Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd - Chesterfield Lodge

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

The inspection visit at Chesterfield Lodge was undertaken on 14 February 2017 and was unannounced.

Chesterfield provides care and support for a maximum of six people who live with mental health conditions. At the time of our inspection there were five people living at the home. Chesterfield is situated in a residential area of Blackpool's North Shore. It offers six single bedrooms over three floors. In addition, there is a dining room and communal lounge. A separate office and staff sleepover room is a recent addition to Chesterfield.

At the last comprehensive inspection on 11 November 2014, we rated the service as requires improvement. This was because breaches of legal requirements were found. The registered manager's quality audits were overdue and poorly maintained. There was no evidence to show identified issues were managed to ensure there re-occurrence was minimised. Additionally, the registered manager failed to have suitable arrangements that sought feedback people who lived at Chesterfield. The registered manager had not always ensured people's records were kept up-to-date and under review. We followed this up on 21 September 2015 and noted the service was meeting the regulations they were in breach of. However, we could not improve the rating from requires improvement because to do so requires consistent good practice over time.

During this inspection, we found the management team had sustained the improvements implemented to continue to meet the requirements of the regulations. People who lived at the home said they felt safe and well cared for. The management team had completed regular and up-to-date assessments to minimise the risks of harm or injury to people. Staff demonstrated a good awareness of safeguarding people from abuse and poor practice.

The provider followed their procedures when they recruited staff to ensure they were suitable to work with vulnerable adults. Staff and people who lived at Chesterfield said staffing levels were sufficient to meet their requirements. The registered manager provided a range of staff training to assist them in their roles. One staff member told us, "Training is really good and I'm glad it's face-to-face so I can ask questions when I need to."

The registered manager had systems to protect people from unsafe management of their medicines. We saw medication was stored in a clean and secure area of the home. We reviewed a sample of related records and saw there were no gaps and staff correctly recorded information.

People were supported to eat their meals when and where they chose. A range of systems monitored people against the risks of malnutrition.

The registered manager ensured staff had training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. One staff member told us, "The residents often come to us for advice. We

support them with this and then help them to decide what they want to do." People had signed their consent to support throughout their different care records.

We found people were encouraged to be involved in their care planning. Staff demonstrated a caring and respectful approach to those they supported They were respectful of people's privacy and dignity during our inspection, such as knocking on doors before entering bedrooms.

Staff completed and regularly reviewed a variety of assessments to measure people's support levels and their related care requirements. They checked each person's backgrounds and preferences to gain a better understanding of who they were and what they needed.

Staff, people and visitors told us the home was organised and had good leadership. One staff member said, "I feel supported in my new role and [the registered manager] really helps me. Since he's become manager all the homes have improved." The management team completed regular audits to ensure ongoing oversight of safety and quality assurance. Feedback was positive about Chesterfield and people's experiences of living there.

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.

The provider followed their procedures when they recruited personnel. We reviewed rotas and found staffing levels were sufficient to meet people's support requirements.

The provider carried out improvements and maintenance to the premises to safeguard people's safety. We discussed managing safeguarding with staff and found they had a good awareness.

We observed a staff member administered people's medicines with a discrete and supportive approach.

Is the service effective?

Good

The service was effective.

Records we looked at showed staff received a range of training to underpin their knowledge and skills.

Care files contained people's signed consent to their care. Staff demonstrated a good awareness of the MCA and DoLS.

Staff monitored people against the risks of malnutrition. Those who prepared food completed food hygiene training.

Is the service caring?

Good

The service was caring.

Staff demonstrated a patient, respectful attitude when they engaged with those who lived at Chesterfield. Staff treated people in ways that demonstrated they were valued and a significant member of the community.

We observed staff worked in ways that respected people's culture, diversity and human rights. Care records contained evidence they were involved in their support planning.

Is the service responsive?

Good

The service was responsive.

People and relatives said their care was personalised and staff were responsive to their needs. Staff reviewed their care plans by sitting down with each person on a monthly basis.

The registered manager provided opportunities for people to meet their social needs.

Care records included information about how to make a formal complaint, which people signed to confirm their understanding.

Is the service well-led?

Good

The service was well-led.

The management team completed a range of audits to assess the safety and welfare of everyone at the home.

Staff and people who lived at Chesterfield said the home was organised and had good leadership.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care.

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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 team consisted of an adult social care inspector.

Prior to our unannounced inspection on 14 February 2017, we reviewed the information we held about Chesterfield. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We were only able to discuss care with one person who lived at Chesterfield. We case tracked this individual by reviewing their care records and checking their experiences of living at the home. We also spent time observing staff interactions with people who lived at the home. Additionally, we spoke with one staff member and the registered manager. We did this to gain an overview of what people experienced whilst living at Chesterfield.

