# Christchurch Court Limited

# Abington View

## Inspection report

52 Abington Park Crescent
Abington
Northampton
NN3 3AL
Tel: 08442 640533
Website: www.christchurchgroup.co.uk

Date of inspection visit: 20 May 2015
Date of publication: 06/07/2015

## 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

This unannounced inspection took place on 20 May 2015. The home provides support for up to three people with acquired brain injuries or neurological conditions. The homes focus is on rehabilitation and people are supported by an integrated care pathway through all stages of the rehabilitation. At the time of the inspection there were two people living at the home.

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.'

People were cared for by a multi-disciplinary staff team that knew them well and understood their needs and rehabilitation goals. There were robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing

# Summary of findings

numbers were sufficient to meet the needs of the people who used the service and staff received regular and specialised training to meet the needs of the people they supported.

Staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs. Medicines were stored and administered safely. People received their medicines when they needed them.

People were actively involved in decision about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received a detailed assessment of risk relating to their care and staff understood the measures they needed to take to manage and reduce the risks. People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Staff were aware of how to support people to raise concerns and complaints and the manager learnt from complaints and suggestions and made improvements to the service. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and any concerns they had would be listened to.

# 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?**

Good

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. Various risk assessments were in and risk was continually considered and managed in a way which enabled people to safely pursue independence and to receive safe support.

There were safe recruitment practices in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

**Is the service effective?**

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported by a multi-disciplinary team and relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

**Is the service caring?**

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and peoples integrated rehabilitation programme.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

**Is the service responsive?**

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

# Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

**Is the service well-led?**

Good

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management structure and felt able to raise concerns or make suggestions for improvement. There were systems in place to receive people's feedback about the service and this was used to drive improvement.

# Abington View

**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 20 May 2015 and was unannounced and was undertaken by one inspector.

Prior to the inspection we looked at reports from Northamptonshire County Council quality and contracts team which gave us information on the governance of the provider and notifications we had received. Services tell us about important events relating to the care they provide by using a notification.

During the inspection we spoke with two people who used the service, three members of staff of different grades, the registered manager and deputy manager.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and rehabilitation programmes of two people who used the service and four recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

# Is the service safe?

## Our findings

People felt safe where they lived. One person said "I feel safe here, all is okay", another person said "I absolutely feel safe here, no doubt at all". The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service said that they were confident enough to use it if they needed to.

A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said "risk assessments change when people learn new skills or try new things so it is important we keep up to date with them". When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records we viewed showed us that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The home has access to a Multi-Disciplinary Team (MDT) where staff can discuss concerns they have in supporting people with behaviour that may challenge.

People and staff told us they thought there was sufficient staff available to provide their care and support. The Manager told us that there was a bank of staff who supported the home and covered for annual leave and absence, these staff knew the people well and completed the same training as permanent staff. Throughout the inspection we saw there was enough staff to meet people's needs.

People's medicines were safely managed. One person told us "The staff are always spot on time with my tablets, you could set the clock by them." The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment. Additionally, staff only worked at this small home once they have successfully completed their probation period at a larger sister home.

People had locks to their bedrooms and had access to lockable storage. The service had in place appropriate arrangements to support people with their day to day finances. All transactions were completed with people who used the service taking the lead and people signed for all deposits and withdrawals form their cash tin. All transactions were fully documented and regularly audited.

Good

# Is the service effective?

## Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and was delivered in part by the multi-disciplinary team and included key topics on rehabilitation and introduction to acquired brain injury and neurological conditions. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them.

The provider was operating to good practice guidelines and new starters from 1 June were completing the new 'Care Certificate' as part of their induction. This sets out learning outcomes, competencies and standards of care that are expected from care workers to ensure that they are compassionate, caring and know how to provide quality care.

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Senior staff/shift leaders also completed accredited training from the Institute of Leadership and Management for the level of Team Leader. The manager attends conferences that discuss best practice in supporting people with acquired brain injury.

People's needs were met by staff that received regular supervision. Staff told us they had regular meetings with their supervisors. We saw that supervision meetings were planned for all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said "I've learnt the most from my supervisor, they are a role model for me"

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. In the records we viewed we saw that contact had been established where Independent Mental Capacity Advocates (IMCAs) were in place. Best interest decisions had been recorded in care plans and people had been included in these decisions.

People were supported to eat a balanced diet that promoted healthy eating. Due to the small size of the home meal times were very flexible and were completely based around the needs of the people living there. There was a mixture of people cooking their own individual meals and on other occasion's people cooking for other people that lived there. People were fully involved in menu planning and grocery shopping and preparing and cooking their meals.

Care plans contained detailed instructions about people individual dietary needs, including likes and dislikes and healthy eating options. One person showed us a folder of different foods she had cooked and recipe details and pictures she had taken of the completed dish.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community Nurses, GP's and were referred to specialist services when required.

Good

# Is the service caring?

## Our findings

People and staff were happy at the home. There was a lot of interaction throughout the day with staff and people chatting about how their day was going, what plans they had and general topics in the news. People told us that staff were great and one person said "They are the best staff I have ever had." Another person said "fantastic, that's how I would describe all of them."

People told us how they were listened to and their views were acted upon. People spent time with their keyworker every month to discuss the care they received and to make plans for the following month. People were positive about this allocated time and records we saw evidenced that these happened regularly and outcomes were met from month to month. One person said "I have idea's and I tell the staff and we make a plan of how it's all going to happen, it's great."

