

Chepstow House (Ross) Limited

Chepstow House

Inspection report

Old Maids Walk
Ross On Wye
Herefordshire
HR9 5HB

Tel: 01989566027

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

- People enjoyed living at Chepstow House and were cared for by staff who were kind and recognised people's areas of independence.
- Staff were respectful to the people they cared for and promoted people's right to dignity and privacy.
- People's, their relatives' and other health and social care professional's views were listened to when people's needs were assessed and plans for their care were developed.
- People were supported to enjoy the best health outcomes possible, and staff were proactive in addressing people's health and well-being needs. Staff advocated for people so they had access to the healthcare they wanted. There were effective ways of working with other health and social care professionals.
- Staff recognised when people's needs changed and made adjustments, so people continued live at the place they wanted to and to maintain relationships with other people at Chepstow House and staff who were important to them.
- People were confident to make their own day to day decisions and choices; staff supported people to do this when they wanted assistance, by using people's preferred ways of communicating.
- Staff understood people's safety needs well and supported them so their individual risks were reduced.
- People were supported to have their medicines safely, by staff who were competent to do this. People's medicines were regularly checked and reviewed.
- There were sufficient staff to care for people at the times people wanted assistance, and people were supported by staff who knew their preferences well.
- The environment at the home was regularly checked. The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff had received specialist training and developed the skills they needed to care for people. This helped staff to provide good care to people.
- Staff supported people to have the nutrition they needed, based on their preferences, so people remained well. Where people required specialist diets, or assistance or equipment when eating and drinking this was provided.
- People were supported to enjoy a range of activities which reflected their interests. This included support to enjoy spending time in the community, doing things they liked and to keep in touch with people who were important to them.
- Systems were in place to take any learning from complaints and to reflect on people's needs and to further improve people's care.
- The registered manager sought suggestions for improving people's care further. We found suggestions were listened to.
- The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through. The registered manager planned to continue to develop the facilities at the home and to further develop people's access to information to enable people to continue to make informed choices about their care.

- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Chepstow House was published on 4 August 2016.

About the service: Chepstow House is a residential care home, providing personal care and accommodation. There were 14 people living at the home at the time of our inspection. People living at Chepstow House live with dementia, learning disabilities or autistic spectrum disorders, mental health conditions, sensory impairments or physical disabilities. Care and accommodation is offered to older and younger people.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Chepstow House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Chepstow House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six people living at the home, about the care they received.

We spoke with six people who lived at the home and six members of staff including the registered manager, two senior staff members, three care staff and a mental health specialist employed by the provider. We spoke with two relatives to find out their views of the quality of the care provided. We also spoke with two health and social care professionals who regularly visited the home.

We reviewed a range of records. This included two people's care records and multiple medication and health records. We also looked at records relating to the management of the home. For example, systems for managing any complaints and people's rights, and minutes of meetings with people who live at the home. In addition, we saw the checks undertaken by the registered manager on the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff knew what action to take in the event of any concerns for people's safety. This included notifying other organisations with responsibilities for helping to keep people safe.
- The registered manager and staff knew how to safeguard people from abuse.
- The provider undertook checks on the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management

- People and their relatives were positive about the way safety was managed.
- People's safety risks were known and plans were put in place to ensure people's safety needs were met. For example, if people were at increased risk of experiencing poor skin health, or when mobilising. People's risk assessments provided guidance for staff to follow to reduce risks to people.
- Staff had a clear understanding of people's individual safety risks and were encouraged to raise any concerns they had for people's safety or well-being.
- Staff acted promptly to assist people if they needed support with their safety, so risks were reduced.

Staffing levels

- There were sufficient staff to care for people at the time people wanted. The risk of people feeling anxious or isolated was reduced as staff had time to chat to people.
- Relatives were complimentary about the staffing available to support their family members.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staffing levels were increased. This included if people were experiencing poor health, or needed support to do things they enjoyed.

Using medicines safely

- People told us they could rely on staff to support them to have the medicines they needed. People's medicines were managed, stored and disposed of safely.
- Staff had to undertake training and their competency was checked before they could administer people's medicines. Staff competency to administer people's medicines was also subsequently regularly checked.
- The administration of medicines was regularly checked by the registered manager. Checks were also undertaken by a mental health professional who was employed by the provider. This helped to assure the registered manager people's medicines were provided as prescribed, and people benefited from regular medication reviews so their well-being needs would be supported.

Preventing and controlling infection

- Relatives highlighted the home was always clean and well maintained.

