us the staff helped them to keep in touch with relatives and to arrange visits. One person was visiting their relatives on the day we inspected. Staff said most people had regular contact with their family members, who were invited to social events at the home. People's records included personal information so that staff were familiar with people's family backgrounds and their significant relationships.

Other information had been recorded about people's interests and their preferred routines. This helped to ensure that staff supported people in a personalised way which took account of their different needs and expectations. There was also information about people's religious and cultural needs. One person told us they had recently talked to staff about funeral planning and the different arrangements that people can make. Staff had discussed this with the person in a sensitive way which showed that thought had been given to how the person would like to be remembered.

Is the service responsive?

Our findings

People took part in a variety of activities during the inspection. This included going out and a number of people went swimming at a local pool. Some people attended college courses in computers and catering. Other people were home based for the day and occupied themselves doing different things. These included undertaking household tasks such as laundry with the support of staff.

People told us they chose how to spend their time and talked to staff about their day to day activities. One person said it was good living at Chescombe because “I can do the things I like.” Another person told us they liked being independent in their own self-contained accommodation and being able to make their own arrangements each day. They showed us a diary which helped them to plan the things they needed to do each day, including keeping their flat clean. They said the staff encouraged them and reminded them of the tasks that needed to be completed.

Staff spoke positively about involving people in different activities and the day to day routines. One staff member told us they wanted people to “live life to the full” and to “make the most of things.” Another staff member commented that people were “treated as individuals.”

Staff spoke about the different ways they responded to people’s needs to ensure these were met. For the more independent people, this involved being ‘on call’ to provide support or advice when requested. Staff told us other people were less able to make their wishes known and described how they helped people to make choices. In one house, we saw photos being used to help people choose the meals they would like. Staff also showed an awareness of people’s individual preferences. A staff member, for example, told us about one person who liked fruit but would only enjoy it if it was prepared for them in a certain way.

People’s records included information about their individual needs and goals. This helped to ensure that staff worked with people in a consistent way. People had individual plans which set out the support that had been agreed. The plans described people’s strengths and needs and their preferred routines. For example, one person’s plan stated they liked to have a bath each morning and this person told us they were able to have one.

People told us they talked to staff about their day to day needs and new things they would like to do. Staff said that as part of a keyworker system they regularly met with people to discuss their support. In the role of keyworker, staff members each had responsibility for overseeing the care and welfare of a small number of people. We saw monthly ‘keyworker’ reports which showed that people’s needs were being kept under review and aspects of their health checked. This helped to ensure that any concerns would be identified promptly and could be followed up.

Reports were being written on a daily basis about people’s care and welfare. This ensured good information was available when people’s care and support needs were being reviewed. The records showed that staff were observant of changes in people’s health and wellbeing and had followed these up. For example, in one report we read that a staff member had noticed that one person’s eye looked sore and they had made a note of this so other staff were aware. There were further reports which showed that action had been taken in response to this concern.

There was some variation in how people’s care records were being maintained in the different houses. The plan we saw in Orchard House did not include the same level of detail seen in other examples. However the records overall were informative and being updated to reflect changes in people’s support.

People told us they knew how to make a complaint and felt able to talk to staff if they were not happy about something. People’s records included information about concerns that had been raised and how these had been followed up.

Is the service well-led?

Our findings

The home was without a registered manager at the time of this inspection. The executive manager had left their position in November 2014 and had since cancelled their registration. However the provider had not completed the statutory notifications that were required. These were to confirm the changes in the management arrangements and in the position of 'nominated individual' that had also taken place. The nominated individual is the person who acts as the main point of contact between the provider and CQC.

This is a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

We had contacted the provider prior to the inspection in order to receive confirmation of the arrangements being made for managing the service. We were told the management structure was being reviewed and that temporary arrangements were in place until a decision about future roles could be confirmed. At the time of the inspection, senior staff, which included house managers, were deployed in each of the three houses to undertake tasks relating to the running of the service.

The deployment of senior staff within the houses helped to provide continuity in the day to day management of the service. An administrator had responsibilities in relation to financial affairs and dealing with other agencies. There were shortfalls however, and not all the tasks undertaken by the executive manager were being covered. We found that not all the senior staff had received regular supervision in recent months and during the period of time since the executive manager left.

There were also gaps in how the service was being checked and some audits had not been undertaken in accordance with the provider's policy for quality assurance. One of the senior staff told us they were carrying out some additional checks, for example of people's care records. This helped to

ensure that any shortcomings would be identified. However there was no record to show the outcome of the checks and any follow up action that had been taken. Other information relating to quality assurance and the checking of the service was not available. This included an analysis of surveys that had been sent out to people in 2014 and an improvement plan for the service.

This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Senior staff told us they had taken on responsibility for ensuring some of the provider's policies and procedures were being followed appropriately. This included matters relating to health and safety and following up on any actions needed. Records showed that a fire risk assessment had been undertaken. Staff said the fire alarm system was tested regularly and they checked to make sure that equipment was safe for people to use. We received further information after the inspection, including the record of a risk assessment that had been undertaken in connection with windows and the use of restrictors.

We saw that details of accidents and untoward incidents were being reported; the records showed that learning points were being identified and action taken to prevent a reoccurrence. For example, there was a detailed record of an incident involving one person's medicines which had been investigated and improvements in practice had been identified.

Feedback from people who used the service and from staff showed that the provider's aims for the service were being put into practice. These focussed on achieving some key outcomes

for people, such as being part of the local community and benefiting from a person centred approach. People told us they liked living at Chescombe and felt they received the support that they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person was not making appropriate arrangements for the recording of people's medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

The registered person was not notifying the Commission of all relevant changes affecting the running of the service as required under this regulation.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person was not operating an effective system for assessing and monitoring the quality of the service provided.