Milestones Trust

Chasefield 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

This was an unannounced inspection, carried out over one day on 20 March 2015.

At our previous inspection in July 2013, the provider was meeting the requirements of the law.

Chasefield House provides accommodation for adults with a learning disability. At the time of our visit, nine people were living there.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were supported by staff who were aware of how to keep them safe from harm and abuse. Staff knew what to do if they were concerned about the safety or welfare of a person at the home. Staff also said they felt confident if they ever had to report any concerns to the registered manager.

Summary of findings

There was a system to make sure sure staffing levels were sufficient to meet the needs of people living at the home. This helped ensure there were enough qualified and suitably competent staff.

There were systems in place that helped to ensure safe and suitable new staff were recruited to ensure people received safe care that met their needs.

Staff knew how to follow the requirements of the Mental Capacity Act 2005 for people who lacked capacity to make a decision.

The registered manager had made seven completed applications under the Deprivation of Liberty Safeguards for people. The applications were to aim to make sure that people were looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that the people concerned are only deprived of their liberty in a safe and correct way. This must only be done when it is in the best interests of the person and there is no other way.

People's range of care needs were identified and the care they required was planned and delivered to them in a consistent way. This ensured people received effective support and their individual needs were met.

People were supported to eat and drink enough so that their nutrition and hydration needs were properly met.

Staff had attended a variety of training to enable them to provide people with the care and support they required.

People's complaints were properly investigated by following the provider's procedure. People knew how to make a complaint or raise a concern if they were unhappy about the service.

The quality of the service and the care people received was properly checked and monitored to ensure it was of a suitable standard. Improvements to the service were made where they were identified.

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?

Good

The service was safe.

Staff in the home knew how to recognise and report abuse.

People were given their medicines at the times they needed them and these were managed safely in the home.

There were systems in place to ensure staff were recruited safely and were competent to meet the needs of people who lived in the home.

There was enough suitably qualified staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

Staff were competent to meet peoples' needs and they had a good understanding of how each person liked to be supported.

Staff received regular training to help them carry out their roles and responsibilities effectively. Staff were also aware of the requirements of the Mental Capacity Act 2005 to protect people's rights.

People were supported to eat and drink enough to stay healthy.

People were supported by staff to attend healthcare appointments. Other healthcare professionals also assisted people with their health care needs when required.

Is the service caring?

Good

This service was caring.

People felt they were well cared for and staff treated them in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

People were involved in making choices and decisions about their care. The staff knew how to provide with the support people required and how they preferred their care to be provided.

Is the service responsive?

Good

The service was responsive.

Care plans clearly set out how to meet the needs of the people they were written about.

Staff understood to meet people's care needs and supported people to take part in the interests and preferences they enjoyed.

Staff supported people to take part in community activities of their choosing and to pursue interests that were important to them.

People were encouraged to give their views of the service and they felt able to raise concerns or make a complaint if they needed to.

Summary of findings

Is the service well-led?

Good

The service was well led

People living at the home and the staff felt that the registered manager was supportive and approachable. The staff team felt that there was open communication and they felt able to raise any concerns with the registered manager.

The quality of the service provided was regularly checked and improvements made when needed. This was to ensure that people were provided with a safe and suitable service.

Chasefield 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.

At our last inspection in July 2013 we had found that the service meeting the regulations.

We visited the home on 20 March 2015. Our visit was unannounced and the inspection team consisted of one inspector. We spoke with five people who lived in the home, three staff and the registered manager. We observed how people were being cared for. We also looked at records related to the care people received and the way the service was run.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them there. One person said “They are fine” and another comment was “They are all right ”.

Staff understood how to keep people safe from harm and they had been on training about safeguarding adults. There was a policy available and staff had read it and signed to confirmed they understood what to do if they suspected abuse had occurred. Staff were aware of the signs of potential abuse and the relevant reporting procedures.

People were supported with their needs by enough staff to keep them safe. We saw enough staff on duty to respond to each person promptly and attentively. There were enough staff to be able to provide people with safe care and assistance without any delay. The registered manager determined the staffing levels based on the numbers of people were living at the home and their particular care needs. The registered manager said that staffing numbers were adjusted and increased when required. For example, one person had been supported with end of life care and staffing levels were increased at that time to meet their specific needs.

Assessments were completed for each person to identify any risks to them and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one person had a risk assessment in place that explained how to support them if they felt upset and distressed. Another person’s plan for how to manage risks clearly set out how to support them to stay safe when they went out of the home. Staff were observed providing assistance and support to people in the ways set out in their risk assessments.

Accidents and incidents that had occurred in the home were analysed and actions were then put in place to prevent reoccurrences. For example, one person who could become angry and harm themselves had experienced a number of accidents. Guidance had been sought from other health and social care professionals to offer specialist advice. We also read in one person’s care plan how they were supported with their mental health so that they and staff who supported them were safe.

