

# Chessel Support Services Ltd

## Chessel Avenue

### Inspection report

1 Chessel Avenue,  
Southampton.  
SO19 4DY  
Tel: 02380 435999  
Website:

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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 

### Overall summary

This inspection took place on 4 November 2015 and the provider was given 48 hours' notice because the location was a small care home for younger adults with learning disabilities, who are often out during the day.

At the time of the inspection there were five people using the service. The registered manager was also the operational manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was of the residential side of the service as the Domiciliary Care Agency (DCA) and Supported Living; were in the process of being registered as a separate location which will be assessed once registered. As well as the operational manager, there were two

# Summary of findings

managers, one who was to be the registered manager for Chessel Avenue and the other who was to be registered manager for the DCA and supported living. There were two team leaders and 9 other support staff.

The people were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the complex needs of the people and knew how to spot signs of abuse. People appeared to be safe and supported by the care staff and registered manager.

Care records and risk assessments were person-centred, up to date and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were fully involved in the planning and identifying of their support needs. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs.

The service showed flexibility and responded positively to people's request. People who use the service were able to make requests and express their views. The registered manager used the feedback as an opportunity to make changes and improve the service.

Staff received regular supervision and on-going training which was appropriate to their role. There were regular resident meetings as well as staff meetings, which supported people and staff and allowed them to explore areas which mattered to them.

The managers and staff were caring. They spoke to people in a kind, respectful and caring manner. There was an open, trusting relationship between them, which showed that staff and managers knew people well.

People were supported to be part of the local community and were able to attend activities both within the home, as well as in the local community. They made choices about how they spent their time and where they went each day.

Staff worked well as a team and said the manager provided support and guidance as they needed it. There was an open and transparent culture which was promoted amongst the team. This allowed them to learn from incidents and changes were made to the service following feedback from people and staff.

The manager demonstrated a good understanding of the importance of effective quality assurance systems. There was a process in place to monitor quality and to understand the experiences of the people who used the service. The manager demonstrated a desire to learn and implement best practice throughout the service.

# Summary of findings

## 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 safe

There were enough staff to meet people's needs. Any gaps identified in the staff employment histories, were rectified during the inspection.

People's health risks were always identified and managed effectively.

Medicines were stored and disposed of appropriately.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

Good



### Is the service effective?

The service was effective.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were involved in decisions about their care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Good



### Is the service caring?

The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals, respected their privacy and ensured that confidential information was kept securely.

Good



### Is the service responsive?

The service was responsive.

People were treated as individuals and were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

People knew how to complain and said they would raise issues if the need arose. No complaints had been made.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People and staff reported that the service was well run and was open about the decisions and actions taken.

There was a registered manager in post, who held regular supervision with staff and led resident meetings.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

# Chessel Avenue

## Detailed findings

### Background to this inspection

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

This inspection took place on 4 November 2015 and the provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day.

The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with

other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person, the operational manager who is currently the registered manager, two managers who were being registered to manage the home and the DCA and supported living service and two care staff. We observed the way people were cared for in communal areas and looked at records relating to the service including four care records, six staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. Due to the limited verbal communication of some of the people living at the service, and the nature of their learning disability, we were unable to speak with them. To help us understand the experience of the people, we observed them interacting with staff and each other.

The previous inspection took place in April 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People were observed were smiling and looking relaxed when staff spoke with them. One person who had limited communication said “Yes”, when asked if they felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and knew how to contact external organisations for support if needed. They were encouraged to raise concerns with the registered manager and told us that they would act immediately. The service had suitable policies and procedures in place to safeguard people and their property. For example, one person was at risk of self-neglect due to their personal circumstances; staff had provided advice to the person and were supporting them to help reduce the likelihood of this occurring. Staff responded appropriately to any allegation of abuse. The registered manager had conducted an investigation into a concern raised recently, which had been thorough and robust; it showed that the person concerned had not been harmed and that staff had acted appropriately at all times.