- Staff confirmed they had received training to help to reduce the likelihood of infections.
- We saw staff used the equipment they were provided with to reduce the likelihood of people experiencing poor health.
- Senior staff checked the home was regularly cleaned, to support good hygiene management.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents. Staff reflected on their practice so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported by staff who understood their needs and how they liked their care to be provided.
- People's relatives' and other health and social care professionals' views were considered when people's needs were assessed. One relative told us, "I had long discussions with senior staff before [person's name] moved in. They [staff] took time to understand [person's name] needs." This helped their family member to settle, quickly.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to Chepstow House.

Staff skills, knowledge and experience

- Relatives were complementary about the way staff used their skills and knowledge to assist their family members. One relative told us, "They [staff] have the skill and have undertaken specific training such as respiratory training, to help [person's name]."
- Staff induction programmes supported staff to provide good care to people. New staff were supported by more experienced staff, so senior staff could be assured people were receiving care from competent staff. One staff member explained they were doing recognised qualifications as part of their induction. The staff member told us, "The induction and training means they [people] know we know what we are doing."
- Staff used the skills gained through induction and on-going training to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to remain well and achieve their nutritional goals.
- Where people needed support when eating, staff helped them quickly and recognised their risks when eating.
- People were able to choose what they wanted to eat and drink, and decided where to have their meals.
- Staff ensured people had the equipment they need to maintain their independence when eating and drinking.

Staff providing consistent, effective, timely care

- Relatives and visiting health and social care professionals highlighted staff knew people's health needs well. Health and social care professionals told us staff followed any advice given, so people would enjoy the best health outcomes possible.
- One staff member gave us an example of work they had done with other health and social care professionals. This had led to one person enjoying unexpected extended good health, and they were no longer classed as being at the end of their life.

- Staff met regularly to check the best way to support people when if their health needs had changed.
- People were supported to attend health appointments, for example, with their GPs, mental health specialists and speech and language specialists. Health action plans and hospital passports were in place. These helped to ensure people would receive the care they wanted from other organisations.

Adapting service, design, decoration to meet people's needs

- The layout of the home reflected people's preferences. One person proudly showed us their rooms, which had been converted to a flat for them and another person to enjoy using. This enabled them to increase their independence and live their life as they wished.
- People benefited from the use of a garden area, and some people enjoyed growing vegetables and plants in the summer months.
- Sensory equipment was available to people in their rooms, such as light displays, for people to enjoy using as they wished.

Ensuring consent to care and treatment in line with law and guidance

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 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 found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.
- People were supported to be involved in daily decisions about their care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People enjoyed spending time with staff and staff took time to chat with people.
- Relatives were very positive about the staff who supported their family members. One relative said staff always showed care and consideration to their family member. The relative said staff took the time to support their family member at times they were ill in hospital. The relative told us how much this comforted their family member.
- People's histories and preferences were understood by staff, and visiting health and social care professionals confirmed staff used this knowledge when caring for people. Staff got to know people through checking their care plans and talking with them and their relatives.
- Staff spoke warmly about the people they cared for and spent time holding people's hands to express affection. Staff took time to gently explain to people what they were doing, when staff assisted them.
- Staff understood how individual people liked to communicate and used this knowledge so people had the support they wanted. For example, staff understood through people's body language and gestures if they wanted assistance or reassurance.

Supporting people to express their views and be involved in making decisions about their care

- People made day to day decisions about their care, such as deciding where they would like to spend their time, what enjoyable things they would like to do and what they would like to eat and drink.
- Relatives told us they supported their family members to make decisions about their care.
- Staff explained how they supported people to make their own decisions, when required. This included explaining how people's decisions may affect them, so people were able to make informed choices.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity was considered in the way staff cared for them. For example, people were discreetly supported when they required personal care.
- People's right to independence was promoted by staff. For example, staff had supported one person who now managed their own room key, whilst other people enjoyed helping to contribute to life at the home by assisting with preparing meals.
- Staff let people know they were valued by calling them by their preferred names and giving people the time they needed to communicate their wishes.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: □ People's needs were met through good organisation and delivery.

