

Speciality Care (Rest Homes) Limited

Chestnut Street (59)

Inspection report

59 Chestnut Street
Southport
Merseyside
PR8 6QP

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16 May 2017

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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

The inspection took place on 16 May 2017.

59 Chestnut Street is a student residence for Arden College. The home provides accommodation for up to three people between the ages of 16 and 25 with learning disabilities. This home comprises of individual bedrooms, bathrooms, lounge, dining room, kitchen and a garden.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Risk assessments had been completed to monitor people's health and to keep them safe when inside the home or when out in the community.

The provider had a robust recruitment process to ensure that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Sufficient numbers of staff were on duty to meet the needs of people in the service and enable them to access the community.

Medicines were administered and stored safely at the home by trained staff and in accordance with best practice guidance for care homes.

Staff completed training courses in subjects relevant to support the needs of the people in the home. Staff were knowledgeable about people's needs and how they liked to be supported.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to eat and drink and maintain a healthy diet, in accordance with their wishes and preferences.

People had access to healthcare professionals and their healthcare needs were met.

People's needs had been assessed and identified the support they required.

People were supported to be independent.

Person centred plans were in place detailing how people wished to be supported, as well as action plans detailing people's hope and aspirations, and their progress in achieving them. People were able to make decisions relating to day to day living.

The service coordinated well with other services to help ensure a smooth transition for people in or out of the service.

Staff were supported through supervision and regular staff meetings.

The home manager used a variety of methods to assess and monitor the quality of the service provided at Chestnut Street. These included regular audits of the service, meetings with people in the service and questionnaire to relatives to seek their views about the quality of care. Feedback demonstrated that people and their relatives were happy and satisfied with the level of care which was being delivered.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Chestnut Street (59)

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 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.

This was a comprehensive inspection. The inspection took place on 16 May 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection we viewed the information we held on Chestnut Street. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a number of people including the three people who lived at the home and two staff members. In addition, we also spoke with the home manager and the registered manager.

During the inspection we looked at the care records of three people who lived at the home, six staff files including staff training and recruitment records and records relating to the management of the service. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

We found that people were being protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Risk assessments had been completed to monitor people's health and to keep them safe when inside the home or when out in the community. These assessments were reviewed regularly to help ensure any change in people's needs were reassessed so they received the appropriate care and support.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff we spoke with were clear about their responsibilities to report concerns.

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Sufficient numbers of staff were on duty to meet the needs of people in the home and enable them to access the community. The majority of the staff team had worked at Chestnut Street for some time. This meant that people were supported by staff who knew their care and support needs.

Medicines were administered and stored safely at the home by trained staff and in accordance with best practice guidance for care homes. We checked the storage, administration and record-keeping for medicines and found that stock levels were correct and records were completed correctly.

All safety checks in the home had been completed on a regular basis as required.

We found the home to be clean and tidy. Cleaning rotas were in place to help ensure good levels of cleanliness were maintained in the home.

Is the service effective?

Our findings

Staff completed training courses in subjects relevant to support the needs of the young people living at Chestnut Street. This training was refreshed on an annual basis. A system was in place to ensure staff were informed when training courses needed to be completed.

Staff had worked at the home for some time and understood people's needs and wishes. They told us they were able to recognise signs of people becoming anxious and how to respond. They also knew people's likes and dislikes and supported people to attend their preferred activities. Staff supported the young people both in the home and at college. This helped ensure consistency of care and that the staff were familiar to the young person. A relative told us this stable staff team had helped their family member 'come on in leaps and bounds' with regard to reducing their anxiety and increasing their independence.

People who lived at Chestnut Street were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems we viewed in the service supported this practice. People were able to consent to their care and support from staff and choose daily activities. They were able to communicate their decision in ways staff understood. Staff knew people well and recognised behaviours and body language as some people's form of communication.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications to the local authority for some people who lived at the home. The process was on-going.

People were supported to eat and drink and maintain a healthy diet, in accordance with their wishes and preferences. As the service was small the staff took a personalised approach to meal provision and people chose their meals each day. Care records contained people's likes and dislikes and indicated any dietary needs. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks.

People were supported to maintain good health. Information recorded in their care records showed they attended healthcare appointments. People's health care information was well documented. Relatives told us that they were kept informed of their family members' health and about any health appointments they wanted to attend.

