Chepstow House (Ross) Limited

Chepstow House

Inspection report

Old Maids Walk
Ross On Wye
Herefordshire
HR9 5HB

Tel: 01989566027

Date of inspection visit:
07 July 2016

Date of publication:
04 August 2016

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

This inspection took place on 7 July 2016 and was unannounced.

Chepstow House is registered to provide accommodation for personal care for a maximum of 14 people with learning disabilities or autistic spectrum disorder. There were 14 people living at the home on the day of our visit. At the time of our inspection there was a registered manager in post. 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.

People were supported by care staff that reduced their risk of harm and from the risk of abuse. All care staff knew each person well which helped them to understand and reduce their risk of harm or abuse. Care staff were consistent in helping people with any anxiety or distress by providing reassurance and guidance. Care staff told us that helping people to live in a calm and relaxed environment reduced the risk of abuse to people living at the home. All care staff felt confident in recognising any potential signs of abuse and would report these through to senior staff or management at the home.

People said care staff were available and there were sufficient numbers of staff to provide care to all people living at the home. Where people had risks identified as part of their daily living, care staff provided support to reduce those risks. People had their medicines given to them when required and at the correct time.

People were cared for by care staff who told us their training reflected the needs of people who lived at the home. Where people had not been able to consent to certain aspects or decisions about their care, records of decisions had been completed.

People had access to snacks and meals throughout the day and night. Where people required support to prepare their meals care staff helped them. People had accessed other healthcare professionals to support them.

People told us they liked the care staff and had developed positive and respectful relationships and care staff were very kind and caring in their approach. People's privacy and dignity were respected and they were supported and empowered to be independent in all aspects of their lives.

People were involved in the planning of their care and were regularly involved in updating their care plans. People's care plans recorded their care needs in an individual way that reflected their preferences and life histories. People got to choose their hobbies, interests and the things they did whilst in their home or out and about.

People were happy to raise any concerns or worries directly with the care staff who were able to provide

solutions or answers at that time. The registered manger was keen to answer people's concerns.

People were involved in their home and knew the registered manager. People were seen to approach and make request through the day with all care staff, including the registered manager. The registered manager told us it was important that they were approachable and visible within the home which helped them monitor and maintain a home which people liked. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

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.

People felt safe and looked after by staff. People's risk had been considered and they had received their medicines when needed. People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way.

Is the service effective?

Good

The service was effective.

People's consent and right to freedom had been obtained and recorded. People had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. When care staff provided care they met people's needs whilst being respectful of their privacy and dignity and also took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interests and hobbies. People were supported by care staff or relatives to raise any comments or concerns.

Is the service well-led?

Good

The service was well-led.

People and care staff were complimentary about the overall service and had their views listened to. The provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

Chepstow 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 7 July 2016 and was carried out by one inspector. The provider had 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 we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authorities who are responsible for purchasing some people's care.

During the inspection, at the home we met seven people who lived there and two family visitors. We used a number of different methods to help us understand the experiences of people who used the service. Some people were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We spent time in the lounge area and dining room observing the care and support people received. We spoke with four care staff, the deputy manager, one team leader and the registered manager. We also spent time with people and staff in the communal areas of the home.

We looked at two records about a people's care, three sets of medicine records, a medicine audit, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider and registered manager.

Good

Is the service safe?

Our findings

People we spoke with told us they were comfortable in their home and we saw that that care staff helped to keep them safe and free from the risk of abuse. Where a person became upset or anxious we saw care staff gave positive encouragement or comfort to the person to reduce their anxiety. Two care staff we spoke with told us how they would assist each individual person to keep the person and other people safe. For example, recognising early signs of anxiety and offering a quiet space for a person to relax in.

All care staff had received training in the awareness of different types of abuse and other ways to spot potential concerns. Care staff that we spoke with told us about how they would recognise or responded to a situation where they felt a person was at the risk of harm and would ensure the person was safe. They explained that following an incident or accident an incident form would be completed and passed to the registered manager for investigation and further referral if needed. For example, reporting to the local authority safeguarding team or looking at how an incident may have been triggered. If any immediate action to prevent a reoccurrence was needed this was done. All reports were then used to improve care practice and were reviewed by the provider health and safety team to monitor reoccurrences or patterns.

