

Chamarel Healthcare Ltd

Chamarel

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

Chamarel is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chamarel accommodates up to seven people. There were seven people at the service on the day of our inspection.

This unannounced inspection took place on 30 October 2018 and 8 November 2018. This is the first inspection since the location was registered in October 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager for the service. 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 kept safe and staff were knowledgeable about reporting any incidents of harm.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people. People were supported by staff who were trained and supported to do their job.

The provider had systems in place which assessed potential risks to people and guidance was put in place to minimise the risks. People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were supported by kind, respectful staff who enabled them to make choices about how they wanted to live. People participated in a range of activities within the service and in the community.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to

access external health care services and their individual health and nutritional needs were met.

Care plans were in place detailing how people wished to be supported and had been produced jointly by staff and people living in the service. People were fully involved in making decisions about their care and support.

People and their relatives were given opportunities to attend meetings, to give their views about the service and how it could be improved. There was a process in place so that people's concerns and complaints were listened to and were acted upon.

There were clear management arrangements in place. Quality monitoring procedures were in place and action was taken or being taken where improvements were identified.

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.

Staffing levels were sufficient to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and monitored by staff.

People were supported to take their medicines as prescribed.

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements. This ensured that people did not have illegal restrictions put on them.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were provided with support in preparing, cooking and serving their meals.

People were supported to access all healthcare services they required.

Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their, their family members care and support. Staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Support plans were in place for each person and the support provided met people's needs.

Activities and outings were arranged based on people's choices.

A complaints procedure with a recording system was in place to show how complaints are managed.

Is the service well-led?

Good ●

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care they needed.

Quality assurance systems were in place to review the quality and safety of people's care.

Chamarel

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 carried out by one inspector.

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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 reviewed other information we had relating to the service. including notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with six people, the registered manager, the provider and three members of staff.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, incident and accident records, staff meeting minutes, and staff training records.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at the home. We observed people being supported by staff in ways that were safe. For example, we saw staff support people with their mobility needs using techniques and approaches that were safe. One person said, "yes I feel safe, the staff are very good. They keep checking I am alright." When we asked another person if they felt safe, they said "Of course yes."

People's body language and verbal expressions showed that they were relaxed and comfortable with the staff. This in turn helped show that people felt safe.

Clear systems were in place that were understood by staff, to protect people from the risk of harm. Policies and procedures were in place for safeguarding adults. These contained guidance on what staff should do in response to any concerns that were made or identified. The training records showed that staff received regularly training in safeguarding. This was further confirmed with the staff we spoke with. Staff knew about the different types of harm and how to recognize potential signs of harm. Staff told us they would report any concerns to the registered manager and the provider or other external agencies if needed.

People were supported by enough staff to meet their needs. The numbers of staff on duty on the day of our inspection were sufficient for staff to be attentive and responsive to each person support needs. The staff rotas showed that the number of staff was consistent with the planned staffing levels. These were based on the current level of need, and amount of time and support each person needed. Staff told us that staffing levels were safe and that additional staff were brought in if there were planned activities or health appointments had been arranged.

Prior to commencing employment staff were subjected to various checks. Satisfactory references from recent previous employers were taken up. A Disclosure and Barring Service (DBS) check was completed for each staff member. A DBS check helps employers to make safer recruitment decisions. This is by providing information about any applicant's criminal record and whether they were barred from working with certain groups of people. Staff recruitment records also included proof of the employees address and identity.

People's medicines were managed safely. The systems in place for the management of medicines were in line with safe practice. Only staff that had been trained to administer medicines safely, were responsible for administering medicines as prescribed. Where a person was prescribed "as required" medicines, there were clear protocols in place stating when and how these medicines were to be given. A regular audit was completed to check that medicine stock tallies matched records of stock held. A medicines administration record (MAR chart) was used to record when medicines were given. These records were checked daily to ensure that people had been given the medicines they needed, and if not the reason why they had not been given.

There were up to date Internal and external environmental risk assessments in place. This meant that people's risks were minimised. There were also records which confirmed that checking and testing of

equipment. This meant equipment was maintained and safe for the intended purpose. Tests also included the safety testing of electrical items. There were certificates to confirm testing of fire safety equipment and gas servicing had been completed. To ensure people and staff safety.

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Practice fire drills took place to ensure staff and people who lived at the service knew what to do in an emergency. People had an individual emergency plan in place. This set out what support they would require during any necessary evacuation of the home.

The registered manager and the provider were able to say what they would do to spot any trends and patterns following incidents and accidents should they occur. Staff knew to report and recorded any accidents or incidents. There had been no incidents and/or accidents that required any action to be taken.

Is the service effective?

Our findings

Staff were knowledgeable about the people they supported and their needs, and had the skills required to care for people who lived at Chamarel. One staff member told us, "Majority of the staff have been here for a long time. I think that is really good." This helped provide people with consistent care from staff that knew people well.

Staff had completed an induction when they started work at the service, and had ongoing training and development opportunities. Staff told us they felt well supported by the registered manager and felt that the training provided gave them the skills they required to support people effectively.

The registered manager conducted a programme of regular staff supervision and team meetings. All staff supervisions were recorded to help ensure they retained a record of supervision topics which were discussed. One member of staff told us, "Support is very good here and we get all the training we need to meet people's needs."

People's nutritional needs were met. Menus were decided by people and food options were varied. There were numerous options for alternatives if people changed their minds. People were encouraged to help in the preparation, cooking and serving of meals. People were able to eat and drink whatever they chose. One person said, "Food is lovely, and there is always plenty to eat."