Staff were subject to checks to see if they were suitable to work in care. Checks with the Disclosure and Barring Service (DBS) were carried out before staff were permitted to provide support to people living in the home. The DBS helps employers make safer decisions when recruiting staff to work in the provision of care. References as to the conduct of staff in previous employment were obtained and applications forms had been completed. We found that not all the staff files had full employment histories as required. This meant the provider had not verified staffs previous employment which is required by law to ensure the staff are suitable for employment. However, during the inspection, the manager requested all staff on duty provide details for where they had gaps showing, and added this to the agenda for the next staff meeting.

There were sufficient staff to meet people’s needs. Staffing levels were gauged upon the needs and abilities of the individuals in the service. The registered manager explained how they managed the staff in order to support people access external activities. This ensured that those who went out on the activities were supported sufficiently, and those who chose to remain at the service, were also supported. We saw an additional staff member coming on duty, to support one person to go to the cinema. Staff took their time with people and not rushing them. The

registered manager said there was always two staff members on during the day as well as a staff member specifically to support with activities. At night they had two staff members who were awake. The registered manager stated that, if required, additional staff could be rostered to support people as required. There was an on call duty system, which detailed the planned cover for the home. Short term absences were managed through the use of overtime or agency staff, the service uses the same agency and tries to use the same carers to ensure continuity of care. The registered manager was also available to provide support when appropriate.

Staff were fully aware of the risks posed to people living at the service. There were personalised risk assessments in place, giving details about potential risks to each person. People were assessed as to their abilities and wishes and were encouraged to be as independent as possible. One person travelled to a family member’s home independently. The person knew they were to ring the staff when they arrived, and their family member would also speak with the staff, this was to confirm the person was safe and where they said they were going. A risk assessment was completed by the service and plans were in place to promote this persons independence. Another person had a risk assessment in place for eating in their room. This was due to the person continually leaving left over food as well as dirty plates and mugs in their room, which was causing an environmental risk.

There were plans in place if an emergency such as a fire occurred. The staff carried out weekly fire safety checks and monthly fire drills. The fire alarm sounded during the inspection, and we witnessed people and staff making their way to the designated safe area. Staff were clear about the action plan they should take in an emergency and each person had a missing person’s file, giving details about the person and a recent photograph which could be given to emergency service personnel to help locate people should they go missing from the service. Staff had also undertaken first aid training and were able to deal with emergencies of this kind. The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. The assessments covered areas such as electrical and gas appliances and water checks These checks were all up to date.

Medicines were administered appropriately. People, who were prescribed medicines as required (PRN), received it

## Is the service safe?

appropriately and there were protocols in place for PRN medicines. We observed a person requesting their PRN medicine and two staff members checked the medicine before taking it to the person. The person had decided to go out, and so we witnessed the medicine being disposed of according to the protocol which was in place. Training records showed staff were suitably trained and had been assessed as competent. Medicines were given as prescribed and in line with pharmacy and manufacturer's

guidelines. All unused medicines, awaiting return to the pharmacy was kept secure until collection. The medication administration records (MAR) sheets were checked and there were correctly signed and no gaps shown. Medicines which was required to be kept in a fridge were kept in a lockable fridge within a locked room. Fridge temperatures were checked daily to make sure they were kept at the required temperatures to store medicines safely as per their guidelines.

# Is the service effective?

## Our findings

People who used the service appeared happy with the care and support they received. Staff were observed asking for people's consent prior to supporting them. They encouraged them to make decisions and supported their choices. We viewed a selection of people's care plans and found them to be comprehensive documents, which provided a good level of information about people's health and social care needs. The plans were well detailed and there were clear protocols in place for specific areas of care.

All staff had undertaken essential training in areas such as Safeguarding, Mental Capacity Act, and Medicines, as well as further training in specific areas such as people's behaviour challenges which included 'break away'. Breakaway training supports teaches staff how to avoid an assault and also provides skill training in increasing the staff member's confidence to reduce aggressive behaviour towards them. New staff completed a two to three day induction with the service, depending on their caring experience. During this time, the registered manager would ensure that the care staff worked with a senior staff member. Once their induction was complete, they worked as part of a team, but the registered manager ensured this was reflected in the skill mix, for example, a new staff member would not be rostered on with another new staff member. Care staff got to know people well and helped them to build trusting relationships. This was especially important for people with autism.

