

Consensus (2013) Limited

Cheshire House

Inspection report

22 St Marys Road
Sale
Cheshire
M33 6SA

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16 March 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 March 2016 and was unannounced.

This was the first inspection of this service since its registration with the Care Quality Commission in August 2015.

The service is registered as a care home providing nursing care for up to eight people with a learning disability and /or associated mental health need. Each person has their own self-contained flat and receives one to one support depending on their assessed need. At the time of our inspection there were three people living at the home.

There was a registered manager in post at the time of this 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.

Since opening in August 2015, the home had received referrals for people with complex care needs and associated behavioural issues. As a result we had been made aware of a number of incidents occurring between the people who live at Cheshire House. We therefore carried out observations and reviewed records to look at how the home managed incidents and kept people safe.

Staff we spoke with were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

Records of medicine administered were complete and there were clear instructions to guide staff in the safe administration of 'as needed' (PRN) medicine.

A system was in place to identify and assess the risks associated with providing safe care and support. We found more work was needed to ensure there were risk assessments in place to enable people to achieve their current goals as well as to support them with associated risks through behaviours. We saw risks had been discussed with the people who used the service and action agreed to keep people safe from harm.

We saw that the philosophy of the care and support delivered at the home were based on best practice guidance, such as person centred care planning and positive intervention. However we found not all of the care plans were up to date and improvements were needed to ensure people's current needs were met.

Staff we spoke with understood the needs of the people they supported. We observed that people were supported to carry out household tasks and supported to access the local community which prevented

social isolation and promoted their independence.

New staff received a comprehensive induction along with a regular support and mentoring from more senior staff following their appointment. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported. We observed positive interactions between people being supported and staff although due to the nature and layout of the service our observations were limited. Because the service was a new service, supporting only three people at the time of inspection, it was difficult for us to ascertain how caring the staff were towards the people they supported. We will check this again at the next inspection.

Records showed that other healthcare professionals such as general practitioners (GPs), dentists, opticians, psychologists and psychiatrists were involved in people's care.

Staff told us they felt supported, management were approachable and they felt like a valued part of the team. We were unable to ascertain how much people using the service and their relatives or advocates were consulted and involved in assessments, care planning and the development of the service because the service was relatively new and this information was not reflected in care plans. We will check this again at the next inspection.

We found staff received mandatory induction training, however staff had not completed specialist training about positive intervention and positive behaviour support in line with company policy .

We asked the registered manager how people were involved in making choices about their care and support. The registered manager told us that prior to moving in to the home, people (and when appropriate their family members and associated health professionals), were invited to visit the home and spend time there. The manager told us people could visit as many times as they wanted, spend a day, have a meal or stay overnight. They said an assessment would be carried out to determine the suitability and compatibility of each person living there. We saw one assessment contained conflicting information about the suitability of one person living at the home and another did not contain enough information to ensure staff managed risk safely.

We found that the provider had not clearly assessed the risks to the health and safety of service users of receiving the care or treatment in order to ensure staff had the information they needed to mitigate such risks. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found information in relation to restrictions placed on people and why particular decisions had been reached were not always clear and was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were not enough suitably qualified or trained staff to meet the needs of the people who used the service. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider had not notified us of all incidents which was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

You can see the action we asked the provider to take at the end of this report.

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 always safe.

Records of medicine administered were complete and there were clear instructions to guide staff in the safe administration of 'as needed' (PRN) medicine.

Falls were not always reported which meant accidents and incidents were not reviewed to keep people safe.

People who used the service told us they felt safe with staff who supported them. Some people's care records included information about any risks they might experience and the support strategies in place to manage these risks.

Staff had been safely recruited and there were enough staff to meet people's needs at the time of inspection. Staff had received training in how to protect people who used the service from the risk of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff needed more training in relation to the specialist care provided.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices although this was not always reflected in care plans.

People received the support they needed to help ensure their health and nutritional needs were met.

Requires Improvement ●

Is the service caring?

We were unable to rate this domain due to the nature of the service and the number of people living there at the time of the inspection.

Inspected but not rated

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Systems to record peoples care needed improvement in line with identified risk.

We found people were offered a variety of activities which they said they enjoyed and the home had activities for people to access.

Staff had a good understanding of person centred care and some care plans reflected this.

Is the service well-led?

The service was not always well led.

The provider did not notify the CQC of all incidents relating to the safety and welfare of people who used the service.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a deputy manager. All the people we spoke with during the inspection told us the managers in the service were approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

Systems to monitor, review and improve the quality of service provided were in place to help ensure people received a good level of care and support within the home.

Requires Improvement 

Cheshire House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 March 2016 and was unannounced.