People were supported to maintain good health with input from health professionals on a regular basis. The local nurse was visiting to administer a flu vaccine for those who wished to have one. The nurse was very complimentary about the staff at the service. They stated that staff contacted the surgery appropriately with any health concerns they had about people living at Chamarel.

People had annual health checks with their GP's. These meetings reviewed people's medication which ensured it was still meeting their health needs. People also had their own hospital passports. These passports included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication. With people's permission, these were to be given to paramedics or hospital staff if the person needed to go to hospital.

People all had their own rooms and had personalised them to meet their preferences. Some furniture in the main lounge was due to be replaced as it was looking shabby. People were being given the opportunity to decide what they would like to choose to replace it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. People living at the service all had capacity to consent to every day decisions and make their own choices about what they would like to do.

Is the service caring?

Our findings

People told us they were happy with the staff that provided their care. One person we spoke with told us, "The staff are all really nice, kind and caring. I am very happy here." Staff spoke kindly and respectfully when talking to people they supported. They also gave them time to respond when they needed time to think of the answer.

People were comfortable and chatty when sat with members of staff. Staff addressed people by their preferred name and talked to them in a kind and respectful manner. There was lots of gentle banter and laughter during our inspection. People's privacy and dignity was promoted. People told us they had their own bedrooms and they could spend time there when they wanted.

People were fully involved in the planning and reviews of their care and support provided. One person told us, "Staff always talk with me about what I would like to do. They also make suggestions of things I may like to have a go at." Support plans continued to be detailed and person centred and contained a full life history along with important information about people's health conditions.

People were encouraged to maintain relationships with their family and friends. One person regularly visited their family. Another person had friends that lived in a village nearby and were able to visit them independently.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed support in making decisions about their care and support. Advocates provide independent advice and support to people.

People's care records were stored in a lockable space at the service in order to maintain and promote their dignity and confidentiality.

Is the service responsive?

Our findings

Each person had a care plan that was specifically designed around their needs, goals and aspirations. These were reviewed regularly by people and the staff. Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished.

Staff were responsive to people and were knowledgeable about what made them anxious. One person could become very anxious and 'stuck' in certain aspects of their routine. We observed staff supporting the person during the inspection. The staff member was calm and patient. They gave the person space when it was needed and lots of reassurance.

Staff were knowledgeable of people's communication needs and used a variety of tools to support with this. Complaints policies had been produced in an easy read format. Staff told us and people confirmed that they were always asking or being asked if they were happy with their care and activities they took part in.

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. Staff told us that people went to a day service or college to develop their daily living skills. One person told us, "I like everything here, we do lots of activities, I'm happy." One staff member told us, "We put a lot of thought into activities and watch to see if people enjoy them." Another member of staff said, "They really have a lovely time here, each person's day is different and varied and enhances quality of life."

People were all given the opportunity to go on holidays and staff supported them by looking at brochures of places they may like to go. They then assisted the person in booking and supporting them on the holiday if required.

People had person centred goals, and activities were organised for them to achieve these. One person was supported to write letters to their relative each week as their goal. Goals were reviewed with people at meetings held between a member of staff and the person and included how they were doing so far and if any further support was needed.

Although no formal complaints had been received, people told us they would feel confident to raise any concerns with the registered manager or any other member of staff. There was a clear complaints policy and easy read information about who people could contact if they were unhappy with their care.

No person was receiving end of life care during the inspection. The registered manager told us they planned to have conversations with people and, or their relatives regarding people's end of life wishes at the a time when people are prepared to talk about it. This was not something that people or relatives wanted to discuss at this time. The registered manager advised they would review this during annual reviews and document any further responses.

Is the service well-led?

Our findings

Since the last inspection, there had been changes to the provider of the service. The registered manager and provider were both keen to learn how to improve the service and outcomes for the people who live Chamarel. The registered manager felt well supported by the provider and had regular supervisions. The provider not only provided staff cover to get to know people but they were always available via phone or email if staff had any questions or concerns.

The registered manager knew people and their support needs very well. The registered manager worked alongside staff often helping and supporting people with the different activities and daily tasks. Staff told us that they thought the service was well-led, because the registered manager was, "Very approachable", "Genuinely caring", "Brilliant", and "Lovely to people and staff." Staff told us that they were encouraged to share ideas and work as a team to achieve mutual goals and improve the lives of people. One staff member said, "We are like one big family. All working together towards one goal, everyone helps each other." Staff told us that staff meetings were held where they could discuss anything they wanted to and ideas were generated to improve people's support. They also used daily handovers and a communication book to feedback information to the staff team. One staff member said, "Communication is good between all staff and we always have a discussion when we come on shift."

As a new provider the provider and registered manager told us they are working on improving the audit process to ensure these provide a detailed analysis of what they have looked at and what improvements need to be made. There was an action plan in place which showed what needed to be undertaken. Such as a review of all support plans. The registered manager and the provider had regular discussions and had started to put a list of thoughts and ideas together for 2019. The thoughts and ideas had also come from the people who lived at the service. Some of those thoughts included re-decoration within the service, holidays and how to do more in the community. The provider and the registered manager working on a more formal process to ensure continuous learning and development.

The registered manager worked in partnership with health and social care professionals such as the GP, who were involved in people's care to ensure that people received care and support appropriate to their needs.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.