People went to care staff when they needed support to reduce their risks regarding health and safety in the home. Care staff ensured people remained in control and did as much as they were able on their own. Plans were in place to prevent or minimise any identified risks for people and provided care staff with information about what they could do to help keep a person safe. Staff told us they would look at these if they needed to, amend them and update as required or on monthly basis. These covered areas such as risk when walking, eating and drinking and epilepsy support.

Two people told us about the care staff that supported them and that they knew which care staff would be in the home during the day and night. All care staff we spoke with told us they had time to support people with care and planned activities. They felt the staffing team were consistent, which people got to know. The registered manager reviewed people's needs and would increase or decrease care staff levels depending on those needs. Where people required one to one support this had been consistently provided.

People received their medicines when needed, for instance before lunch or at a specified time. All people's medicines were looked after and administered by a team leader, with a member of care staff to reduce the risk of errors. People were offered their medicines with the team leader offering support and guidance. Team leaders told us they had been trained and were competent through observation of their practice, refresher training and mentoring. Written guidance was followed if a person required medicines 'when required'. For example, to relieve pain or treat a short term illness. People's medicines were recorded when taken and daily checks were completed to reduce the chance of errors or missed medicines. The medicines were stored securely and refrigerated when needed.

Good

Is the service effective?

Our findings

People were supported by care staff that understood them and knew how to provide their care and support. One relative said, "They [care staff] certainly know and understand the care needed". Care staff told us that they supported each person as an individual and recognised their specific needs. We saw that this information was recorded within the person's care plan so that all care staff could understand how to provide care.

Care staff were confident in the training they had completed and further training courses were available to maintain and increase their skills. One care staff member said they were supported in their role and that recent training in Parkinson's had given them an understanding and insight in how a person experiences this condition. All staff we spoke with told us about the support they had from regular team and individual meetings with the management team. They used these meetings to discuss people's care practices and one member of care staff told us they were able to discuss different ideas if they were unsure about any work based issues.

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.

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. The registered manager understood the legal requirements they had to work within to do this. People at the home had been supported to make decisions by staff having the skills and understanding of when to involve others, we found that these decisions had been recorded.

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). The provider had followed the requirements in the DoL and four people had a DoL authorised, with eight applications sent to the relevant authorities for assessment. All staff we spoke with understood the restrictions in place for each person and the reasons to support their safe care.

Two people we spoke with told us they enjoyed the food and were involved in planning the menus. People decided on the weekly meals and went with care staff to get the ingredients. We heard care staff chatting with people about the meal choices for the week and where they enjoyed a particular meal. People also enjoyed going out for meals, drinks and snacks.

Care staff told us about the food people liked disliked and confirmed who received any specialised diets. Care staff supported people to eat and drink where needed on an individual basis and who required

observations to support their independence with eating and drinking. Care staff said that at meal times if a person wanted a different choice to the menu they would support them to find an alternative.

People maintained their on going health with visits to the GP, opticians and dentists and were supported by care staff. People had hospital appointments or consultant reviews as needed and the outcomes of the visit had been recorded and updated in care plans. Where people's needs or health changed referrals had been made to other professionals, such as district nurses and local clinics their care records had been updated. We saw that one person was supported to visit a clinic each week in support of the current care needs and we saw that any changes were communicated to care staff on their return.

Good

Is the service caring?

Our findings

All people living at the home were seen to enjoy the company of care staff and each other. Care staff knew people well and time was spent chatting with people about their day or what they may like to do. People confidently spoke to care staff and approached them when needed. People used a variety of ways to make their wishes known which were understood by the care staff. Care staff also looked for visual and emotional signs to understand a person's needs.

People joked and relaxed with care staff. We saw that people looked to care staff for comfort and happily requested hugs or an affectionate touch. People happily made decisions on whether to be involved in their daily tasks and made day to day choices about where they spent time. Care staff listened to people's choices and decisions and offered encouragement for the person to be involved. For example, in doing their laundry or helping with the weekly shopping. Care staff encouraged independence in the tasks and offered encouragement rather than take over.

Care staff felt it was easy to get to know the people they cared for as they were able to spend lots of times with them. One member of care staff said, "We spend as much time as they need. If we sit down with a coffee and we are there an hour, that's fine". Care staff told us they were involved in all aspects of people's lives and had good relationships and knew their personalities. Care staff also referred to care plans if a new person had come to live at the home to get an understanding of the person and their interests. Care staff respected that it was people's home and were attentive to their individual interests.

Where people expressed choices about their care the information had been detailed in their care records. One relative told us, "He couldn't be anywhere better, they attend to all his needs".