Staff were knowledgeable and respectful of people's diverse needs. Discussions with people living at the home and observations of the care provided, confirmed that people's individual wishes for care and support were taken into account. Care records were written in a sensitive way that valued people's diversity and individual needs. The care records we viewed had been signed by the person and/ or their relative to show their agreement with their planned care.

Staff told us how they promote people's privacy and dignity, one staff said "We make sure we discuss things with people in private and encourage people to have confidential discussions in private" People said that staff respected their wishes and supported them how they preferred.

People had access to an independent advocate who regularly visited the home and was available for any person who needed their support. The advocate was involved in monthly meetings with people. The minutes of the meeting were available on the notice board. It was clear from the minutes of the meeting that action points were addressed and outcomes were achieved.

Maintaining and encouraging people's family and friends was an objective in people care arrangements and was written into individual care plans. Care plans contained people's life history and a plan for continuing family contacts was promoted and was facilitated by staff. One person said "I speak to my family all the time and I am going to visit them on Friday." Another person told us "my family think it's great here and they like the staff, they are happy for me to be here and I think I am doing great here."

Good

# Is the service responsive?

## Our findings

People were fully involved in every aspect of decision making and planning their own care. There were detailed and informative care plans in place that were person centred and holistic in their approach. Care plans were in place to reduce people's anxieties and potential stress and associated behavioural issues. There were a lot of detailed instructions for staff to follow to support people and how to identify potential triggers that could upset a person mental well-being. Behaviour patterns were monitored so that people's progress and rehabilitation was measured and responded to by staff.

Care plans were detailed about the assessment of people, the risks they faced and their physical and emotional circumstances. Risks had been clearly identified and actions plans were in place to reduce these risks. Each person's care plan was notably focussed on them and their individual circumstances and needs. There were clear examples of people's preferences about their religion, their culture, their preferences about interactions, the food they liked, the clothes they wore and how they liked to be spoken to. People's preferences were understood by staff when we spoke to them and staff showed they knew the reasons for responding to people in specific ways so that support was personalised. Staff told us "It is so important for us to understand all of people's needs and to understand why people react differently sometimes."

There were arrangements in place for reviewing people's care needs and the ways to meet these identified needs. A multi-disciplinary approach to reviewing people's planned needs had been established to ensure that daily support, psychological and physical health needs were included. Some people have been enabled and facilitated to move from the home to live more independent lives. This level of rehabilitation is a recognised and planned aspect of the care for a number of people.

The home had an atmosphere of inclusion and was relaxed yet vibrant where any social isolation would be responded to. Staff roles included working as key workers with individual people throughout the day and this ensured that a socially inclusive atmosphere prevailed in the home.

People were supported with social activities and work opportunities. One person told us "I go to college, I have music lessons and I visit my friends" Another person said "I go to a work placement but I am looking for paid work now, we go out a lot and I am going to see a tribute band soon" It was clear in peoples care plans if people were working towards goals of work opportunities and what planned steps were being taken to achieve this. People told us about visits to local pubs, café's and The Rock Club, this club has been set up by four providers (Christchurch is one of them) and provides social inclusion and activities for people with acquired brain injuries.

When people have moved into the home from other services there has been a well-documented and well planned transition to ensure that a holistic picture of the person needs is established. The manager and the team have worked efficiently and responsively with other providers of other services, such as hospitals, consultants, NHS community services, GPs, advocacy service and families and friends to ensure that people have received consistent and co-ordinated care. This had occurred when people had moved into the home and when people have moved from the home to become more independent.

There was a complaints procedure in place including an accessible version for people who used the service. People told us and records showed that complaints were responded to in a timely manner and outcomes and lessons learnt were recorded. One person said "I complained about the microwave and how hard it was to work and we got a new one."

Good

# Is the service well-led?

## Our findings

There was an open and transparent culture in the home and it was clear that everyone was working towards supporting people to achieve the best outcomes. One staff member said "I see my role as an enabler, I am here to make a difference." The manager was visible most days in the service and was a role model for newer staff, staff told us that working alongside the manager was the best training they would receive because of her knowledge and support.

Staff received regular communication, support and advice from their line manager. The company have a quarterly newsletter for staff called 'Brainwave' and this was available for all staff to read. The newsletter contained information about the staff awards programme and how to be involved and vote for outstanding achievements. Staff felt the manager kept them up informed of any changes.

People told us about their links with local community and charity events that they were attending and how they got involved. The manager sits on the committee for the 'Rock club' which is a group set up for people with acquired brain injuries and is involved in organising activities. Links were formed with the local church which benefitted the people living in the wider community.

The manager had a good understanding of the individual needs of the people using the service and was aware of their progress on the rehabilitation care pathway. The manager was engaged with sharing good practices by attending various conferences.

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. Staff members told us; "We work together here as a team." And "It's a really rewarding place to work, I wouldn't want to work anywhere else."

The manager has listened to staff's feedback with regards to requesting more training on acquired brain injury and some staff are piloting a 12 week 'certificate in acquired brain injury'.

The home's records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.

There was a system of quality audits in place which evidenced the managers understanding of the area's that the Care Quality Commission focus on when there is an inspection. The manager on a regular basis evidences in the audits how the service meets these expectations, what evidence there is of good practice and develops action plan detailing what improvements are needed. Records confirmed that the identified areas of improvement were completed by the next audit.

The registered manager was aware of their responsibilities to report accidents and incidents and other notifiable events that occurred during the delivery of the service. Care Quality Commission notifications were received as required.