New care staff were undertaking the Care Certificate during their probationary period. The Care Certificate is the standards which all health and social care workers need to complete during their induction. A number of staff were working towards further National Vocational Qualifications in relation to their role. All staff had regular supervision and annual appraisals. Supervisions were held every couple of months, and gave staff the opportunity to meet with management, and provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

Staff showed a good understanding of the needs of people living at the service. They knew how to adapt the support to meet the changes in the person's needs. People were allocated a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising

with family members. This provided continuity to the person and meant they had someone they felt comfortable with to discuss any changes. People would meet with their keyworker monthly, and go through their support plans and update any changes in their current needs. People were able to change their keyworker and could refuse to meet with them.

Staff had a good understanding in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff were observed asking the people for their consent before carrying out any task. The registered manager and staff understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision. People's consent to aspects of their care had been recorded in their care plans. Where people were unable to sign to say that they had given consent, there was a record that the person had given verbal consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of the people using the services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. The registered manager of Chessel Avenue had attended additional training on the DoLS, as this was an area of interest to them and one person using the service was subject to DoLS. The DoLS had been put in place due to the person not wanting to be in residential care. There was a locked door policy at the service to prevent this person from leaving; this meant the other people had to find staff members to open the door for them. There was always a staff member available to open the door and people knew where to find staff.

People received appropriate food and drinks, which were available at all times. People were supported to choose what meals they would like. Each week people were asked what they would like to eat the following week, from this the food is then ordered on line to be delivered to the service. There was always a choice and people's likes and dislikes were taken into account. Staff told us that one person only really liked to eat curry; this person had lost a lot of weight



## Is the service effective?

due to a medical condition and required additional calories. Staff explained how they added extra cream to curries to ensure this person's nutritional needs were being met. People were able to make themselves a snack and drink whenever they liked and were encouraged to make their own lunch with support. There was fresh fruit readily available. There were no set meal times and staff ate with the people to make the meal times more sociable occasions.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. People were supported to attend the local health centre for routine medical appointments. The home supported those who were unable to attend the health centre, to have the GP and other professionals, visit them at the home. The people all had patient healthcare passports which provided information for the appropriate professional and also gave dates and times of future appointments.

# Is the service caring?

## Our findings

We observed positive caring relationships between people and the staff. People were shown dignity and respect at all times. Staff were observed laughing and joking with people as well as speaking in a kind and caring manner. One staff member described the service as being “One big family”.

Everyone at the service had their own room, which was accessed using ‘fingerprint’ recognition. This meant, only the person whose room it was, and staff members, were able to access it. Staff responded promptly to people who required assistance and were aware of how best to communicate with people. One person had communication difficulties, so staff had undertaken Makaton training in order to be able to communicate with them. Makaton is a language programme using signs and symbols to help people to communicate.

People were involved in developing their care plans, which were centred on them as an individual. Their preferences and views were reflected in the plans, for example, what time they wanted to get up, get washed and dressed and in what order and what support was needed. Staff used the information contained in people’s care plans to ensure they were aware of the persons needs and preferences. People were given the choice about who provided their care. A

staff member told us that people had the choice of choosing the gender of the staff who supported them with their personal care and that they encouraged people to be as independent as possible. This information was stored securely, so it was only available to those who needed access to it. Whilst no one at the home had required using the Advocacy service, everyone had had information about the service explained to them.

People met with their keyworkers once a month to review their care plans and risk assessments. Their care files contained information about them as a person, their likes and dislikes as well as their social history. Residents meetings were held monthly, along with weekly menu planning meetings. These allowed people the opportunity to discuss any changes or concerns they may have. There was evidence to show that changes had been made to the choice of meals following these meetings and people’s wishes had been taken into consideration so there was no set menu in place.

People were supported to maintain contact with their friends and family, there was no restriction on people visiting the service, and, the staff would always check with the individual that they wanted to see the person before allowing them into the service. During the inspection, one person went to visit a family member.

# Is the service responsive?

## Our findings

People received individualised care which met their needs. Their care plans were detailed and informative. They included information about the person and their likes and dislikes. People had been involved in writing them. By involving the people, the service had been able to build a picture about the person, their needs and how they would want to be supported. The care plans were updated regularly to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. Staff encouraged people to make their own decisions and supported the person's choices.

