

Langley House Trust

Chatterton Hey

Inspection report

Chatterton Hey, Exchange Street
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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

About the service:

Chatterton Hey is registered to provide accommodation and personal care for up to 15 men with health-care issues, dual diagnosis of substance misuse and mental health or a learning disability. The parent company of Chatterton Hey, Langley House Trust, is a Christian organisation dedicated to improving the life chances of ex-offenders and helping them lead crime free lives.

Accommodation at Chatterton Hey is provided in 14 single bedrooms, including five en-suite rooms and three ground floor rooms. 11 bedrooms are within the main house and an adjacent cottage. They offer shared laundry and other facilities as well as full board catering. The remaining three bedrooms are in Heaton House, a self-contained house next door to Chatterton Hey which offers more independent move-on accommodation. At the time of the inspection, there were a total of five people using the service with an additional person leaving to live independently in the community.

People's experience of using this service:

People gave us consistently positive feedback about the care and support they received in Chatterton Hey. Comments people made included, "It's the best place I've ever been", "You can tell it's a good place when you walk through the door. It's a real family atmosphere" and "I can't fault the service, everything about it is great."

Staff knew how to protect people from the risk of abuse. Sufficient numbers of staff were on duty to provide people with the support they needed. Staff had generally been safely recruited. The provider made some improvements to their recruitment processes immediately following the inspection, as a result of feedback we gave to them. People received their medicines as prescribed. Accidents and incidents were fully investigated to reduce the risk of them happening again. Any lessons learned from events were shared with the staff team.

The provider had systems to ensure staff received the training, support and supervision necessary to deliver effective care. A psychologist employed by the provider offered emotional support to people who lived in the home and staff. They also used reflective practice supervision sessions to help staff review the support they provided to people. Staff encouraged people who lived in the home to lead healthy lives.

During the inspection, we saw staff were caring, friendly and respectful towards people who lived in Chatterton Hey. People told us staff supported them to achieve their rehabilitation goals.

People received care which was appropriate to their individual needs. Staff supported people to participate in activities relevant to their interests. The provider had systems to gather feedback from people who lived in the home. Any complaints received had been fully investigated and a response provided to the complainant.

The service was well-led. The provider and registered manager demonstrated a commitment to continuous

improvement in the service. Staff told us they received excellent support from the registered manager and felt their views were always listened to. The provider had systems to ensure people who used the service were involved in deciding how it was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At the last inspection the service was rated good (published 30 November 2016).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Chatterton Hey

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Chatterton Hey is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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:

The inspection was unannounced. This meant the provider did not know we would be visiting.

What we did:

Before our inspection, we reviewed all the information we held about the service and completed our planning tool. We also checked for feedback we received from members of the public, local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is 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 reviewed this information and used it to inform our planning tool.

During the inspection we spoke with five people who used the service. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of six staff. These were the registered manager, the area manager, the project manager, two members of support staff and the cook.

We reviewed a range of records relating to the way the service was run. This included two people's care and medicines records, two staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

Following the inspection and as requested we received information from the provider which had not been available on the day. This included a complaint investigation report and the results from the most recent satisfaction survey.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, policies and procedures to protect people from the risk of abuse. People told us they felt safe in the home and had no concerns about the support they received from staff.
- Staff had completed safeguarding training. They were able to tell us the correct action to take if they witnessed or suspected abuse. This included involving external professionals and agencies if they felt this necessary.
- Safeguarding was regularly discussed at meetings with staff and people who lived in the home to reduce the risk of abuse occurring.

