

Royal Mencap Society Chestnut 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 

Overall summary

The inspection visit took place on the 23rd January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 20th November 2013 and found the service was not in breach of any regulations at that time.

Chestnut House provides care and support for up to six people who live with a learning disability. There were four people living at the service at the time of our inspection. The home does not provide nursing care. The detached house is situated in Thornaby, close to all amenities and transport links.

There is 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. On the day of our inspection the registered manager was not at the service.

We spoke with three people who lived at the home who had a range of communication skills. We were told they were happy with the service the home provided. Comments we received included; "I like it here" and "I like all the staff."

Summary of findings

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spent time with one person discussing a visit by a friend and how they wanted to prepare for this. We also saw people were asked if they wanted to visit the day centre and if they declined, their wishes were respected.

We found there were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) but staff were not fully aware of what these meant or the implications for people living at the service. Although there were applications for authorisations for two people, we did not know if these had been authorised by the local safeguarding authority and there was no information in people's care files to reflect if they were subject to the DoLS process. After the inspection we were informed by the authorising body that it was not their procedure at the time to acknowledge applications received.

We found the dining room carpet was a trip hazard and staff had been reporting this issue since February 2014. There were also safety issues with the downstairs bathroom in relation to exposed radiator valves. We were told the registered manager had been requesting support from the housing landlord for the bathroom for some time. A manager from a neighbouring service of the provider's spent time at the service on the day of the inspection and actioned for a flooring company to address the carpet issue straight away.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the

service such as epilepsy and Makaton (the use of signs to help people communicate). There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the manager and of each other. Medicines were also stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify and support their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed easy read care plans and communication aids to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to day services to helping to make the evening meal. One person had very recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Some issues relating to the safety of the premises were raised with a visiting manager from the provider and these were addressed immediately.

Good



Is the service effective?

This service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from management. This helped to ensure people were cared for by knowledgeable and competent staff.

Staff we spoke with at the service were not fully aware of the Deprivation of Liberty Safeguards (DoLS) and whether they were in place for anyone at the service. We confirmed after the inspection that the authorising body had not provided the relevant receipt of application records.

Good



Is the service caring?

This service was caring.

The home demonstrated support and care specific to people's individual needs.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported. The plans used easy read language and photographs that were individualised to each person.

Good



Summary of findings

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice.

There was a clear complaints procedure available in easy read format. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service.

Good



Chestnut 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.

The inspection visit took place on 23rd January 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider was not asked to complete 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 also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed spending time with three people who lived at the service all of whom had communication difficulties, speaking with staff, and observing how people were cared for. We also undertook pathway tracking for two people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time with three people who lived at the service and three care staff. The registered manager was not at the service at the time of our visit but we did spend time with a registered manager from a neighbouring service run by the same provider. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “It’s about keeping vulnerable people safe.” We saw that information was available for people using the service in easy read format to encourage people to speak up. We asked one person if they were worried or upset what would they do and they told us; “I’d tell the staff.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. One staff member told us; “I have blown the whistle (raised concerns) in a previous service I worked at so I know how to report things if I feel any need.” The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us; “We’ve got a call point test today to check the fire alarm and I have had first aid training.”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff told us; “We have an everyday cleaning rota and we use anti-bacterial wipes. We have different mops for the bathrooms and kitchens and change the mop heads each month too.” This ensured any cross infection risk was minimised. We also saw staff wearing protective footwear covers, we asked why they were doing this and they told us that it was to make sure they were safe when supporting somebody in the wet-room.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely

maintained to allow continuity of treatment and medicines were stored in a locked facility. One staff told us; “Two people check the medicines in when they arrive from the pharmacy and we check the medicines again at every handover.”