Personalised care

- People's care plans recorded their preferences, histories, and what mattered to them. People's care plans gave staff the guidance they needed on how to support people as people preferred.
- Relatives had been involved in planning and reviewing their family member's care.
- The views of other health and social care professionals and staff were considered when people's plans were created and reviewed, so people's needs would be met.
- Staff told us their views on the planned care for people were listened to. One staff member said, "You get familiar with the types of decisions people want to make, but if there are big decisions to be made, you involve people's advocates."
- Staff took a flexible approach to supporting people and reviewing their care. For example, staff had identified one person became anxious if they did not receive their care in a specific order. Staff explained how the plans for the person's care were adjusted. As a result, the person experienced less anxiety.
- Staff gave us examples of individual support provided to people so they could keep in touch with people who were important to them. This included staff travelling extended distances, so people could maintain relationships which were important to them.
- People told us they enjoyed the parties which had been arranged by staff to celebrate significant events such as Christmas.
- People were supported to do a range of things they found enjoyable. This included listening to music, chatting with each other and attending local clubs and going for walks with staff.
- People were supported to express their faith, as they wished.
- The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Chepstow House were supported to live as ordinary a life as any citizen.
- We saw examples of information provided in line with the Accessible Information Standards, such as fire evacuation instructions. The registered manager told us they were planning to further develop the range of information available to people in easy read formats.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or any concerns raised. The registered manager told us they were in the process of adopting an "easy read" complaints process, to assist people if they wished to make a complaint.
- None of the people or relatives we spoke with had wished to raise any concerns or complaints, as they considered the care provided was good.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. End of life care plans reflected the views of people, their relatives and other health and social care professionals. One staff member told us, "We are all trained in end of life care. Staff go the funerals and read poems which reflect what we feel about the person who has passed away."
- People were cared for by staff who knew them well and understood how people liked to be comforted.
- The registered manager had received compliments from people's relatives and other health and social work professionals because of the good care people received at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were supported by a management team who knew people's needs well. All senior staff, including the registered manager, regularly provided to care to people. This helped the registered manager to understand how the home and care provided could be developed further.
- Relatives were complementary about the way the home was managed, and told us the registered manager and staff were approachable. One relative said, "This is probably the best care [person's name] has ever had. The staff are enthusiastic and the client is the centre of their attention." The relative told us their family member had enjoyed significantly increased mobility since moving to Chepstow House, because of the way staff, other health professionals and they had worked together to plan and provide care.
- Staff told us they enjoyed working at the home and were supported to provide good care. One member of staff told us, "We have a team approach to caring for people, here, so people get the care they want." Another staff member said, "I feel the home is well managed. [Registered manager's name] spends time here, and listens to us."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood the registered manager's vision for the home. One staff member said, "[Registered manager's name] wants people to have a happy, healthy life. They are individuals to her."
- The registered manager told us, "I am proudest of the care [which] staff provide to people. We have got this right; people are treated well and don't want for anything. There's strength from the staff team who work to find solutions and people have continuity of support."
- Staff were supported to understand their roles through regular meetings across care staff teams and through meetings with their managers. One staff member said, "[Registered manager's name] is fantastic, and there are also regular meetings with the owners, and they make sure we have the money to do things, such as the kitchen, which has recently been upgraded."
- The registered manager advised us they were supported by the provider. For example, resources had been arranged so staff could undertake specific training so the health and well-being needs of one person could be met, after they had they had stayed in hospital. The training of staff enabled the person to remain living at Chepstow House.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed, and to ensure people were supported to enjoy good health. The registered manager also checked the environment was safe, so they could be assured people benefited from safe care.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People's views on the care provided were regularly checked at residents' meetings and at their individual reviews.
- The registered manager sought the views of relatives, staff and from other health and social care providers through surveys, reviews and meetings.
- Relatives highlighted there was effective joint working with other health and social care provider and the positive impact this had on the health and well-being of their family members.
- The registered manager gave us examples of positive changes introduced because of suggestions arising from feedback obtained. This included staff proactively working with other health and social care professionals, so people's wishes at the end of their lives were respected. In addition, changes to the facilities at the home and in activities had been introduced, based on suggestion made by staff. This helped to ensure people's care was provided flexibly and the service developed to meet people's needs.
- Links had been developed with the local community, so people could continue to spend time in the attending local churches and benefiting from keeping in touch with people who were important to them at other health and social care venues.

Continuous learning and improving care

- The provider undertook checks so they could be assured people received good care.
- The registered manager advised us plans had been developed to further improve the facilities at the home, such as continuation of improvements in the décor and people's access to sensory experiences, as their needs changed. In addition, the registered manager had planned further development of people's care plans and other information, so people would enjoy enhanced opportunities to make informed decisions about their care.
- The registered manager and senior staff kept up to date with best practice through research and attending meetings with other senior and specialist staff employed by the provider, so improvements would be driven through at Chepstow House.