We looked around the building to check environmental safety and cleanliness. Furthermore, we looked at a range of records. These included documents in relation to two people who lived at the home and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of Chesterfield.

Good

Is the service safe?

Our findings

We discussed safety with people at Chesterfield, who told us they felt safe living at the home. Information retained in people's care files, available to them and staff, outlined, 'Our aim is to provide a safe environment in which to facilitate community living.' Staff assessed possible risks with each person and developed a care plan focused on what kept them safe. A recent enter and view visit by Healthwatch Blackpool found people felt safe.

The registered manager had sent CQC a notification about one bedroom not in use. This was because the room was being renovated following damage incurred by inclement weather. We found a new separated office area and a staff sleepover bedroom had recently been added to the home. This gave staff privacy and those who live at the home entry to the main lounge at night. The office and staff bedroom were accessible through the kitchen and meant people could continue to contact staff if they required support. We saw the office door was kept open during the day to enhance an inclusive environment. This showed the provider carried out improvements and maintenance to the premises to safeguard people's safety and wellbeing.

The management team had completed regular and up-to-date assessments to minimise the risks of harm or injury to people. Areas covered included, fire and environmental safety, falls, self-neglect, harm to others, behaviour management, road safety, financial budgeting and medication. We saw staff recorded if there was a risk, what the level of risk entailed and actions to manage people's safety. For instance, if a person was out of the home they were required to contact staff if they intended to stay out beyond 22:00. Care records contained each person's visual description and risk assessments as part of the management or their safety.

We were told there had been no accidents at Chesterfield since our last inspection. We found the management team had suitable arrangements to reduce the risk of unsafe premises. The registered manager said they would reduce the risk of accidents from reoccurring by analysing them and monitoring environmental safety. We saw where incidents arose between those who lived at the home, staff recorded what this was and any plans to move forward. As an example, staff met with those involved or identified triggers and care planned ways to manage them.

When we discussed managing and reporting safeguarding concerns with staff, we found they had a good awareness. One staff member told us, "I would report straight away. I would not hesitate to blow my whistle." They received regular safeguarding training to assist them to protect people from potential abuse and poor practice.

We reviewed rotas and found staffing levels were sufficient to meet people's support requirements. Staff were available throughout the 24-hour period and were adequately trained to maintain a good skill mix. The registered manager, who covered four homes including Chesterfield, visited the home on a daily basis to support staff in their roles. They also worked with people who lived at Chesterfield to assist them to meet their needs.

The provider followed their procedures when they recruited personnel. Staff files contained required

documents, such as references and criminal record checks from the Disclosure and Barring Service. The registered manager assessed gaps in employment history to ensure candidates were suitable to work with vulnerable adults. Following their recruitment, we saw staff had induction and training to assist them in their role and responsibilities.

We observed a staff member administered people's medicines with a discrete and supportive approach. For example, they explained the purpose of each tablet dispensed. We saw staff signed medication records after administration to evidence people had taken them. We reviewed a sample of their related documentation and saw there were no gaps and handwritten entries were countersigned to confirm information was correct. Medicines were stored in a clean and secure area of the home. The registered manager ensured staff had relevant training to underpin their skills and knowledge. Care records held information about each person's medicines, such as their purpose and side effects, to guide staff and those who lived at Chesterfield. The management team completed regular medication audits to check associated processes maintained safe administration of medication. This showed the registered manager had systems to protect people from the unsafe management of their medicines.

Good

Is the service effective?

Our findings

During our inspection, we noted staff understood people's requirements and assisted them to maintain their independence. Staff were knowledgeable about each person's backgrounds and how best to support them. One person told us, "Chesterfield is the best, the staff are supportive." Another person commented, "Every measure is taken to ensure all degrees of care are taken."

We looked at the provider's training matrix and found staff received a range of guidance to underpin their knowledge and skills. They provided this in various formats, such as face-to-face and e-learning courses, to suit the staff members' different learning styles. Training covered medication, movement and handling, food hygiene, health and safety, infection control, first aid and fire safety. When we discussed the availability of training with staff, they confirmed the provider supported them with a range of courses. One staff member commented, "I've done the Mental Capacity Act face-to-face and I'm booked in to do another seven different courses."

Staff files we looked at held evidence employees had regular supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. We saw this was a two-way process for staff to explore their performance, key working skills, personal issues and training needs. A staff member promoted to the 'house manager' said they received learning and development to assist them. They added, "I feel much more confident. I had a lot of support from [the registered manager]."

