

Icon Care Ltd

Chamwood

Inspection report

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South Yorkshire
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Date of inspection visit:
19 April 2016

Date of publication:
28 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on the 19 April 2016 and was unannounced, which meant no-one at the service knew we would be visiting.

The service is registered to provide care for up to eight people with learning disabilities and/or autistic spectrum and people who misuse drugs and alcohol. At the time of our inspection there were five people living there. Chamwood has single bedrooms with en-suite accommodation. It is located in the Grimesthorpe area of Sheffield with good access to public services and amenities. Accommodation is on two floors. The home has two communal lounges and a kitchen/dining room. There is car parking to the side of the property.

The service had a registered manager at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection which was completed in November 2014, we found the provider to be non-compliant with four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were regulations 12 ;Safe care and treatment, 9; Person centred care,15; Premises and equipment, and 17, Good governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. During this inspection we checked that the service had followed their action plan and to confirm they now met all of the legal requirements.

During this inspection we found some areas of the service were not safe. Access to the garden was cordoned off due to unsafe steps which meant people had limited access to the garden.

We found staffing levels were sufficient to meet peoples needs found gaps and inconsistencies in the recruitment process. Recruitment records checked did not include all the relevant information and documents as required by the regulations. This meant procedures had not been adhered to so that people's safety was promoted.

People told us they like living at Chamwood, one person said, "I trust them (staff) and I know I can ask for anything " and another person told us, "I like it here, I just don't like the area ."

Systems and processes were in place for the safe administration of medicines, but some improvements were needed surrounding the storage of medication so that people were kept safe.

The care records we looked at included risk assessments. Those seen identified any risks associated with people's care and had been developed to help minimise and monitor the risks. For example, one care record we looked at contained good guidance for staff regarding a person's mental health, so staff could respond appropriately.

Staff we spoke with had a clear understanding of safeguarding people and they were confident management would act appropriately to safeguard people from abuse.

Staff told us the training they completed provided them with the skills and knowledge they needed to do their jobs. We saw that supervisions and appraisals were not always provided in line with the provider's

policy. This meant that not all staff were receiving all the support required to carry out their jobs. Staff had an understanding of the Mental Capacity Act and the need for people to consent to their care and treatment. The registered manager understood Deprivation of Liberty Safeguards (DoLS). There were systems in place to monitor and improve the quality of the service provided. However, appraisals and recruitment processes were not always completed in line with policy and the quality assurance had not identified this. The provider had made some progress since our last inspection to improve the service for people living at Chamwood. These changes were very recent and needed to be sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe:

Systems and processes were in place for the safe administration of medicines, but some improvements were needed surrounding the storage of medication.

We found staffing levels were sufficient to meet people's needs. Recruitment of staff needed to include all the relevant information and documents as required by the regulations.

The service was safe. People were safeguarded from abuse, or the risk of abuse, and their human rights were respected and upheld.

Requires Improvement ●

Is the service effective?

People received care from staff who had received relevant and appropriate training but some mandatory training was still outstanding

People were involved in decisions about the way their support was delivered

Support plans contained detailed information about people's healthcare needs. These were reviewed and updated in order to ensure they were an accurate reflection of people's needs.

Requires Improvement ●

Is the service caring?

The service was caring

We found that care plans reflected people's individual needs and preferences and they were up to date and accurate.

Observations and conversations with staff demonstrated they had a good understanding of people's individual needs and preferences.

People were encouraged to express their views and to make choices

Good ●

Is the service responsive?

Good ●

People were confident in reporting concerns to the registered manager and felt they would be listened to

People received care that was personalised and responsive to their needs

People were supported to access a range of social and leisure opportunities

Is the service well-led?

Good ●

There was a registered manager in post

Improvements had been made in relation to how the provider monitored the quality of the service

Staff we spoke with told us they felt valued and supported by the registered manager

Chamwood

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 took place on the 19th April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience.. An expert by experience is a person who has the personal experience of using or caring for someone who uses this type of care service. The expert had experience in the management of adult social care

Prior to the inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We spoke with the Sheffield city council monitoring officer who also undertakes periodic visits to the home. This information was used to assist us with the planning of our inspection and to inform our judgements about the home.