We looked around the building and found it was appropriate for the needs of the people in the home.

Is the service caring?

Our findings

We observed that people who lived at the home and staff were relaxed with one another. There was lots of banter, laughing and joking. One person we spoke with told us that staff always tried to arrange things for them to go to.

The young people who lived at Chestnut Street were able to make decisions relating to day to day living. Staff we spoke with told us people in the home did activities together but were also encouraged and supported to be as independent as possible. For example, one person told us they went to college independently and went with staff to do their personal shopping. We saw that staff supported people to make their own meals and snacks when possible. Some of the student`s favourite recipes had been converted into accessible formats using images and words.

Feedback we received suggested that people and their relatives were happy and satisfied with the level of care which was being delivered. One relative told us, "The care [at Chestnut Street] is as good as it gets. The staff 'go the extra mile' for [name]".

We spoke with the registered manager about access to advocacy services should people need their guidance and support. The registered manager knew when people would need this support and how this could be accessed. This ensured people's interests would be represented by an independent service.

Is the service responsive?

Our findings

We looked at the support plans for the three people living the home. People's needs had been assessed and identified the support they required. The focus in the plans was for people to be independent and the support to enable them to do so.

Reviews of the support plans were carried out each month to ensure the documents accurately reflected people's needs. Each individual had a person centred plan which recorded people's hope and aspirations and set goals for their completion where possible.

We found evidence that people had been involved in developing their person centred plan. Pictures were used instead of words to assist people to make their choices when necessary.

The staffing hours provided enabled the support to be person centred (individualised). People who lived at the home participated in a range of activities, both with one another or individually with a staff member. People were supported to attend college and to access their local community on a daily basis, when possible.

People attended college each day and went out most evenings each week with staff support. The locality of the home meant that a range of shops, cafes and pubs were nearby. People who lived in the home told us they enjoyed going out for tea at a local pub, going to a local disco and swimming. They had also enjoyed trips to Alton Towers, Southport Funfair, Blackpool, Liverpool, Chester and North Wales. Staff encouraged people to maintain friendships. Relatives we spoke with were very pleased with the social life their family member had.

The complaints procedure was displayed in the hallway of the home. We saw that the last complaint received by the service was in 2016. The complaint had been actioned and addressed to the complainant's satisfaction. People who used the service met with their staff on a weekly basis where any issues or complaints they had could be addressed.

People who lived in the home met with staff individually each week to plan their week for meals and activities. We saw that it was an opportunity also to talk about any problems or issues, make any changes or organise any social events.

The service coordinated well with other services. We saw that there was good liaison between other services people currently used whilst living at Chestnut Street. Written diaries were used to share information. For people who were leaving the home to move on staff were involved with the local authority and the provider by attending meetings and sharing information. This helped for a smooth transition and consistent support for people.

Is the service well-led?

Our findings

There was a registered manager in post and a home manager had day to day responsibility for the home. We found the registered manager was clearly aware of the day to day issues within the home. 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 we spoke with felt the home manager provided good support to them and 'was always available'. Whilst not always being present each day at Chestnut Street staff said they could always 'get hold of them' when they needed to.

The service promoted a positive, person-centred culture. The needs and wishes of the people who lived in the home were paramount. Staff we spoke with told us they really enjoyed working at Chestnut Street. They spoke with enthusiasm about the people that they supported. Each of the staff was positive about the support offered by the service.

Staff meetings were held each day. These meetings were brief but they took place to keep all staff informed and up to date. It also allowed staff to 'solve any issues or concerns' as soon as they arose. In addition the home manager met with the registered manager each week.

Staff were supported with supervision which took place twice each college term. We saw evidence that this had taken place for staff at Chestnut Street.

Questionnaires were sent out each month to relatives. The feedback we saw was very positive, rated the service mainly 'outstanding'. Questionnaires given to the people in the home called 'Have your say' had been completed. Feedback was positive, and included comments regarding staff treating you with respect, getting the right amount of support, feeling listened to by staff and being able to go out when they choose to.

The registered manager and the provider had auditing systems in place to assess the quality and safety of the service and people's wellbeing. We found regular audits were completed by the home manager. These included medication, the environment, housekeeping and infection control. An internal inspection was carried out each year which followed the health and social care legislation and CQC requirements to support home managers to provide safe and effective care. This had taken place in 2017 and any adjustments/changes had been made.