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Staff could explain to us what each medicine was used for and they said they supported people by informing them what their medicines were for. We recommended that, in line with National Institute of Clinical Excellence (NICE) guidance, any handwritten medicine administration records (MAR) should be double signed by two members of staff and staff told us they would implement this practice straight away.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around how they needed support for any ‘as and when required’ medicines. We asked staff what they would do if someone missed their medicines and they told us; “I would mark it on the MAR sheet, dial 111 for advice and ring the GP.” This showed staff knew what to do if this occurrence took place.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. Staff told us; “If anyone is off we tend to cover it between ourselves so it’s the same people here providing support.” Another staff member told us; “If we had an emergency we’d phone the manager on-call, we could also ring the other houses (operated by the provider).”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check, were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of

Is the service safe?

one member of staff who had recently been recruited to the service. There were checks on their identity as well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given.

The home had an induction checklist in place which included an induction to the home and a formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid, and supporting people with a learning disability. The manager also carried out observations of staff engaging in financial transaction, people moving and medicines after they were trained in these areas.

We asked staff about the premises and they told us the dining room carpet was a trip hazard. We saw this had come away from the grippers around the edges and despite staff attempts to tape this down it was apparent it was unsafe. When we looked at records we saw that staff had reported this at their health and safety checks every

month from February 2014. We raised this as an immediate issue of concern with a visiting manager from another of the provider's services who immediately got a flooring company scheduled to visit the service.

We also noted in a refurbished bathroom that radiator valves were exposed and could present a safety hazard; again we raised this with the visiting manager who said they would address this with the company who fitted the bathroom to return and remedy the issue straight away. Staff did tell us that the manager had been raising these issues with the relevant parties.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Is the service effective?

Our findings

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met.

We saw one person who lived at the home had received an assessment by an external health professional and the recommendations that had been made were documented in their care plan.

During the inspection we observed the care and support the person received and saw this was in accordance with the recommendations made. This showed us the service identified changes in people's needs and took action to ensure their needs could be met.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We saw application paperwork for two people who used the service but we were not able to ascertain from speaking to staff and looking in care records whether these applications had been assessed and authorised. We were told after the inspection by the authorising body that their procedure at the time was not to confirm receipt of application so nothing would be on file from the authorising body until an application was confirmed. Staff were unclear about the DoLS process although one person said they knew it related to capacity. Staff told us that one person often said, "They were leaving the service" but they never did. We asked staff if this person would be safe unaccompanied and staff told us they would be at high risk of danger. Staff should also have a training update in the DoLS process and Mental Capacity Act.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. Staff told us; "We have supervision monthly and X (the registered manager) provides loads of support."

We viewed the staff training records and saw the majority of staff were up to date with their training. Staff told us; "All the training is appropriate here." We looked at the training records of all staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, finance, and moving and handling. One staff told us; "I have asked in my supervision to do dementia training and end of life care and the manager is sorting this out."

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the home, training, medicines, and any health and safety issues were discussed. Staff told us; "We meet monthly and we have a standard agenda though we can add to it, we also discuss all the people who live here."

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice. We asked staff about the skills they needed to support people at the service. They told us; "You need to be patient and flexible and never take sides." Another said; "You need to be able to empathise with people."

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed using photographs and symbols to help people recognise the choices they could make.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about people's likes and dislikes. One staff told us; "X has swallowing difficulties so we ensure their food is soft to make sure it is as safe as possible for them." The service had also sought assistance for this person from the Speech and Language Therapy (SALT) team who had provided an updated "Neater Eater" piece of equipment to help this person with physical difficulties feed themselves independently. Staff told us they had been trained by the SALT team in the use of the equipment. We saw one person made everyone at the service a hot drink before they went out on a community outing as well as prepare their own breakfast cereal.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible

Is the service effective?

they worked to make menus healthy and nutritious. Staff told us; “Everyone is on healthy eating and we have pictures of foods too, it helps people pick the meals they want.” This meant that people’s nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

The registered manager told us that healthcare professionals and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case.

People were supported to have annual health checks, Health Action Plans were in place to ensure people with learning disabilities have their physical health checked on a regular basis and people were accompanied by staff to hospital appointments. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services how people how people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom doors or bathrooms were kept closed and people were always asked if they needed any help with personal care.