During the inspection we spoke with three people living at the home to obtain their views of the support provided. We spoke with four members of staff, which included the registered manager and three support workers. Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at records relating to the management of the service, including three staff files and records relating to the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

During our last inspection on 21 November 2014 we found evidence of a breach with Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2104, Safe care and treatment. This was because the provider did not take appropriate action in a timely manner to maintain the premises and the grounds. The provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to become compliant. The provider sent us an action plan stating they would be compliant by June 2015. We checked whether this regulation had been met as part of this inspection. During this inspection we found there had been some improvements to the premises and the surrounding grounds. However further improvements could be made to enhance people's experience. We talked to the registered manager and they told us about plans to improve the garden area.

We spoke one person using the service about whether the home was safe. They told us, "It is very safe, compared to life and what it was like before it is 100% better." They told us "Staff are always friendly and I can ask for anything." Another person told us the staff were "kind" and they had no worries but if they did would talk to the staff. One person told us "I love my room it's really big and I've got an ensuite."

We checked four people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or that they might present. Each care plan we checked contained up to date risk assessments which set out the steps staff should take to ensure people's safety. Risk assessments had regularly been reviewed and were accurate and up to date. Staff adopted a positive approach to risk to ensure that people's independence was supported and promoted in a safe way which reflected their individual needs and personal circumstances. For example, one person had struggled to maintain their weight at a level that was both healthy and comfortable for them. In consultation with their GP, staff supported them with a healthy diet. There was a nutritional plan in place and staff supported the person by recording their weight each month. The person not only enjoyed the experience but had also lost weight in a way that reduced risks to their health.

From our observations during the inspection we found staff did spend time with people to ensure individual needs were met.

Staff received training about how to safeguard people from harm and abuse and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report abuse by potentially whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We checked records of medication administration and saw that these were appropriately kept. Records showed who had administered medicines, and any reasons for missed or refused medication were recorded. There were systems in place for stock checking medication and up to date policies and procedures for medication management were readily accessible. Medicines were managed and disposed of safely. People were helped and supported to take their medicines by trained staff who had their competencies checked and assessed in the work place. The community pharmacist audited the medicine system on a monthly basis. The registered manager told us they liaised regularly with the community pharmacist to help maintain people's safety around medicine management.

We noted each day staff recorded the required minimum and maximum temperatures of the fridge where some medicines that housed medicines, however they did not record the actual temperature of the fridge to

make sure this was safe. We discussed this with the registered manager and they agreed they would record the actual temperature of the fridge in future.

We saw when medication errors had occurred they were thoroughly investigated and steps were taken to reduce the risk and likelihood of reoccurrence. For example, following a recent error with medication both safeguarding and cqc were notified. There was a subsequent investigation and the registered manager took appropriate action.

A recruitment process was in place that was designed to identify concerns or risks when employing new staff. We randomly checked three staff files, and identified concerns with two of these. For example one staff member's application form contained discrepancies in their employment history and had no reference in place from their last employer. There was no written evidence these had been identified or discussed with the staff member concerned. Another staff member file had no references included. It is a requirement that prior to employment the registered person gains satisfactory evidence of the suitability, competence, skills and experience of staff..

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We spoke to the registered manager about these concerns and they explained the staff members had been employed prior to them taking up the registered manager's post in November 2015. The registered manager agreed to undertake a review of the recruitment processes and to take immediate action where any potential gaps or inconsistencies had been identified.

We looked at three staff files and found appraisals and supervisions were not always completed in line with the provider's policy. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The policy stated that supervision should be held on a 4-6 weekly basis. We found two of the staff files did not have an appraisal and supervisions were not always carried out in line with policy and quality assurance processes had not identified this.

As staff were not receiving such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform this a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We found that policies and procedures were in place for infection control. Training records showed regular health and safety audits were being carried out at the premises. This included infection control audits, fire precautions and environmental audits. There were plans in place for the operation of the service in case of an emergency. We also found that each person had a personal emergency evacuation plan (PEEP) so that staff had information on how to support people in an emergency.

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, "When I first came here I didn't feel like I had any independence, I can make my own decisions but sometimes I am not able to do things on my own, I understand now why and staff always explain to me why."