Assessing risk, safety monitoring and management

- The provider and registered manager had established effective systems to assess and manage risks in the service. Staff reported any incidents or accidents which had occurred using an electronic 'risk wizard' system. Senior managers monitored these reports to ensure appropriate action had been taken to reduce the risk of similar things happening again.
- Staff completed an assessment of the risks relevant to each individual who lived in the home and followed strategies to manage the identified risks. Staff reviewed these strategies regularly to ensure they remained relevant to people's needs. Staff had been creative in putting plans and equipment in place to help people take positive risks. When necessary, staff completed regular checks on people's whereabouts to ensure their safety.
- Staff completed regular checks to ensure the safety of the premises and any equipment used. The provider had a system for staff to report any necessary repairs. The staff member responsible for health and safety in the home told us staff used one day each week to undertake any redecoration or minor repairs which they had the skills and knowledge to complete. People who lived in the home were also encouraged to assist staff in this process. We were told this helped to ensure value for money as the provider did not spend money unnecessarily on external contractors.

Staffing and recruitment

- The provider had recruitment processes which were generally safe. The provider's central human resources team carried out all pre-employment checks.
- People who lived in the home were involved in recruiting new staff to help ensure they had the required skills. They told us there were always staff available when they needed support or reassurance. The provider had taken the decision to change the staffing structure to have the two night staff awake rather than completing sleep-ins. The registered manager told us this had been positively received by both people who lived in the home and staff as it helped them to feel safer.
- The registered manager and staff told us the use of agency staff had reduced significantly since the last inspection. This meant people received more consistent care from staff who knew them well. A number of

volunteers were also used in the service, with some progressing to paid roles in the home.

- All new members of staff were required to complete a probationary period to ensure they were suitable to work with vulnerable people.
- We reviewed the recruitment records for two staff. We found these did not contain a full employment history and it was not clear that the reasons for any gaps in employment had been explored. Following the inspection, the provider sent us evidence that these issues had been covered at interview for one of the people. They told us a complete career history would be gathered from the second person.
- Immediately following the inspection, the provider sent us evidence they had updated their recruitment policy and procedure to ensure they were always able to demonstrate compliance with current regulations.

Using medicines safely

- Medicines were safely managed. Staff had received training in the safe handling of medicines and their competence was regularly assessed. We saw that when medicines errors had occurred, senior staff had completed a full investigation and made recommendations to help reduce the risk of mistakes happening again. The registered manager told us this had included the refurbishment of the treatment room used by staff when administering medicines.
- The provider had systems to assess the level of support people required to take their medicines as prescribed. When appropriate, staff supported people to take increasing levels of responsibility for their own medicines in preparation for more independent living.
- We looked at the medicine administration records for two people and found these had been fully completed. Staff carried out regular medicines audits to check people had been given their medicines as prescribed. The dispensing pharmacist had carried out a comprehensive audit in April 2019 which had not identified any concerns.

Preventing and controlling infection

- The provider and registered manager had systems to help protect people from the risk of cross infection. People who lived in the home were encouraged to participate in cleaning their bedrooms and communal areas. Personal protective equipment was available for staff to use when providing personal care.

Learning lessons when things go wrong

- The service had systems to make improvements when things went wrong. The provider kept a record of any accidents or incidents which had occurred and of the action taken to reduce the risk of them happening again. The registered manager told us they used staff meetings and supervision sessions to share any lessons learned when things had gone wrong.

Is the service effective?

Our findings

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

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

- The provider had systems to ensure people received care which met their individual needs. A specialist worker employed by the provider had the responsibility for dealing with any new referrals to the service and completing a detailed pre-admission assessment. Staff used this assessment to develop individualised care plans with people. Staff reviewed and updated care plans on a regular basis to document goals individuals had achieved.
- People told us they were supported to visit the home before a decision was reached that it was an appropriate service to meet their needs. They also told us they were given information about the 'house rules' with which were expected to comply after their admission. One person told us they had been very pleased that staff had taken the time to make a pictorial version of the house rules to help them understand and retain the information.
- People told us the service had been effective in enabling them to achieve their goals. One person commented, "This place has turned my life around."