Daily records were kept for each person and included anything which had happened during that day. These records were detailed and showed the responses staff had taken, for example if any changes had to be made to the plans for the day, staff would document and the reason behind the changes and any actions taken.

People were involved in the planning of activities with support from the staff and the provider. For example, one person enjoyed music, and so had arranged a disco within the home. They had designed posters for the event and invited people from the community service to attend. This person had been the DJ for the evening. People were encouraged to be independent and maintain links with the local community. A nearby residential home, had invited those living at Chessel Avenue, to a recent disco. This had been a success, and despite having no connections with the other service, they were planning to arrange something similar in the future. Another person had shown interest in attending the gym, and was now supported to attend and had a personal trainer.

The service had links with the local Police Community Support Officer – PCSO who visited to have a coffee with the residents. These visits were to build positive relationships between the people and the police. So if the police had to attend the service for any reason, the people would not feel threatened by this, which in the past may have been reflected by their behaviour.

There was a formal complaints procedure in place, and people in the service were aware of how to make a complaint. The service had recently introduced a pictorial complaints process, thus enabling all of the people using the service to be able to make a complaint. Any complaints made to the service, were looked into appropriately and actions taken as deemed necessary.

People were encouraged to provide feedback and their views were actively sought before any changes were made to the service. Residents meetings were held regularly and minutes from these meetings showed what actions had been agreed. People had requested more activities within the service following the success of the recent disco. The service were going to involve the people who are supported in community to attend events in the future. The service was looking at employing an activities worker to be involved in the service. Staff members provided additional support for activities and were involved in looking at ways of developing this.

Records showed when people, family members or staff had raised concerns with the registered manager, these had been investigated thoroughly and appropriate actions taken. When a concern had been raised about the registered manager, this was looked into by a team leader and the provider was not involved in the investigation. This showed the people who had raised the concern, that it was being looked into and the process was unbiased.

# Is the service well-led?

## Our findings

There was a clear management structure, including a registered manager who was also the operational manager. People who used the service knew who the registered manager was and they felt they were able to approach them at any time. Staff were fully aware of the roles and responsibilities of the managers and the lines of accountability. Staff told us they felt supported by the registered manager and the new manager was visible around the home every day. One told us, “We see [the registered manager] most days and we can speak to her anytime”. All the staff we spoke with felt supported by the registered manager.

The managers spoke of the importance of effective communication across the service. Monthly meetings were held between the registered manager/operational manager and the manager who will be taking over as manager of the home; these meetings were to look at any incidents and identify any trends as well as look at policies and discuss any changes. They also held monthly supervisions and residents meetings.

Staff said the registered manager was very supportive and focused on the well-being of the people who lived at the service as well as the staff. They told us they were able to go to the manager at any time for advice and guidance. Regular staff meetings were used as learning sessions and staff were able to identify any learning needs and discussions were held on topics of interest.

There were a clear set of values and the staff described the service as having “an open culture”. A staff member told us, “You can go to [the manager] about anything at any time. If [the manager] isn’t in the service that day, you can just call her”.

The registered manager recognised the importance of having motivated staff in order to ensure people’s care needs were met. The staff team were highly motivated and

well-established. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service. Staff were encouraged to be honest if they made a mistake. From this, actions could be identified and put into place to prevent incidents recurring. Staff were encouraged to give feedback on a daily basis; they held a handover twice a day to share information. This information was also recorded in the daily records and any event which occurred was documented at the time it happened.

The service encouraged people to be part of the community; people were involved with the local church and others attended the local college. People were supported to attend a local music club, which was open to anyone. People had chosen areas in which they had interest and were supported to attend activities they enjoyed. The registered manager ensured that there was robust assessments in place to support them to continue to do this.

Staff are actively encouraged to continue their professional development. All staff were undertaking diplomas in health and social care or had completed them. The service worked closely with supporting professionals and met with them to discuss how the service was supporting people safely and whether any changes were needed.

The home’s records were well organised and easily accessible to staff. There was an effective system in place to monitor the quality of the service being provided. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the managers and the staff members were also involved. Where issues or areas for improvement were identified, the registered manager had addressed them promptly.

The registered manager was aware of the services responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.