

Chamarel

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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 provides accommodation and personal care for up to seven people who have a learning disability. There were seven people living at the home when we inspected. Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There are kitchens/dining areas and communal areas for people and their guests to use.

This unannounced inspection was carried out on 3 March 2016. At the time of our inspection a registered manager was in place. 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 CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care and where they were unable to do so they were in the process of completing assessments which were to be sent to the supervisory body.

Staffing levels were adequate to meet people's care and support needs. Staff supported people with their personal care, medicines, activities/hobbies, cooking and domestic tasks in a cheerful and kind way.

People's privacy and dignity was respected by staff. People's care was provided with kindness and patience and in a way which people preferred. People's requests for assistance were responded to promptly.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Medicines were stored correctly and records showed that people had received their medicines as prescribed.

Health care and support plans were in place and provided detailed information so that staff had clear guidance on how to meet people's individual care needs. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through supervision, and ongoing training.

Information on how to make a complaint was available for people and staff knew how to respond to any identified concerns or suggestions.

Arrangements were in place to ensure that the quality of the service provided for people was monitored and

action had been taken when necessary.

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.

Risk assessments had been carried out to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff provided care and support to people in their preferred way. People were supported to eat and drink enough to stay well.

People saw, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were in the process of being followed when decisions were made on people's behalf.

Is the service caring?

Good ●

The service was caring.

Staff were very caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care records provided detailed information to ensure that people's needs were consistently met.

A complaints policy and procedure was in place and people had the opportunity to raise any concerns about their care

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Is the service well-led?

The service was well-led.

The provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People were able to raise any issues or concerns with the registered manager and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager.

Good ●

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 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 unannounced inspection was carried out by one inspector on 3 March 2016.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During the inspection, we spoke or communicated with four people living at the home, two care staff and the registered manager. We also observed how people were cared for to help us understand the experience of people.

We looked at two people's care records, staff meeting minutes and medication administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff training and recruitment records.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "oh yes I feel safe". They went on to show us that they had a safe in their room where they could keep their things safe for example an electronic tablet and their watch. Another person said, "I feel very safe and staff look after me well".

Staff demonstrated to us their knowledge on how to recognise and report any suspicions that people may have suffered any harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I would not hesitate in reporting any concerns to my manager." We saw that there were safeguarding reporting guidelines available in the office which included key contact numbers for the local authority safeguarding team.

Staff spoken with were aware of the risks to people and the assessments that were in place. One member of staff said, "We encourage people to be as independent as possible. Some people even go out on their own." Staff completed risk assessments and these identified how people could be supported to maintain their independence in a safe manner. Risks that had been identified included accessing transport and cooking in the kitchen. Fire evacuation plans were in place for each person in the home. Staff had the information that they needed to support people in a safe manner.

Both members of staff told us that they felt there was always enough staff on duty. They said additional staff were on shift when needed. For example, if people wish to go out for the day. We were told there had never a problem with staffing and the registered manager and providers provide additional cover when necessary so people are able to attend there day care or arranged appointments. We saw that staff had time to meet people s needs and spend time talking with them about their day.

An effective recruitment process was in place and staff recruitments records were available in the home. Relevant checks were undertaken before a person was offered employment. These included obtaining references, ensuring that the applicant provided proof of their identity and that they undertook a criminal record check with the Disclosure and Barring service. A member of staff we spoke with, told us about their recruitment process and that all checks were completed and included the police criminal record check, before they were allowed to work at the home. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in home.

People using the service received their medications as prescribed. Only staff who had undertaken medicines training and had had their competency assessed administered medicines. Medicines were stored, administered and disposed of in a safe manner and accurate records of medicines administered were maintained. All staff had signed to confirm that they had read the policy in respect of medicines administration and safe keeping. Clear protocols were in place for when medicines prescribed to be given on an as required basis should be administered.

Is the service effective?

Our findings

Staff told us and records confirmed they had the opportunity to undertake and refresh their training. One member of staff said, "Training is very good and we can go onto to a gain a qualification in health and social care." Staff told us that supervision sessions had been held. Meetings were held with both people who use the service and staff to discuss issues, planning of holidays and any proposed developments.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity assessments to make decisions about their care was in the process of being carried out for those people where it had been highlighted as not being able to make decisions about more complex issues. For example, managing their finance. The registered manager told us that DoLS applications would be made if required. The registered manager confirmed that all people living at the home may lack capacity to make some decisions for themselves. Although most were able to make decisions about their day to day lives. For example, what to eat and drink. They advised us that action is being taken and staff have received training to ensure they fully understand the process. Advice from the local authority had been obtained to improve the provider's mental capacity assessment process.

People were supported to eat and drink enough and were involved in planning the meals for the week. Staff supported people living in the service with meal preparation and one of the people living in the home told us that they particularly enjoyed fish and chips. People could choose an alternative meal if they did not want what was on the menu. People also assisted with the food shopping and had a choice of meals. People were weighed each month and staff told us that dietary advice would be sought if people were at risk of losing weight. People also regularly went out of the home to have their meals. One person told us that they enjoyed going out for lunch.