Staff support: induction, training, skills and experience

- The provider ensured staff received the training and support necessary for them to deliver effective care and support to people in the home. People told us staff had a good understanding of their needs and the level of support they needed. New staff were required to complete a thorough induction process which included the training the provider considered as mandatory.
- Staff received individual supervision which focused on their performance in their role as well as any learning and development needs. In addition, a psychologist employed in the service provided reflective practice supervision sessions for the staff team. This helped staff to deliver effective care and support to people.
- The provider had a goal of the service to support staff to become future leaders in the organisation although, due to a genuine occupational requirement, progression to the roles of deputy and registered manager was only available to staff who were practising Christians. All staff told us they were aware of these restrictions when they started work at the service. However, they also told us the provider had been supportive of them completing training which would be helpful both to their current role and future career, even if this would be outside of the organisation.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have a healthy and nutritious diet. The chef provided a cooked meal at lunchtime for people who lived in the home and staff. They told us they were aware of people's preferences and would always accommodate any requests which were not on the menu. We observed lunch was a very social occasion with positive interactions between staff and people who used the service.

- People who lived in less supported accommodation on the site were given a weekly budget to prepare their own meals. They told us staff always checked the receipts from their shopping to ensure they were choosing products which would enable them to have a balanced diet. Easy read nutritional information was on display in the dining room in the main house to help people make healthy food choices.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of community-based professionals and agencies to ensure people received the support they required. In addition, the provider employed a psychologist to provide emotional support to people who lived in the home and staff.

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

- The provider had ensured the premises were suitable for people's needs. Each person had a bedroom which they were able to personalise. The home and grounds provided people with opportunities to socialise together or have more private space.
- There was a chaplain area in the dining room which enabled people to pray together.

Supporting people to live healthier lives, access healthcare services and support

- The provider had systems to ensure people's health needs were assessed and met. People told us, when necessary, staff supported them to attend appointments with health professionals.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had a policy which informed staff about their roles and responsibilities under the MCA. Staff also completed training in this legislation as part of their induction.
- We saw conflicting information from external professionals on one person's care records regarding their capacity to make a particular decision. The registered manager told us they would request a review of the DoLS authorisation to ensure the person's rights were protected. Records showed staff involved external professionals if anyone lacked capacity to make a particular decision. This was to ensure any action taken was in the individual's best interests.
- Some people who lived at Chatterton Hey were required to do so under the provisions of the Mental Health Act (MHA) 1983. They told us, within the relevant statutory framework, staff supported them in the least restrictive way possible, so they could develop their independent living skills.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had policies and training to ensure staff understood their responsibility to respect people's diverse needs and human rights. Staff treated people as individuals with diverse needs. We observed positive, warm and respectful interactions between staff and people who used the service.
- People gave us consistently positive feedback about the caring nature of staff. Comments made to us included, "Staff here are amazing" and "Staff care about us like friends and family would do and not just because it's a job."
- The ethos of the service was Christian, but people told us they did not feel discriminated against if they were of a different faith or none. They told us the Christian ethos of the home helped them to feel valued and respected as individuals.

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

- The provider's philosophy was that people were central to all decision making about the support they received. Care records documented the goals each individual wished to achieve and the support they wanted from staff to do so.
- People had opportunities to express their views about the support they received. Each person had a nominated keyworker who provided regular one to one emotional support. The registered manager told us these keyworker sessions were often carried out on an informal basis such as during car journeys as people often found this a more relaxing space to share their feelings.
- The provider asked people to complete an annual satisfaction survey to provide feedback on the service. We noted the responses from the most recent survey were mostly very positive.
- When necessary, staff sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- The aim of the service was to support people to achieve their rehabilitation goals in order for them to be as independent as possible and to live crime free lives. Since the last inspection, the service had been successful in supporting a number of people to move on to less supported accommodation.
- People had keys to their individual bedrooms or more independent living accommodation and staff only entered with permission. One person told us, "Staff respect the fact that I am living independently here but I can still get support when I need it."
- People's personal information was stored confidentially. The registered manager had taken the necessary action to ensure the service was compliant with data protection regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The ethos of the service was to provide high-quality, individualised care based on Christian values. This was confirmed by all the staff we spoke with. They told us they supported people to achieve their goals through providing person-centred care and that they treated each person as a unique individual.
- People who used the service were involved in co-producing their support plans with staff. This helped to ensure they were fully reflective of their needs, wishes and preferences.
- People were able to access a range of activities both in the home and the community. They were encouraged and supported to undertake tasks of daily living to help achieve their rehabilitation goals.
- Staff supported people to maintain relationships with family and friends. A person told us how, at their request, staff had arranged a party to celebrate the time they had spent at Chatterton Hey. They had also provided their family with financial support so they were able to attend. The person told us they were pleased that the Chief Executive Officer of the Langley House Trust had taken the time to send them a card in recognition of their achievements.