People were given their medicines in a safe way by staff. A senior staff member gave people their medicines. They had a good knowledge of the medicines they were giving people and followed the provider’s procedure for safely administering them. They asked consent from people before giving any medicines. They took plenty of time, offered drinks, and signed to indicate the medicines had been given as prescribed.

Medicines people required for their health and well-being were stored and managed safely. Up to date records were kept of all medicines that had been received at the home and when they had been disposed of. Medicine administration records showed how people had received their medicines or why they had not been given.

There were suitable recruitment procedures checks in place to ensure only suitable staff were employed at the home. The pre-employment checks and information that was required by law had been obtained before any potential new employees were able to start employment in the home.

The premises looked safely mainlined in all of the areas that we viewed. Regular environment and equipment checks were carried so that the premises were safe and suitable. The checks included following areas: fire safety equipment checks, electrical equipment, mattresses, water temperatures and trip hazards. Regular checks were carried out of each room to ensure the premises was kept safe for people, without obvious hazards.

Good

Is the service effective?

Our findings

Staff provided effective support to people living at the home. Where people could not verbally make their views known staff knew the ways people did express themselves .They used touch and non verbal communication including picture formatted books. They also used positive facial expressions to communicate with people. Care records clearly explained the preferred methods people used to communicate and these were followed by the staff.

Staff were knowledgeable about the needs of people they supported and what was important to them. They were able to describe how different people liked to dress, how they liked to spend their day, what foods they liked and who was close to them in their life.

People were supported to eat and drink enough and healthy meal options were encouraged. One person told us; "The food is lovely". Care records explained how staff should provide people with support with their nutritional needs. An assessment had been completed using a universally recognised assessment tool. This is a screening tool to identify people at risk of malnutrition or obesity. Care plans explained what to do to assist people with their particular dietary needs. Where people needed meals to be of a certain texture to ensure they were able to eat them properly this direction was clear. It was also set out in care records when people needed staff to sit by them to support them. Staff assisted people who required this support in the ways explained in their care records. We also saw meals of different textures were provided for those people who needed them to eat safely.

People had been asked by staff what meals and drinks they enjoyed. The staff knew this information and a record of this was in the kitchen to remind staff when they prepared meals. When people needed to have their fluid intake monitored records were kept to check that people had enough to drink.

Each person was supported with their healthcare needs and had a health action plan in place to guide staff. A health action plan sets out what other health care professionals supported the person with their health needs. We saw that people went to a range of different professionals to support them to stay healthy. These included GP appointments as well as to visits to a dentist, a chiropodist and an optician.

The staff explained that they assumed that people had the ability to make their own decisions about their daily lives and we saw they always offered people choices in a way they could understand. For example, staff discreetly spoke with people about how to assist them to eat their lunch. Another staff member offered picture menus to a person to help them to choose their meal.

Staff understood their responsibilities to protect people's rights under the Mental Capacity Act 2005 and had attended training. The MCA is a legal framework for acting on behalf of people who lack the capacity to make their own decisions. . We saw that a best interest decision had been made in relation to a person's safety if they left the home without suitable support. Staff had taken appropriate advice about individuals to ensure they did not place unlawful restrictions on them. In total seven recent Deprivation of Liberty Safeguards (DoLS) applications had made to the local authority in relation to people who lived at the home. DoLS are a framework to protect people who lack capacity and may need depriving of their liberty to keep them safe. The applications had been authorised and were for people who were subject to a level of supervision and control that may place restrictions on them. The staff also told us that the registered manager had spoken with them at a meeting about DoLS and how this legislation can impact on people.

Staff told us they were well supported in their work, and received regular supervision and appraisal from the registered manager. Supervision records showed that these meetings were used as an opportunity for staff to reflect on their performance and identify any further training and learning needs they may have.

The staff said they had undertaken a variety of training to make sure they had the skills and knowledge to provide the support people required. This was evidenced when we saw staff supporting people with their particular learning disabilities. Staff were calm in approach and skilled in the manner in which they supported people. The staff were able to explain to us how to give people the support they required in a way that effective.

The training records confirmed all staff had been on a variety of training relevant to their roles and responsibilities. Courses included training to understand

Good

Is the service effective?

people's particular learning disabilities, how to keep people safe, moving and handling, infection control, and food hygiene and fire safety. In addition, care staff had completed a qualification in Health and Social Care.

Good

Is the service caring?

Our findings

People told us staff were caring, for example one person said, “The staff are all nice”. People were treated in a caring and kind way by staff who were friendly and patient and discreet when providing support to people. However a number of staff called people terms such as ‘sweetheart’, darling’ and ‘love’. These terms could be considered to be patronising and lacking dignity. We bought this to the attention of the registered manager. They told us the use of appropriate language with people to maintain dignity was already an agenda item to be discussed at the next staff meeting.

One person told us how much they liked the home having a pet cat and they enjoyed caring for the pet. One person had a regular volunteer arranged by the service come to see them to help them to take part in different activities. They went out for a walk with the volunteer on the day of our visit.

Where people were not able to make their views known staff told us that care plans contained detailed information about the person to help them provide support in the way they would prefer For example one person always had female staff to assist them. This was put in place and staff rotas were planned accordingly.