People were supported with their health needs. All people were registered with a local GP surgery and staff accompanied people to the appointments. People also had regular dental appointments and had access to a range of health care professionals. Health action plans were also in place for each person as well as Hospital Passports. These provided comprehensive information about the needs of each person living in the home. Any contact that people had with health care professionals was recorded.

Is the service caring?

Our findings

Observations and discussion with staff showed that people were very involved in the life of the home. One person when asked if they were happy with the support staff provided smiled and said "Yes". They told us they were very happy living at the home indicated a positive response. Staff gave people time to respond to their questions and would repeat the questions where necessary to ensure they understood what was being asked of them.

People were supported to have regular contact with their family. Most people in the home had contact with family members. Staff supported people to regularly visit their families if necessary. Family and friends were welcome and encouraged to visit at any time. During our discussions with staff in the home it was evident that they knew peoples families very well.

Staff had a very good knowledge of people's needs and were seen to treat them in a caring and respectful manner. Staff knew peoples likes, dislikes and preferred routines and these were all recorded in their care plans. Throughout our inspection there were positive interactions between people living at the home and staff and we noted that people's wishes were respected. One person required assistance with their evening routine and this was managed well by staff ensuring the person had their dignity and privacy protected.

People could choose where they spent their time and were able to use the communal areas within the home or spend time in their own bedrooms whenever they wished. All the people very much enjoyed going out. Staff encouraged people to be as independent as possible. Risk assessments and plans were in place which enabled them to go out without staff support where appropriate. Staff positively engaged with people and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people

Staff told us they meet with each person on a regular basis to discuss their progress and check if they are happy with what they are doing. Daily records showed events that had occurred during the person's day and if they had enjoyed it. Some documents such as, the daily plan were available in a pictorial/easy read format. This showed us that people had information about the service in appropriate formats to their understanding.

No one living at the home currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The two people's care records we looked at included information which demonstrated how people liked to be supported and information about their social and health care needs. There was a detailed pen picture of each person. This provided information such as but not limited to where they lived, schooling, what they enjoyed doing and members of their family. We saw that people and their relatives were involved in reviewing and planning their care needs. Staff had a good understanding of people's needs and how they liked to be supported. The care plans provided detailed information of what each person was able to do for themselves and then what support and/or encouragement people needed from staff to ensure that their needs were fully met. This ensured that care and support was provided in a consistent way and in a way the person prefers it. Each person's care plan had been reviewed each month and updates were provided to the team so that they were all aware of any changes. Each plan was person centred, and provided information about a person's likes and dislikes.

People were supported to follow their own interests and hobbies. Everyone in the home had an activity plan in place, which included attending the local community facilities and social events. These were all based on their preferences and prevented people from becoming isolated. Staff told us that they regularly accompanied people out of the home and people were supported to undertake a range of activities outside of the home. These included attendance at a local day service, trips to the local shops, supermarkets and holidays. The people told us about a recent visit to a football ground which they had thoroughly enjoyed. They were very proud of the photographs that had been taken showing a very enjoyable day out. The home has its own transport which was used on a regular basis. All the people we spoke with had been out during the day on various activities. During the evening meal lots of discussion and laughter took place about the activities of their day.

Staff had regular handover and this information was recorded to ensure they could refer back to it at a later time and date. This ensured that any changes to people's care were noted and acted upon.

A complaints procedure was available to people living in the home and their families. The procedure for people living in the home was in pictorial format and a copy of the complaints procedure had recently been sent to families of people living in the home. People were encouraged to discuss their care and they are asked if they are happy during one to one time. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively.

Is the service well-led?

Our findings

The registered manager and the providers promoted a positive culture within the home that was transparent and inclusive. All staff we spoke with were positive about working at the home and felt that management were open and kept them informed of any developments or changes. For example, recruitment and any changes in the support to people.

There were systems and process in place to ensure that the people were cared for safely. The registered manager, providers and staff were very knowledgeable about the needs of the people and how the service should be improved. For example, they had identified that the home had required decorating and this work on the environment had taken place in consultation with the people who live at the home.

Quality monitoring visits were being undertaken by members of the provider's senior management team. They regularly work alongside staff in the home so they are well aware of what is happening and are able to work on improving the quality. A wide range of checks and observations had been undertaken by the staff and management that were designed to assess the performance of all aspects of the service delivery. These included areas such as medication, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

The resident/staff meeting minutes discussed areas of the service such as food, hobbies and activities. This showed that people's opinions were taken into account in the way that the home was run and the service was delivered.

Surveys had been sent out to people who used the service. Stakeholders surveys had recently been sent out and they were waiting the response. This would enable them to gain feedback on the service that is provided and identify any improvements that may be necessary.

This meant that there were arrangements in place to consistently monitor and improve the quality of the service

People regularly visited the local community and take part in activities of their choice. People were supported to meet their religious needs if required.

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 CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff told us, and records we looked at confirmed, that staff meetings were held. Staff were able to add topics to the agenda if they wish. The provider had a clear leadership structure that staff understood.