We looked at two support plans for people who lived at Chestnut House. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a key information sheet, what support needs people had and what people's goals and future aspirations were. We saw information included a life story and the support plan was written with the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious. We read about one person who had refused to go to their day centre because they said a member of staff had upset them. We saw that staff had contacted the day centre straight away and discussed and sorted out the issue and then fed back to the person that everything had been resolved.

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with

people, there was lots of banter and laughter. Staff were aware of people's likes and dislikes. One staff told us; "X loves to wear pretty clothes and we have helped her go shopping, she had very little when she came here, now she has lots and we look at fashion magazines to get ideas."

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service went to visit their relatives regularly. Staff told us; "It's their house and we support people to keep it clean."

Staff told us that keyworkers reviewed support plans on a monthly basis with the person and checked whether people were happy with the care and support they received. One staff member told us; "People tell us things as it's a special 1:1 time that we take very seriously."

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and that this was recorded. The complaints policy also provided information about the external agencies which people could contact if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. Staff told us; "People tell us if there is anything on their mind and we would be able to tell if someone's behaviour was to change if they weren't happy."

We looked at support plans for two people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the support plans and they were reviewed monthly. One person had a communication book, a tool that staff used to ensure the person was able to show staff what they needed or wanted and we saw staff using this successfully with the person.

The support files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example, "How I communicate, things I can do and my interests". We saw for one person this information was accompanied by photographs of the person who had communication difficulties using gestures and what these meant. This was a very useful document for anybody meeting this person for the first time.

Staff demonstrated they knew people well. Talking to staff, they told us about everyone currently living at the service and what was important to them. For example, one person was supported to do arts and crafts which were very important to them and staff assisted another person to

arrange a visit for a friend to come for tea. They also told us; "X loves to have her nails and hair done, that's really important to her." They told us; "The support plans helped me and people will also tell you what they want and like." We asked staff about promoting people's independence and they explained that they offered shadow support to encourage people and they sometimes "took a step back" to see if people could manage independently and to intervene if they struggled with the task in anyway. We also saw that one person had been supported to get additional adaptations so they could be more independent around mealtimes.

Staff also told us that they had assisted one person to help get their wheelchair mended quickly when part of it came off. They had contacted the maintenance company straight away as they did not want the person to lose out on accessing the community because their chair was not in use.

On the day of our inspection, one person was out at their day service placement. Another person went out with into the community shopping and two other people at the service were involved in arts and crafts and watching TV, as well as helping staff with day to day tasks such as doing their laundry. Staff told us they worked flexible shifts to ensure people got to activities. Staff also said; "We go out for meals, we talk through what people want to do in their 1:1 keyworker meetings and we encourage them to see their family and friends."

Staff explained how they supported a transition for one person within the last year who used the service. Staff told us it was, "Critical that everyone living here gets on well." Therefore the person visited for tea and during the day before trying an overnight visit. All of this was done gradually at the person's pace until they were comfortable to move in permanently. Staff also told us they liaised with the person's previous placement to ensure they knew as much as possible about the person before they moved in.

Is the service well-led?

Our findings

The home had a registered manager, although there were not present during the course of our inspection. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “You can talk to X about anything.” Another told us; “It’s one of the best places I have ever worked.”

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make.

The home carried out a wide range of audits as part of its quality programme. A visiting manager, from a nearby service run by the same provider, explained how they routinely carried out audits that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. It was also explained that a visiting regional manager also visited

the home as part of a quality monitoring process. We saw an action plan had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Additional checks also took place on medicines by staff with any actions clearly identified and dated so they could be addressed.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the home was run in their best interests. Keyworkers regularly sought the views of people living at the service via a meeting agenda that talked about the friendliness and professionalism of the staff, the environment as well as anything anybody would like to change. Staff also told us they accessed all community facilities locally such as shops and often went to the local pub for meals.

During 2014, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.