The inspection team was made up of two Adult Social Care Inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the home, which included incident notifications they had sent us. We also considered information we received from the local safeguarding team and the police protection unit.

During our visit we spoke with two people who were using the service, six members of staff, including the registered manager, the deputy manager and quality monitoring officers from within the company.

We observed care and support within the home and with their permission we looked at the self-contained flats of two people who lived at the home.

We reviewed a range of records about people's care and how the home was managed. These included care and support plans, risk assessments and medication records belonging to three people, staff training and supervision records and the quality assurance audits which the registered manager and quality assurance managers had completed.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am working towards going out on my own but like it when staff come as I feel safe with them".

We had been made aware of incidents at the home involving people who used the service. This was because as well as each person having their own flat there was a communal area where people could meet to watch television, play board games or chat and relax. The incidents we had been made aware of had involved conflicts between the people who lived at the home in relation to what they watched on television, the games they wanted to play and general falling out resulting in an escalation of behaviours which then became challenging. To resolve these issues the home had worked with the people who lived there to risk assess the impact this behaviour had on them. Each person had agreed to spend time in their own flats and to remove the communal areas from the home. This had resulted in a reduction of the number of incidents which had occurred and was a good way of protecting people from further risk of harm or injury.

One member of staff told us they had received safeguarding training and this was confirmed by information we saw in training records. What they told us showed they had a good understanding of the different types of abuse and they described the action they would take to keep people safe from harm. Staff said they would report any concerns to their line managers immediately.

We saw that suitable policies and procedures were in place to guide staff on the action they must take if it was suspected or alleged that people using the service were at risk of abuse. Staff knew how to access this information and the contact details for reporting abuse.

Staff were encouraged to reflect on their practice following on from any incidents relating to safeguarding. This encouraged staff to analyse interactions between themselves and the people they cared for and to instil the values needed to deliver safe and appropriate care and support.

Two people told us and rotas confirmed, that sufficient numbers of staff were deployed to meet the assessed needs of the three people currently living in the home. The registered manager explained that dependency assessments would be done if there was a change in people's needs or a new person came to live at the service. This meant that a system was in place to make sure there were sufficient staff available to meet people's needs safely.

Information held in five staff records we looked at confirmed that the required pre-employment checks had been undertaken prior to confirming that staff were suitable to work with vulnerable people.

Plans were also in place for responding to emergencies or to untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home.

A system was in place to record accidents and incidents. We spoke with the registered manager and saw records which confirmed that the outcome of accidents and incidents were analysed to see what lessons

could be learnt and reduce future risk by taking preventative action.

However, after the inspection we reviewed records belonging to one person which were not available to us on the day of inspection. Within these records we saw a number of falls had been recorded within their daily notes and so not been reviewed with the same scrutiny as other reported accidents and incidents. We found improvements were needed to ensure all accidents and incidents were properly reported to ensure appropriate risk assessments could be done to keep people safe. We will check this at the next inspection.

The registered manager told us none of the people living at the service administered their own medication at the time of our visit. They added that people given this option would be risk assessed to make sure it was safe for them to look after their own medication needs. At the time of our visit we saw medicine was administered from the clinic room, situated on the ground floor of the home. This room was kept locked when not in use which meant medicine was stored securely. Medicine was administered by staff that had been assessed as competent to do so.

Records of medicine administered were complete and there were clear instructions to guide staff in the safe administration of 'as needed' (PRN) medicine. We saw that Medication Administration Records (MAR) were completed correctly and daily counts were done to ensure the quantities of medicine were accurate.

Is the service effective?

Our findings

People who used the service told us they received support to prepare healthy meals and were encouraged to shop and cook independently. They told us they were happy with this arrangement as they were able to eat what they wanted at a time they wanted. Comments included "I like cooking, baking in particular," and, "I can plan what I like to eat and staff help me to cook it if I need help."

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.

We saw a DoLS application had been made for one person but it was not clear what the application was for. There was no capacity assessment or best interest meeting to underpin why an application was being made to deprive this person of their liberty. We spoke to a member of staff who said a DoLS was not needed for this person as they were able to access the community at any time. The registered manager confirmed this and said the information in the file which stated [name] was 'not allowed out' was not accurate. We saw the person had access to their own front door and was able to enter and exit the building when they wanted to.

We were made aware of another person who was subject to a DoLS. We saw that for this person an application had been submitted based on recommendations of the community learning disability team (CLDT) and the social worker. We did not see any confirmation letter that the DoLS had been authorised although staff were working within the conditions set out in the DoLS.