People's individual emotional needs were respected and people spent time privately in their bedrooms, in the dining room with staff or the lounges. When we were speaking with care staff they were respectful about people who lived at the home and showed a genuine interest and compassion about their lives. One team leader said, "It's about them and their needs. I feel I connect with them".

People expressed choices about their care and information had been obtained from relatives or care staff who knew the person well. This information had been recorded so care plans reflected the person's preferred care and support needs. One member of care staff said, "It's important to look at their previous experience", they felt this helped with offering choices and knowing what a person may be able to achieve. People were involved in choosing the care and support they needed on a daily basis. Care staff told us they promoted people's confidence. One care staff member said, "I am continually aware to respect people's wishes".

Good

Is the service responsive?

Our findings

People had the opportunity to review the care they had received each month with their 'key worker'. These were a named member of care staff that worked closely with a person to ensure they got the care they wanted. For example, helping a person with their personal shopping.

A record was made of each person's experience of the day and their practical care and support needs. These records were used to help a person and care staff when looking at their wishes and needs for the next month. Records showed what had worked well and what changes needed to be made so the person remained involved and happy with their care.

People were supported to attended annual health checks or reviews with consultants by care staff. Care staff told us they were able to provide information at this appointment and follow up with any changes to a person's care. Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions they knew how the person would react to certain situations or requests. Care staff told us they recognised any changes in people's day to day health needs and would spot any infections or illnesses. One member of care staff said, "We are always looking, noticing things. We know the guys well and it's easy to spot if they are unwell".

Information about changes to people's care or social needs were shared with care staff at the end of their shift to ensure they had current information. If the changes were significant or long term people's care records were updated. The care staff told us they kept each other informed through the use of a handover book.

People had information recorded and detailed in their care plan's about their families and past life history and care staff told us these were used to help provide the care the person needed. People's care had looked at measurable goals and the progress made toward these for each person.

People were encouraged to maintain friendships outside of their home and were supported by staff to go out and visit friends and family. People were supported to have hobbies and things they enjoyed doing when in the home. One person told us about the two college courses they attended and were proud to show us their work. Care staff told us, "We promote activities and we are looking at more and more things people can enjoy in the home as they are wanting to go out less." Each person had individual social lives and interests and were supported by care staff where needed. For example, people were supported to go out for lunch or attend social clubs.

There was a complaints procedure in place and available in an easy read format, although no complaints had been received. Two staff we spoke with told us they were happy to make suggestions behalf of people if needed and that any changes were made. People were supported to do this as part of their care reviews.

Good

Is the service well-led?

Our findings

People views and opinions were valued and listened by care staff and the registered manager that helped people daily. People were also asked at meetings held quarterly for feedback and views on their care, meals and activities on offer. They were supported with picture cards and photo's that helped them choose or decide on the things they wanted. We saw that any actions had been recorded and completed. One member of staff told us that if people had not contributed to any group meetings they had individual conversations or looked at people's experiences. For example through their daily reports or what staff felt the person had enjoyed.

The registered manager demonstrated an in-depth knowledge of the home, the people who lived there and the provider's expectations and values. The registered manager spent time with people and working alongside care staff.

All care staff we spoke with reflected that the home was run well for the people that lived there. They also felt involved in people's lives and the registered manager was keen to listen and try their ideas in relation to people's care. Care staff told us they were a caring team and the management team recognised that their staff worked well together.

The registered manager completed a weekly check which had looked at the environment, medicines checks, incidents and reviewing people's care needs. This information was sent to the provider for review and checked when the provider visited the home monthly. Any changes or improvements were discussed with the registered manager and actions required followed up on the next visit. In addition the provider had used an external consultant to visit the home for a quality assurance audit and introducing a set of visions and values for the provider. Once agreed the registered manager said these would be used during staff supervision to ensure people care that met the visions and values.

The registered manager felt their skills and knowledge were supported by the provider's organisation and training. The registered manager told us they had access to specialist within the company, such as a consultant physiatrist that reviewed and provided support for people. The manager and care staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local learning disability team to ensure that people received the care and support that had been recommended. They felt this supported them to be aware of changes and information that was up to date and relevant.

The providers shared information and good practice regionally. Registered managers from all the provider's other homes met regionally to discuss their homes and what had worked well. The registered manager used their skills and knowledge enabled them to drive improvements. They had a clear plan of the improvements needed. For example, refurbishments to the bathrooms were underway with plans to update furniture in the communal areas.