Livability

Chartwell House

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

Overall summary

Chartwell House is registered to provide accommodation for persons who require personal care for up to three people with a learning disability or autistic spectrum disorder. This service does not provide nursing care. On the day of our inspection 2 people were living at the home.

The service is located in a residential area approximately one mile from the centre of Waterlooville. There is a large garden and patio area to the rear which provides a private leisure area for people living at the home.

The home had a registered manager. 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.

Staff understood the needs of the people and care was provided with kindness and compassion. Relatives and health care professionals told us they were very happy with the care and described the service as excellent.

Summary of findings

Staff had received training in how to recognise and report abuse and had a good understanding of what to do if they suspected any form of abuse occurring.

The home had a robust recruitment and selection process to ensure staff were recruited with the right skills and experience to support the people who lived at the home.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People's care plans and risk assessments were person centred. They were reviewed regularly to make sure they provided up to date and accurate information.

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager or deputy manager assessed and monitored the quality of care involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

Relative's told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home in written and pictorial formats. There was also information about how to contact the Care Quality Commission (CQC).

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. Systems were in place for recording and managing risk to ensure people who lived at Chartwell House were safe.

People received their medicines when they needed them and by suitably trained staff.

Robust recruitment practices were followed to ensure staff were suitable and safe to work in the care home.

Good

Is the service effective?
The service was effective. Staff were supported in their role, and they had received an induction into the service.

Staff received regular supervision, training and annual appraisals.

People were supported to be independent and to develop social skills.

Good

Is the service caring?
The service was caring. Staff interacted well with people were kind and compassionate. Staff knew people very well.

Staff respected people's privacy and dignity.

People were involved in the support they were receiving and staff encouraged people to remain as independent as possible.

Good

Is the service responsive?
The service was responsive. People received individualised and personalised care which was regularly reviewed.

People had activity plans which took account of their ability, preferences and interests.

The home had a system for reporting and acting on any complaints.

Good

Is the service well-led?
The home was well led. There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

People and staff were actively involved in the development of the service.

Good

Chartwell 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.

This inspection took place on 1 and 2 September 2015 and was unannounced.

The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before our inspection we reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met the two people who used the service. Due to their difficulties communicating verbally, we were not able to seek their views about the care and support they received. We were able to meet and speak with relatives or friends of both people and obtain their feedback. We also spent time observing interactions between staff and people who used the service

We spoke with the registered manager, deputy manager, two members of staff and a visitor. We looked at both people's care records, three recruitment files and records relating to the management of the service. Following our inspection we contacted one care manager from the local authority, one relative and two general practitioners (GP's).

Is the service safe?

Our findings

People's relatives and health care professionals told us the service provided safe care. One person's relative told us staff worked to ensure people's safety as much as possible. They also said they believed "Staff would look after people well and report any concerns to the manager". Another relative said they were "Confident the person is safe". Both GP's we spoke with told us the service was safe. One GP said: "I feel people are very safe". A second GP said, "They (the staff) keep people safe". A care manager from a local authority told us, "We don't have any concerns at all about people living at Chartwell House".

Staff had received training in safeguarding people at risk. They told us the training provided them with the confidence they needed. They were able to tell us about the types of abuse and that they would be confident to report any concerns to the registered manager. We saw that where required any concerns had been reported the local authority for support or further investigation. One member of staff said, "We are here for them". The deputy manager showed us how they carried out daily checks on people's money and the records they kept to protect people from financial abuse. They said: "We record all money that comes in for people and goes out. "Staff sign the money sheets at every shift handover to confirm it is correct". The registered manager told us, "The financial audits we do would highlight any discrepancies and we have never had any".

Assessments of risks were carried out and where risks had been identified appropriate management plans were in place to minimise the risk of harm to people. For example, plans provided guidance to promote the safe use of the cooker. Strategies were in place for people to follow when accessing the community and agreed protocols were in place to support people with their personal and family relationships.