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed three care files and found that consent to care had been sought by staff on an individual basis. These decisions had been well documented and reviewed in the care plan. The manager informed us that all people who lived at the service had capacity and no-one had a DoLS in place. People we spoke with did not feel they had any restrictions, but they shared some examples of limitations they had agreed to which promoted their wellbeing, such as limiting their daily finances, alcohol intake and the amount of cigarettes per day. One person told us, "This works well for me and makes sure I don't spend all my money on alcohol, I trust them."

People were supported to maintain good health, had access to healthcare services and received on going health care support. We looked at people's records and found they had received healthcare support when they needed it. People had regular appointments with their GPs and, where required other healthcare practitioners. Staff provided support to people to access these appointments and accurate records were kept of each attendance.

The care records seen showed that two people were on the Care Programme Approach. (CPA). This is a way that services are assessed, planned, and co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. The registered manager told us that they were referring another person for a social care assessment with a view to moving on to independent living.

The provider had a training matrix which recorded what training staff had completed and identified any shortfalls. We saw that training undertaken included food hygiene, fire safety, medicines management, infection control and first aid. The staff we spoke with said they had found the training they had undertaken to be useful. However there were outstanding mandatory training requirements, which the provider's own records identified. For example, mandatory fire training had not been completed by 50% of staff.

Our findings demonstrated that staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members told us they felt well supported by the registered manager and were encouraged to voice

their opinion about any concerns they had and how the service was operated. They had the opportunity to attend regular staff meetings and discuss issues which were important to them.

We found strong community links had been forged. People who used the service told us they visited a community hub where they enjoyed arts, crafts and gardening. One person told us they had decided they needed a healthy diet and they had lost six pounds in weight in the first month. The person told us how staff helped to make good choices and talked to them about portion control.

Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. During our observations we saw people were offered a range of snacks and drinks. We saw this was done flexibly, and people made choices based on their preferences and tastes. Staff told us that although a menu was planned for evening meals people could have something else to eat if they wished. One person told us they enjoyed the food and were able to choose what they wanted for breakfast and lunch. Another person told us, "We all like to eat our tea together so we all help to get it ready." The registered manager told us they had monthly residents meetings and people talked about menus and what food they would like to buy.

Is the service caring?

Our findings

We spent time in the communal areas with people who used the service and people told us staff were good and provided support that met their needs. Our observations confirmed staff had a positive rapport with people and people were treated kindly and with respect. We observed staff respond to people's needs in a caring and compassionate way. One person who used the service told us, "They are always asking if anything's bothering me."

We saw staff spending time talking with people. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. We also saw staff and people they supported talking and laughing together. There was friendly banter between people who used the service and people were laughing and happy.

People's confidentiality was respected and all information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. We saw staff taking people into private rooms to continue with conversations, if these were of a private and intimate nature

Each person had a booklet called 'My Life' which was personalised and described what was important to the person now and in the past, their interests, dislikes and significant life events. Care plans were personalised and reflected each person's personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs. Staff we spoke with understood people's needs and they explained to us how they met people's needs. We saw staff had talked with people about their care and support needs and involved them in decisions about how this was planned and delivered. One person told us, "I can see my care plan when I want. They are helping me to get more independent." Another person told us, "I can ask staff anything, they are always friendly."

People told us their family and friends were able to visit them whenever they wished. One person told us their close friend, "Comes every day to see me and that's fine with the staff."

We asked the registered manager how they ensured people were respected and had their rights and wishes considered. The registered manager told us there was a dignity champion who had monthly themes. This helped staff to gain a better understanding of the dignity issues people who used the service had. The dignity champion had recently engaged all people who used the service in a 'better health and hygiene session.' This was to promote the importance of people maintaining their personal hygiene within the home so that people were not spoken about unkindly by other people using the service. The registered manager told us they had introduced a dignity wall which began with "Wish stars", whereby each person identified their wish and placed it on the wall. People we spoke with were really proud of this and kept showing it to us.

The registered manager told us about how both staff and people who used the service had recently supported a person through end of life care. This had a huge impact on other people living at the service. The registered manager told us how both staff and people who used the service had shown sensitivity, thought and compassion to each other through what had been such a difficult time.

Is the service responsive?

Our findings

At our previous inspection we found there was lack of information about people being involved in a care programme approach (CPA). The provider was in breach of Regulation 9(3a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by June 2015. We checked whether this regulation had been met as part of this inspection and found improvements had been made.