The staff had an understanding of the care people required and the things that were important to them in their lives. They were able to describe how different people liked to dress and how they liked to spend their day.

Picture boards were used to help people to make choices. For example, there was a menu for people in this format. When people were not able to communicate verbally, they were supported to make choices. These included deciding what to wear, eat, or do for the day. Staff were observed offering people choices in these areas of their daily life.

People each had their own single rooms and keys for their rooms to be locked. This helped to maintain their privacy and independence.

The staff we spoke with told us they felt people were well cared for at the home. They said that they would have no hesitation in challenging their colleagues if they observed poor practice and would report their concerns to the registered manager or a senior person in the home.

The staff maintained privacy when they assisted people. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

People who were not easily able to express their wishes and did not have family or friends to help them were supported to make decisions about their care. The home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People were supported to take part in social activities they told us they enjoyed. One person said they had enjoyed making Easter cards. Another person told us they were looking forward to a trip out to the shops and to a coffee shop. Care records explained what activities people enjoyed .If people could not make their views known a personal history of the person had been written with the help of people who knew them well. These explained what people liked to do in their daily lives and what was important to them. A number of people went out at different times for walks and for trips to the shops during our visit.

An arts and crafts group took place during our visit. A group of people made Easter cards and Easter pictures. The home was decorated with art works that people had made at the home. There were also photos displayed of people on holidays and on a number of different day trips.

The home had built up links with a local school . We saw photos of schoolchildren performing songs for people who lived there. Care records confirmed people were supported to undertake a daily range of social and therapeutic activities and events that they enjoyed.

The staff were able to tell us about the different personalised approaches they used to assist and support people with their care and support needs. For example, they told us how they assisted people with their physical care needs, their dietary needs and their mobility. They said they supported people who needed social support to build confidence when going out. The staff showed they understood people's complex learning disabilities and how they affected their life.

Care records showed how each person's particular needs were identified and the type of care and support they required was clearly explained. For example, one person needed specific reassurance because they experienced anxiety. Their care plans clearly gave staff accurate information about how to support them with this. We saw staff follow the person's care plans and support people in the ways that were set out in it.

People who lived in the home and their families had been included in developing the care plans. The care plans contained information about people's life's, likes and dislikes and who was important to them. This information was to help staff to see the person as a unique individual.

Everyone we spoke with told us they felt very able to speak to the registered manager or a member of staff if they had any complaints or concerns about the service. There was a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed and was given to people and their relatives when they moved into the home.

People who could not verbally make their views known had a profile written that identified signs that indicated when they may be unhappy or dissatisfied. Staff were familiar with this information and gave us examples of when it was used. They said that one person often preferred to be on their own and away from other people. They said they had got to know how to interpret the person's body language to understand when they wanted to be on their own.

Surveys were also sent out to people and their relatives on a regular basis. We saw how this information was used to improve the service for people. Feedback was positive; however, there was a very low response to the survey forms and this had meant that they had little feedback to consider. The registered manager told us other ways of seeking feedback from relatives were looked into.

Good

Is the service well-led?

Our findings

The registered manager worked regular shifts at the home assisting people with their care needs and working alongside the staff. They demonstrated an in depth understanding of the care and support needs of people who lived at the home.

The registered manager told us they kept up to date with best practice by regular attendance at regular meetings attended by other professionals who support people with learning disabilities. They said they shared information and learning from these meetings with the staff at team meetings to help keep them updated. They also read articles about health and social care topics. We saw notices on the staff notice boards advertising forthcoming training courses and seminars around the subjects of people with learning disabilities.

The staff said they felt the registered manager and assistant team leader were supportive and approachable at any time. They felt confident to report poor practice or any other concerns, which would be taken seriously by the management. We saw communications between the registered manager and staff were positive and two way in nature. Staff were relaxed with the registered manager. They spoke with them whenever they needed to about matters related people's care and any other issues.

The staff knew what the visions and values of the organisation they worked for were. These included to be respectful to people and the importance of teamwork. They were able to tell us how they considered them when they supported people at the service. They told us an important value was ensuring people were treated with respect and as unique individuals at all times.

A senior manager visited the home regularly to meet people and staff and find out their views of the service. A report of their findings and any actions needed was then sent to the home after the visit.

Team meetings were held regularly and staff said these were an opportunity to make their views known about the way the home was run. Topics discussed at the meeting included the needs of people who were who lived at the home, health and safety issues, and matters related to the way the home was run. When required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

There were systems in place to ensure the quality of service was monitored and standards maintained. The registered manager and senior managers carried out regular reviews of the care and systems in place at the service. Audits were carried out on a monthly basis to check on the overall experiences of people who lived at the home. They also checked on the training, support and management of the staff team.

Reports were written after each audit, if actions were needed to address any shortfalls these were clearly set out. For example, care plans had been written in a different format after a recent audit. This was to ensure they fully reflected person centred care. This means ensuring care plans are based on putting the person concerned at the centre of decisions made around their care.