Care records we looked at contained evidence people had signed consent to their care. This included a 'declaration' outlining house rules, respect for others and contacting staff whilst out of the home. It gave a clear indication to people about what to expect and confirmed their agreement to be a responsible member of the community. One person told us the, "The staff are supportive and the rules are not restrictive." People signed their agreement to each care plan and risk assessment area, making this approach detailed and decision-specific. We found staff had a good awareness of the principles of consent. For example, we observed they consistently offered choice to those who lived at Chesterfield before supporting them with their requirements.

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). 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.

There were no current applications made to deprive a person of their liberty in order to safeguard them.

During our inspection, we observed people were supported to come and go as they pleased and staff did not restrict their liberty. Staff we spoke with told us they received MCA and DoLS training and demonstrated a good awareness of related principles. One staff member told us, "I would explain everything to do with what they have to make a decision about and then ask what do they want to do." People confirmed they had as much freedom and control over their lives as they wanted. A person who lived at the home said, "I've just got up and can't believe I've slept this long. That's great though because the staff let me sleep in as long as I want to."

The food standards Agency had awarded Chesterfield a rating of four following their last inspection. This graded the service as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Staff told us they were currently working towards the top rating of five. Records we looked at confirmed all staff who prepared food completed food hygiene training. The kitchen was clean and tidy. Staff completed associated safety and cleaning records, such as appliance temperature checks, to maintain food safety.

People were supported to eat their meals when and where they chose. The management team told us they asked everyone in the morning what they wanted to eat. If an individual did not like this, they were provided with an alternative. Care files held nutritional risk assessments to protect people from the risk of malnutrition. This comprised of medical conditions that impact upon their food intake, special diets, monthly weights, eating difficulties and allergies. Staff recorded the level of risk, as well as identified concerns and action to support people if they lost or gained weight.

Staff worked closely with other healthcare professionals to ensure a holistic approach to care. The registered manager told us, "My priority is the residents' best interests, so everything I do is about supporting them to maintain that. We work with other professional as part of this." This included GPs, care co-ordinators, mental health team, social worker, specialist medical consultants and opticians. After visits/appointments, staff documented outcomes and changes to care planning.

Good

Is the service caring?

Our findings

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. Staff demonstrated a patient, respectful attitude when they engaged with those who lived at Chesterfield. One person told us, "Yeah, it's great here." Another person commented, "Everyone's lovely." A recent enter and view visit by Healthwatch Blackpool found people, 'were very satisfied with the support they received.'

When we looked around the building, we saw people who lived at the home were supported to personalise their bedrooms. They had posters on their walls of their favourite football teams and musicians. The registered manager and staff encouraged people to make Chesterfield their home. This included having their personal belongings, such as furnishings and ornaments.

Care records contained evidence each person was involved in their support planning. Information included guidance for people and staff, which highlighted, 'Care packages are to be negotiated with residents in order to develop support to suit their individual needs.' Consent forms, agreed and signed by those who lived at the home, included the right to be involved in decisions about their care. One person commented, "Good to be in the know." The registered manager told us, "My priority has to fall upon me being an advocate for the residents. We can only do that if we involve that person as much as possible."

The registered manager made available information about advocacy services to people who lived at the home. This included details about what advocacy provided and their contact details. Consequently, people could access this if they required support to have an independent voice.

We observed the management team and staff worked in ways that respected people's culture, diversity and human rights. For example, information retained in their care files, available to them and staff, outlined, 'we aim to base our service on a non-judgemental, anti-oppressive and anti-racist approach.' This covered their right to Article 9 of the Human Rights Act 1998, 'Freedom of thought, conscience and religion.' Care assessments included checks of people with protected characteristics as defined under the Equality Act 2010. This comprised of documentation about their religion, sexual orientation and disability.

People were relaxed, comfortable and smiling. Staff engaged with them in a caring, respectful and kind manner, making use of eye contact and speaking in soft tones. Our observations evidenced staff used a consistent approach to help people maintain their independence. Information retained in their care files, available to them and staff, outlined, 'The key tasks of the service are to help residents maintain their independence.' One staff member discussed the importance of helping individuals to reduce their anxiety. They added, "It's about maintaining a calm level of tone in my voice. If I raise my voice, they'll go a level higher. How's that helping them?" Staff treated people in ways that demonstrated they were valued and a significant member of the community.