We found through discussions with staff and the registered manager it was clear they understood the principles of the MCA however we found information in relation to restrictions placed on people and why particular decisions had been reached were not always clear and was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service used physical intervention (PI) to manage behaviours which could result in harm or injury. We asked the registered manager how they ensured people were protected from the use of excessive PI. They told us PI would only ever be used as a last resort and there would be other strategies in place for staff to use to support an individual to manage their behaviour. We were also told that the positive behaviour support team visited the service twice a week to assist writing the behavioural support plans and to support the staff

team.

We looked at the files of two people in relation to physical intervention. We saw one contained a 'use of physical intervention risk assessment, a challenging behaviour risk assessment and a positive behaviour support plan. All included a description of behaviours, antecedents, intervention descriptions and strategies for staff to de-escalate situations when they occurred. We saw the plans stated that "physical intervention is only to be used as a last resort, is not effective in calming a situation and is not in [person's] best interests". Although this information is important to help staff support people to effectively manage their behaviour, we saw the same information was duplicated three times in different parts of the care plan. We spoke with the registered manager about the importance of keeping records which are concise and accurate and they agreed this would be addressed as a priority.

We looked at three physical intervention records for one person and saw there was a full record of the incident, staff involved, holds used during the intervention and length of time recorded. We also saw details of triggers for the incident were included.

We noted the registered manager had hand written comments on January's incident reports as learning points for staff. However there was no record of staff reading and discussing these points to ensure learning occurred and best practice was shared.

Staff we spoke with told us that the registered manager ensured competencies were checked and they would have access to a professional development plan to support them to achieve the level of competency required if they needed it.

People were supported at the home by a team of nurses and support staff. The nurses were all Registered Nurse Learning Disability (RNLD) and the support staff had achieved, or were working towards the Care Certificate. The care certificate is a nationally recognised qualification for staff working in care and is a set of standards against which the competency of staff new to health and social care can be assessed. We saw training records which showed training had been undertaken and some had been planned. There was mandatory training planned such as moving and handling, Infection Control and medication as well as more specialist training in subjects such as positive intervention. We looked at the specialist training provided by the company designed specifically to help staff work effectively with the people they supported. We found this training had not been completed.

We were concerned that the skill mix, knowledge and experience of staff focussed primarily on learning disability which meant that the mental health needs and physical nursing needs of people accessing the service had not been fully considered in the deployment and /or recruitment of staff. Given that the people who access the service may have a dual diagnosis of mental health and/or learning disability, this meant that there was a risk of peoples mental health needs, and associated health needs not being identified promptly in the first instance or their current support needs not being fully understood and met.

We considered this to be a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

Two of the people we spoke with during our inspection confirmed that their care was provided in a respectful and dignified manner. One person commented, "I like it here, I am not moving."

During our inspection we did not observe many interactions between staff and the people they were supporting because they lived in their own flats and staff supported them there. One person had stated they did not want to talk to us and one other found it difficult to relate to new people and to strangers. However the staff member explained who we were and why we were there and offered assurances which reduced their anxiety. This person then agreed to speak with us for a limited amount of time and spoke positively about the support they received at the home.

We observed staff engaging in meaningful conversations with one person whilst having a cigarette in the garden, and we saw the banter between this person and staff was positive.

Because the service was relatively new, accommodated only three people and the way the service was configured meant it was difficult for us to ascertain how well the service cared for each person and how much involvement people had in their own care. We cannot therefore award a rating at this time. We will review this again at our next inspection.

Is the service responsive?

Our findings

We saw from care files and by speaking with people who use the service that it held a lot of information about each person. We found some of it was historical information and therefore no longer relevant. This meant there was a risk that important information would be lost because of the amount of information contained in the files.

We spoke with one member of staff who was new. They told us they were currently reading through the files to find out about the people they supported. We found some of the information was wordy and complex and it would not be easy for staff to ascertain the care needs of the people they were supporting from the files, or retain the amount of information contained in them.

Because the service was a new service and the people had moved into the service from other placements including care homes and hospitals, some were still in the process of transition which meant care plans and risk assessments did not always reflect the care they currently received or needed at Cheshire House. The registered manager explained that staff at the home had not initially been involved in all the assessments and that they were still working through the information and care plans which had come with them from previous services.

We saw assessments were in place which outlined the level of risk to and vulnerability of people using the service. Whilst it is important to identify and manage risks to keep people safe it is also important to balance this protection with offering support to people to take some positive risks to promote their independence. We did not see any evidence of staff working in this way in some people's files although the staff we spoke with clearly understood the importance of good person centred care.