Improving care quality in response to complaints or concerns

- The provider had a system to record and investigate complaints. Information about how to make a complaint was on display in the home. All the people we spoke with told us they had no complaints about the support they received but would be happy to discuss any concerns with all staff members. One person told us, "We have a form to complete if we want to make a complaint. I haven't needed to make one. I'm happy with everything."
- We looked at the investigation report for one complaint which had been received since the last inspection and found this was very thorough. We saw the person who made the complaint had been involved at all stages of the investigation and that recommendations had been made to help reduce the risk of the same situation arising again.

End of life care and support

- Due to the nature of the service, there was no one in receipt of end of life care at the time of the inspection. The registered manager told us staff were able to access training about best practice in end of life care and the provider had a policy to support best practice in end of life care. They told us they would improve their documentation to record any wishes people had about the care and treatment they would wish to receive if their health deteriorated.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a positive culture that was open and inclusive. The provider had a set of values which were on display in the service. Staff were able to tell us how these values were central to the care and support they provided to people in the home. They spoke about being committed to working with each person in the home to help them achieve their individual goals.
- People were positive about the leadership in Chatterton Hey. People who used the service told us the managers were helpful and would always listen to them. Staff said they were given the freedom to be creative in how they supported people to achieve their goals.
- The provider was clear about the role of the duty of candour in improving the sharing of information and the development of high-quality services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a policy to set out how it would meet both the legislative and guidance standards in relation to the regulated care it delivered. The registered manager had a clear understanding of the need to report particular events to CQC in order to meet regulatory requirements.
- The service was led by a registered manager who had been appointed since the last inspection. As they were also responsible for managing another of the provider's services in a different area, a project manager had recently been employed at Chatterton Hey. They told us they intended to apply to register as manager of the service once they had completed their induction programme.
- The registered manager and area completed a range of audits on a monthly basis. We saw that actions were identified and addressed to bring about improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems and processes to involve people who used services and staff in the way the home and organisation was run.
- People who used the service appointed a house representative. Part of this person's role was to attend the National Consultation Group at which they had an input into the review of policies and procedures and service developments.
- Regular house meetings took place. These provided people who used the service the opportunity to raise with staff any matters which were of concern to them. We noted that action had been taken in response to comments or suggestions made.

- Regular staff meetings were held. Staff shared the responsibility for chairing these meetings. They told us they could always make suggestions about how the service could be improved. We noted one staff member had received recognition for their role in introducing a weekly breakfast club which encouraged healthy eating and socialisation.
- The provider had an 'employee of the month' scheme to reward staff for positive practice.
- People told us they were treated fairly in the service and were not discriminated against if they were not of Christian faith.

Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to continuous improvement in the service. We were told feedback, either positive or negative was encouraged from people who used the service and staff to help improve the quality of care.
- All staff were required to log accidents, whistleblowing concerns, safeguarding concerns, complaints and other incidents. This information was shared with the senior management team, registered manager and relevant staff to explore any lessons learned and make improvements to the quality of the service.
- The psychologist employed to work in the service helped staff to continually review the care and support they provided to individuals to ensure it was as effective as possible.

Working in partnership with others

- The service worked in partnership with other professionals to help ensure people received the support they needed and to ensure any identified risks were shared with appropriate agencies.