We observed staff were respectful of people's privacy and dignity during our inspection' such as knocking on doors before entering bedrooms. One staff member told us, "I respect the residents. I would want to be treated well, so I want to make sure they are treated well." Care records we saw contained documentation of

people's preferences and wishes related to their support.

Good

Is the service responsive?

Our findings

People and relatives said their care was personalised and met their individualised needs. One person commented they had, "Progressed, especially from 15 years ago." Another person stated, "Everyone has helped and it's been brill."

Staff completed a variety of assessments to measure people's support levels and their related care requirements. These covered, for instance, mobility, medication, mental and physical health, social needs, personal care, fears and hopes for the future. Staff transferred this information to the individual's care plan with a person-centred approach, as well as outlining how they wished to be supported. We found staff reviewed people's care plans and risk assessments by sitting down with each person on a monthly basis. Additionally their care was discussed more formally within a multi-disciplinary setting every six months. This enhanced the staff and registered manager's personalised approach to care.

Staff checked people's backgrounds and preferences to gain a better understanding of who they were and what they needed. This included choice around preferred name, communication, religion, activities, interests and meals. This was a good approach to tailor care planning to each individual. Staff demonstrated a good awareness of this and we heard they engaged with people in ways that confirmed their understanding of each person. One staff member told us, "They're the ones who are in charge."

Staff documented people's preferred activities in their care records. Each person had a keyworker who explored with them their social requirements and ongoing development. This included support to access college courses and voluntary work. A programme of activities was not in place because each person was supported to carry out their own interests. A recent enter and view visit by Healthwatch Blackpool found those who lived at Chesterfield were, 'enjoying having company and people to socialise with.' Although we found there was a sense of community spirit, staff told us people were not interested in group activities. Individual recreation included painting and decorating, cooking, support with domestic tasks and sports activities.

Information retained in people's care files, available to them and staff, outlined a social inclusion section. This provided links to attending community schemes, such as sports centre, educational schemes, theatres, cinemas and places of worship. As an example, we noted one person was supported to access a college wellbeing course to improve their confidence and anxiety. Each year the provider took two or three people from each of the homes within the organisation on holiday. Furthermore, an outreach worker supported those who live at Chesterfield with medical appointments, shopping and one-to-one activities. This demonstrated the registered manager provided opportunities for people to meet their social needs.

Care records we checked included information about how to make a formal complaint, which people had signed to confirm their understanding. The document detailed related procedures, timescales to deal with concerns and further arrangements if the complainant was dissatisfied with the outcomes. At the time of our inspection, the registered manager told us they had not received any complaints in the previous 12 months.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw Chesterfield had a welcoming atmosphere and people approached staff and the registered manager in a relaxed manner. They said the home was well organised and had good leadership. One person told us, "[The registered manager] is a great manager. He's really helpful and I feel I can go to him anytime if I need anything or just want a chat."

We observed the registered manager was 'hands on' in their approach to the management of Chesterfield. It was clear people felt comfortable engaging with the management team. They showed an in-depth awareness of each person, their backgrounds and their needs.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care. This included regular 'resident' meetings and satisfaction surveys. A person who lived Chesterfield said, "Both [the registered manager and provider] listen to me and respect what I have to say." We reviewed a sample of survey responses to, for example, privacy, cultural and religious needs, staff attitude, independence and involvement in care. Comments we saw included, "Great communication and help," and, "Everyone's great." A recent enter and view visit by Healthwatch Blackpool found people, 'did not have any changes they would wish to make.'

Staff commented they felt the registered manager and provider were supportive to them in their work. They said the management team was open, approachable and led the home well. One staff member said, "I spend a lot of time with [the registered manager], he's always there when I need him." We were told because Chesterfield operated with a small number of staff, meetings were not held regularly. However, this staff member stated, "I can go to [the registered manager at any time and know he would listen." Any changes were also recorded in the communication book.

The management team completed a range of audits on a weekly basis to assess the safety and welfare of everyone at the home. These covered checks of fire safety, medication, general maintenance, emergency lighting and environmental safety. Staff documented identified concerns and action taken to address them. The registered manager checked these and other audits on a regular basis to ensure ongoing oversight of safety and quality assurance.

We noted hot, running water was available throughout the home and window restrictors were in place to protect people from potential harm. The management team documented water temperature checks to confirm these were in line with national health and safety guidelines. The home's gas safety certification was up-to-date and fire safety checks were completed. However, we saw the service's electrical safety certificate was not dated to outline when this was due for renewal. When we discussed this with the registered

manager we were told this was because some actions were still outstanding from six months ago. We requested these matters be dealt with as a priority and we saw evidence they were completed within 48 hours of our inspection visit.