CPA meetings should include multi-professional input in the care, reviews and negotiations with people to monitor progress. We spoke with the registered manager who had set up meetings with mental health professionals to ensure people were in receipt of care that was specific to their mental health needs.

We found the service was responsive to people's needs for care, treatment and support. We reviewed three people's care plans and these were personalised and reflected people's personal preferences and choices regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs. Care files included mental health support plans, mood charts and detailed information sheets about specific health needs.

Staff we spoke with told us the registered manager had worked hard updating all the care plans and increasing the choice of activities available. We asked one person using the service about their care plan and they told us "I can see my care plan whenever I want and they [staff] are helping me to become more independent.."

People who used the service told us the staff were "Good" and provided support to meet their needs. Staff were also able to explain how each person responded differently and what a good day or a bad day would look like for the person. This evidenced staff were responsive to individual needs. One person told us, "The staff are always friendly, I can ask for anything."

At our previous inspection we found there was a lack of appropriate opportunities, encouragement and support for people in relation to promoting their autonomy, independence and community involvement through activities. This was a breach of Regulation 10(2b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by May 2015. We checked whether this regulation had been met as part of this inspection and found improvements had been made.

We found people were supported to access the community and activities. Some people were able to access the community independently and others were supported by staff. People told us they enjoyed the activities and they were able to choose what they wanted to do. We saw people going about their daily lives going to town to do some shopping, tidying their bedrooms and planning to go to the cinema. The registered manager told us they had forged strong links with the community and in particular how people how people using the service enjoyed attending weekly sessions at the local community hub.

Our observations showed us that staff encouraged people to make decisions and promote people's independence wherever possible. For example, we saw one member of staff encouraging people who use the service to consider a range of activities. One person told us how they had developed a friendship and

how they enjoyed being able to go out shopping, to the cinema and for coffee and cake.

Daily records contained information about what people had done during the day, what they had eaten and if they had a good or a bad day. There was also verbal handovers between shifts when staff teams changed to ensure any important information was shared. These measures helped to ensure staff were aware of and could respond appropriately to peoples changing needs. We saw when people were at risk, health care advice was obtained, and the relevant information sought.

People were supported to maintain positive relationships with friends and family. For example, one person was helped to keep in regular touch with their family in Canada through the use of an I Pad while another person told us that their friend visited on a regular basis.

The service had not received any concerns or complaints. However the registered manager was able to explain the procedure to ensure any raised would be taken seriously and acted on to ensure people were listened to.

Is the service well-led?

Our findings

At our previous inspection the acting manager told us there was no system in place to supervise and check the manager's performance by the registered provider. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by June 2015. We checked whether this regulation had been met as part of this inspection and found some improvements had been made.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2015.

We also saw documented management meetings with the provider and the registered manager.

Improvements had been made in relation to how the provider supervised and checked the registered manager performance but sufficient time had not yet passed for us to assess whether this was embedded into practice.

The staff members we talked with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said, "The manager has an open door policy" and they "Feel confident to raise concerns or discuss people's care at any time." One staff member told us, "The registered manager has worked hard updating care plans, improving the environment and people have access to better activities now."

There were systems in place to monitor and improve the quality of service provided. We saw copies of reports produced by the registered manager. The reports included any action required and these were checked each month to determine progress. The registered manager told us the daily, monthly and weekly audits were completed by the deputy manager and the registered manager. These included safe working practices, fire safety, environmental audits, medication audits, infection control audits and care plan audits. There were regular staff meetings arranged to discuss any changes or new systems and to ensure good communication. We saw staff meeting minutes from January and February 2016 and they documented actions around team work, quality and dignity issues. Copies of the staff meeting minutes were available in the staff room with a sheet for staff to sign when they had read the minutes. However, appraisals and recruitment processes were not always completed in line with policy and the quality assurance had not identified this.

We also saw there were minutes of the meetings held for people who used the service and these included discussions around dignity, activities and the environment. People who used the service were asked if they were happy with the way that supported them. They said they were.

We found accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

We asked staff and the registered manager about the arrangements in place to gather feedback from people who used the service, relatives, staff and other professionals. The registered manager told us that there was a staff satisfaction survey completed and all staff were satisfied. A survey was undertaken with service users and their representatives and analysed and people using the service had requested a wider variety of snacks to be available

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Gaps and inconsistencies in the recruitment process
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Outstanding training requirements