We looked at the assessments in place to support people with behaviours they found difficult to manage and assessments for any health related needs. For one person a clear risk had been identified before they had moved into the home. This was in relation to the appropriateness of the home following incidents which had occurred at previous placements. We saw an assessment done by the registered manager in August 2015 which said, "an offer of a placement at Cheshire House would be inappropriate for [name] due to the risk of [name of risk] and the restrictive management required to prevent this." This person had subsequently moved into the home. We looked at how the home had determined the current level of risk to this person and to others and could not find any up to date information to support the decision for them to move to Cheshire House. The information we saw was dated 2013 and related to incidents which had occurred in 1988.

Staff made us aware that their care plan was in the process of being up dated and that a review was taking place the next day. However the information we saw in the care file was conflicting and did not accurately reflect the level of care and support that person was receiving at the time of inspection. It did not inform staff about what the current risk was or how to mitigate those risks to keep people safe.

We also looked at the daily notes of another person and saw that accidents such as falls had not been

reported properly. Through looking at the notes we saw three occasions where falls had occurred. We did not see an accident log, body maps or whether appropriate action had been taken to ensure this person was protected from the risk of harm.

There was a working/ not working form for each support plan however none had been completed, therefore there was no evidence that they had been discussed or reviewed with the person. However, there were minutes of a staff meeting held before one person's review to discuss what was working and what was not working and a debrief after physical restraint used on 26/12/15.

We therefore found the provider had not clearly assessed the risks to the health and safety of service users or ensured staff had the information they needed to mitigate such risks. This was a breach Regulation 12 (a,b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw some people had progress reports in their files which indicated how effective the service was at promoting their independence or helping them achieve their goals. This is particularly important when supporting people who require positive re-enforcement to promote self-esteem and achieve independence.

When we spoke with the registered manager and some of the staff it was clear they understood the principles of good person centred care and were keen to ensure people were supported in a person centred way. We spoke with two people who used the service who were happy with the level of support they received. One person told us about how staff were supporting them to become more independent when out in the community by promoting road safety. They also told us staff helped them to cook and make drinks which they enjoyed doing.

We saw through records that staff consulted regularly with a range of health care professionals such as people's GP's, social worker's and community nurses for advice and support when necessary. Records were kept of any healthcare professional visits and appointments which meant staff could monitor and plan for people's welfare.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager was supported by a deputy manager with the running of the home along with a team of nurses and support staff.

The home was registered as a nursing home which meant people with complex care needs and physical health needs could be accommodated. We spoke with the registered manager about their vision for the future of the service and they told us, "[people] have spent the majority of their lives in hospital. They have a good quality of life here and are succeeding. The support staff have done a really good job doing person centred plans and the team here has a solid understanding of what we are trying to do. The staff are really positive."

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support.

Staff we spoke with told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with either the registered manager or another member of the team. Records we reviewed showed regular staff meetings took place at the home. We saw that these meetings were used as a forum to discuss service improvements.

The management team were clear about the challenges faced by the service and their visions for the future of the service. They told us about recent incidents which had occurred and what lessons they felt could be learnt. For example the registered manager told us they would ensure they were involved in all future assessments of people who came to live at the home to ensure their needs were fully understood, proper risk assessments in place alongside a clear comprehensive plan of care. They said more in-depth assessments would be done by the behavioural specialist team within the company and they were meeting next week to develop a transition plan for new people moving in. We will check this at the next inspection.

The registered manager told us that prior to moving in to the home, people (and when appropriate their family members and associated health professionals), are invited to visit the home and spend time there. An assessment would be also be carried out to determine the suitability and compatibility of each person living there. This meant the service recognised the importance of ensuring thorough assessments took place before people moved in and were looking at ways to continually improve this process.

There were a number of audits and checks carried out within the service. The provider had a quality assurance team which worked across all homes within the company. We spoke with a quality assurance co-ordinator who was present on the day of inspection. They told us they had also found that the information contained within the files was excessive and they were looking at ways of improving this across the company.

Audits also included a review of records relating to the medicines people who used the service were

prescribed as well as any incidents or accidents which had occurred; the audit also recorded when care and support plans and risk assessments had been reviewed and updated.

Records we reviewed showed the provider undertook a satisfaction survey with people who used the service and their relatives. We were shown a sample of some which had been sent back in January 2016. We saw there were positive comments as well as comments about how the service could improve. We saw the staff at the home had ensured that this feedback was acted upon and to the satisfaction of the family member.

Prior to the inspection we checked our records and saw that some accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. However after the inspection we had been made aware of a series of incidents which had involved the police which we had not been told about. This was a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider failed to report a series of safeguarding incidents and incidents involving the police to the Commission.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	We found information in relation to restrictions placed on people and why particular decisions had been reached were not always clear in line with The Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not clearly assessed the risks to the health and safety of service users or ensured staff had the information they needed to mitigate these risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet the needs of all people.