Handover meetings took place at each shift change for staff to share information about people's care and support. In addition to this staff were required to 'log on' to the homes electronic recording system to confirm they had read peoples care plans and daily notes and understood them before commencing their shift. The registered manager told us the electronic system was new to the service but moving forward it would produce records confirming staff had read people's care plans and daily records.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. The registered manager had planned the staffing roster in advance. The roster had been planned to take account of the level of care and support each person required each day, in the home and community. For example, on the day of our inspection one person was being supported to undertake activities in the community. Staff numbers were calculated to ensure each person's needs could be met safely.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Arrangements were in place for people to receive medicines which had been prescribed. We observed staff supporting people to take their medicines safely. We looked at the management of medicines in the service. Medicine administration records (MAR) detailed the quantities of medicines received, carried forward from the previous medicines cycle and records were clearly signed when medicines had been administered.

We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Records were kept for all medicines which were disposed of and collected by the dispensing pharmacist. People's care plans contained information about the medicines they had been prescribed and the support people required to take their medicines. Where a medicine was to be given only as required (PRN), there were clear guidelines for staff to follow to make sure the medicine was given in accordance with the instructions of the prescribing doctor.

Is the service effective?

Our findings

Relatives and visitors told us staff were suitably trained to deliver effective care and support. One GP told us the staff team worked effectively to ensure people had appropriate care and access to healthcare services when required. One relative spoke positively about staff saying, "Staff here really do understand what makes (their relative) tick. They couldn't care effectively if they didn't know people".

People living at the home had complex health or social care needs and did not have capacity to make important decisions about their lives. People's capacity to consent and to make specific decisions was assessed and reviewed by staff. One person had been assessed as lacking capacity to make a decision about a medical investigation they required to maintain their health and keep them well. Care plans showed that a best interest meeting had been held which included the person, their close relatives, social worker and their GP.

People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. For example, when people were helped by staff with getting dressed they were offered a choice of outfits to choose from. One staff member told us when they supported people they offered them choice and respected the decisions they made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

At the time of our inspection DoLS applications for the two people living at the home had not been submitted although risk assessments to access the community highlighted the need for them to be supported by staff when leaving the home to keep them safe. We brought this to the attention of the registered manager who was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty but had not submitted any applications. During our inspection the registered manager submitted two applications for people living at the home to the supervisory body (local authority).

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. Training had also been provided to meet the specific needs of the people living at the home. For example, training in positive techniques to avoid crisis and strategies for responding to different types of behaviours. One member of staff said "Behaviour is only challenging when you don't have training".

People were able to access appropriate health, social and medical support when they needed it. Visits from doctors and other health professionals, for example, Occupational Therapist (OT) and Community Psychiatric Nurse (CPN) were requested promptly when people became unwell or their condition had changed. Local GP's attend the service when required or people were supported to visit the nearby surgery. One GP told us, "I visit the home when I'm asked and over time I have got to know the staff and people living there very well. The home is very relaxed and people are cared for in a loving way".

People were supported to be independent. For example, to develop their cooking skills and to consider healthy food options. People were involved in deciding what they had to eat for breakfast, lunch and their evening meal. One member of staff told us told us each person had a conversation with a member of staff every week to decide the items to be added to their shopping list. One person was able to tell us they "liked to go shopping with staff member and that they always got what they wanted".

People were provided with a balanced and nutritious diet. People were supported to choose food from picture cards and picture recipes. We saw that people were given choices about what they had to eat and drink. The menus showed the choices available and records were kept to show what people had requested. Nutritional assessments were carried out as part of the initial assessments when people moved into the service. These showed if people had any specialist dietary needs People's weights were recorded regularly, and any significant weight gain or weight loss was

Is the service effective?

identified and passed on to the registered manager. If people needed specialist help to maintain a healthy weight referrals were made to appropriate health professionals such as a dietician.

Is the service caring?

Our findings

Positive caring relationships were developed with people using the service. One relative commented "I can't fault the care. The staff are really do care for the people here. This is the best place my relative has lived in. She was very withdrawn before coming here. Now she has her life back". Although people were not always able to communicate their views about the staff with us verbally we observed relationships were positive. Staff were kind and empathetic towards people and understood how to relate to each individual.

People were supported in ways that promoted their dignity and independence. For example, staff respected how much assistance people needed. We saw that staff always knocked on people's doors before entering and ensured doors were closed when people wanted to spend time in the bathroom or in their room. Relatives confirmed that when they had been in the home they had seen this take place.

Staff were caring, they took time to understand people and the atmosphere within the home was warm and open. Staff used all their skills to relate to people and make them feel valued and they encouraged people to try new things. For example one person who had rarely spoken or related to people before moving to the home was seen talking and relating well to staff and engaging with other people in the home.

The atmosphere was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner, this included communicating by facial expressions or hand gestures. Staff always got down to the person's level to ensure eye contact was made

Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as dancing, swimming or music.

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. We saw people had expressed choices about their care or information had been obtained from relatives or staff who knew the person well. People and invited relatives or friends had been involved in their monthly reviews and had made decisions about what had worked well and what they would like to change next month. For example, people had been supported to make decisions about attending social events in the community.

Staff were knowledgeable about people's personal interests. Care records showed people had been supported to take part in or attend their chosen activities. Relatives and friends confirmed this. Relatives told us each time they visited people were being supported to access the community or taking part in activities such as cooking.

Is the service responsive?

Our findings

Relatives and friends told us they were kept informed and updated when people's health needs changed. One person told us, "My relative has been a lot better here than they have ever been although I know she was unwell yesterday because the manager called me. In fact she called several times to update me and keep me informed".

Staff were knowledgeable about the care and welfare needs of the people living at Chartwell House. Staff told us about the care they provided to people and how this met their individual health needs. Two staff members told us about how they discussed people's needs when the shift changed to share up to date information between the team. Any changes to people's care had been noted and where required action had been taken. For example, contacting the GP or other health professional.

People's health and social care needs were supported by their 'key workers'. The registered manager explained that a 'key worker' had responsibility to provide continuity of care, lead on the person's care and review and update the care plan for that person. Staff felt this worked well and were able to advocate on behalf of the person. This was supported by a recent health review for one person where staff input had assisted other health professionals to look at alternatives ways to promote their health and wellbeing. One relative told us that staff, "Look at my sister's needs, they have been marvellous with her".

Staff recognised the importance of meaningful activities. People were supported to attend outings, trips to the shops and other community activities during the day and in the evenings. The registered manager ensured that there were enough staff to accompany people to attend activities in the evenings. Each person had their own activity plan which took account of their ability, preferences and interests. Staff made sure that they took every opportunity to involve people in external activities when they wanted to.

People's views about the home, their care and treatment were asked for individually at the end of each month. One relative told us the registered manager, "Has always said to contact her if there are any problems. They have been very, very good". Comments had also been sought from relatives from surveys and annual reviews. People's needs had also been considered during staff appraisals and supervisions.

Relatives also told us that the registered manager and staff were approachable and would action any request they may have. One relative said, "I go every month, staff are all friendly" and "I would be happy to raise any concerns and would ring the manager".

Although the provider had not received any written complaints staff and relatives told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. The complaints policy was also available in an easy read pictorial format to make it more accessible for people.

Is the service well-led?

Our findings

People, staff and healthcare professionals told us the service was well-led. Relatives and friends told us the registered manager and staff were passionate and caring towards people. One GP said: "This is a good service. The staff have really helped people to become more independent".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person during a conversation about their cooking skills. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

The service had a strong leadership presence and a positive culture. The registered manager and deputy manager were supportive of staff during the day of our visit, taking time to check that they were alright and that people's support needs were met.

Staff were able to carry out their duties effectively, and the registered manager was always available if staff needed any guidance or support. Staff told us that they felt valued and listened to. They said they were encouraged to come up with suggestions and new ideas and these were always welcomed and usually acted upon. They felt they were part of a team working together to improve the lives of the people who lived at the home. They told us there was a culture of openness and they would report any concerns or poor practice if they witnessed it.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required.

Staff and relatives told us they had good opportunity to talk about any concerns they had with management and said they were asked to complete questionnaires in September 2014. Staff comments from the survey included, "I enjoy working as part of a team" and "I feel supported in my role". Relative comments included, "Family atmosphere, individual attention and attentive staff" and "Thank you for your continued care".

To gain feedback from people living at the home the provider had introduced a pictorial 'service user survey' which had been undertaken in February 2015. The survey consisted of 12 questions. For example, choice, support, activities, support with medication, and kindness and compassion of staff. People, with the help of staff had indicated their level of satisfaction by ticking smiley faces for 'yes' or sad faces for 'no'. Everyone had indicated they were happy with the home and the way in which their care and support was delivered.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One member of staff said, "We meet regularly and there is an open door policy where all staff can raise positive and negative feedback".

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.