

Chartwell Care Services Limited

Barkby Road

Inspection report

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29 July 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barkby Road is a residential care home registered to provide personal care and accommodation for up to seven younger adults diagnosed with learning disabilities and autistic spectrum disorder. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

Managers and staff were not always clear about their roles and responsibilities. This meant the service had notified us of incidents we did not need to be notified about, and there had been confusion about the wearing of PPE (personal protective equipment) at the service.

The premises had been redecorated and improved. People were involved in the choosing the new décor. The improvements had had a positive effect on the people using the service.

Staff records had improved and staff were safely recruited. Medicines management had also improved and people received their medicines safely.

Staff were trained in managing challenging situations which included identifying and responding to triggers and the use of physical intervention techniques as a last resort. Staff knew how to de-escalate situations when people were becoming distressed.

The service provided individualised, personalised care. People followed their own routines and activities. Staff understood people's communication needs and involved them in decisions about their care and support.

People, relatives and staff had the opportunity to share their views on how the service was run.

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

Why we inspected

This was a focused inspection based on the previous rating and concerns we had received about the service. We received concerns in relation to people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barkby

Read on our website at www.cqc.org.uk

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 well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Barkby Road

Detailed findings

Background to this inspection

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Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection some staff files did not contain identification photographs of the members of staff in question, and some references were not in place or had not been verified. Since then a more robust recruitment procedure has been implemented. This included a checklist to show if all the necessary documentation has been obtained.
- The staff files we sampled were complete and included photographs of staff, three references, and other required documentation to show staff were safely recruited.
- The service recruits staff with at least six months experience in a similar setting to help ensure they are suitable to work at Barkby Road.
- There were enough staff on duty to meet people's needs and support them with activities, trips and outings. Records showed the service was well-staffed with one-to-one and two-to-one staffing provided when required. A support worker said, "At times we could do with a few more [staff] but there's always enough to keep people safe."
- The service used agency staff. The head of services said they were 'regulars' who knew people and the service well. The service did not always have profiles (key information about agency staff members) for the agency staff used. The head of services said these would be obtained.

Preventing and controlling infection

- At our last inspection there were gaps on cleaning records and not all staff recognised cleaning as part of their role. This has been addressed. Staff followed the service's cleaning rota and managers carried out daily checks on the cleanliness of the premises.
- The premises were cleaned to a good standard. The service has intensified its cleaning schedule due to COVID-19. New IPC (infection prevention and control) policies and procedures were in place. PPE (personal protective equipment) was readily available, as were handwashing and cleansing facilities. PPE use was subject to ongoing review due to ongoing changes in national guidance.
- In June 2020 there was confusion at the service about whether staff needed to wear masks when supporting people who had no symptoms of COVID-19 and a decision was made that it was not necessary. This was not in-line with government guidance at the time. We asked the service to review this decision and following this the provider instructed staff to always wear masks when they worked with people. At this inspection staff wore masks and confirmed this was usual practice.
- Staff worked with people supporting them to get used to staff wearing masks and to wear masks themselves when they went out which people are willing to do.
- Staff were tested for COVID-19 weekly and people monthly. The service has contingency plans in place should anyone living or working at the service become symptomatic and/or test as positive for COVID-19.

- Staff had enhanced IPC training provided by the local authority and health authority. This was in addition to the services own IPC training. The deputy manager was trained by the health authority to train others in IPC.

Systems and processes to safeguard people from the risk of abuse

- Records showed the provider's safeguarding procedures were followed and safeguarding issues addressed appropriately in conjunction with the local authority.
- Staff supported people to understand safeguarding. For example, at the July 2020 service users meeting, staff ensured people knew who to tell if they had any concerns about their care or safety.
- Relatives did not raise any concerns about people's safety. Staff understood the signs of abuse and how to report these.

Assessing risk, safety monitoring and management

- Since we last inspected there have been incidents of restraint at the service. Restraint is any direct physical contact used to prevent, restrict or subdue movement. Records showed restraint had mostly been used safely and lawfully, although on one occasion a staff member had acted inappropriately. This was immediately addressed and resolved by the provider.
- Staff had mandatory training in managing challenging situations which included identifying and responding to triggers and the use of physical intervention techniques as a last resort. A support worker said the training enabled them to keep themselves and others living and working at the service safe.
- Staff gave us examples of how they de-escalated situations when people were becoming distressed. A support worker said, "It's how you relate to people, you know people's trigger points, for example [person] has a certain look and then they may become challenging. You have to keep to their time schedules and routine to keep [person] calm. You can laugh and joke with [person] and that calms the situation down.
- Records of physical interventions at the service included the reason for any hold used, the type of hold, the behaviour of the person, and a debrief for the person and staff involved.
- Staff completed a body map for the person after each physical intervention. Some body maps showed that although there were no bruises, bruises might still appear in the days following the intervention. However, these were not always followed up. In addition, the duration of each hold was not consistently logged. The head of services said they would promptly address these issues.
- People's risk assessments were detailed and included risks, hazards and strategies to mitigate the risks. They covered areas such as accessing the community, road safety, behaviour, and the environment. Staff shared information about risk at handover meetings so people could have consistent safe support.
- The provider has installed CCTV in communal areas of the service. This was undertaken in consultation with people, relatives and staff. There were signs at the service alerting people to the use of CCTV. The head of services said that should an incident occur, CCTV could be used to ensure it had been managed appropriately.

Using medicines safely

- Since our last inspection the service has reported a number of medicines errors to CQC. When errors occurred, the service took appropriate action, ensuring people were unharmed, reporting the error to CQC and the local authority, and re-training and supervising staff where necessary.
- To improve medicines management, a member of staff trained in medicines administration was always on duty and identified on the staff rota. Staff competency assessments in medicines management were more robust to ensure staff could safely support people with their medicines.
- The head of services carried out monthly medicines audits to check that medicines were being used properly and safely. If any areas in need of improvement were identified, these were promptly addressed.
- PRN (as required) sedative medicines were rarely used to manage people's behaviour. This was good

practice and in line with the health campaign STOMP (Stopping Over-Medication of People with a Learning Disability, Autism or Both).

Learning lessons when things go wrong

- The service has reviewed and changed its admission policy following a series of incidents that occurred when a person was admitted to the service on an emergency basis. The head of service said the service was no longer taking emergency placements as it was not designed for this purpose and did not have the facilities and resources to manage this type of admission.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had notified the CQC of incidents of restraint as 'Allegations of abuse (safeguarding)'. We were concerned there had been 53 of these notifications in the last 12 months. However, records showed that 52 of these did not meet the criteria for this notification because neither 'harm' or 'abuse' had taken place. We discussed this with the head of service who agreed to address this with managers and staff to ensure that in future only incidents of restraint that meet the safeguarding criteria were notified to CQC. This issue was not identified prior to our inspection.
- As previously stated, (see 'Is the service safe?') there had been confusion at the service about whether staff should wear masks for infection control purposes. This issue was resolved but it is of concern that the provider was not aware that staff in one of their services were failing to follow PHE (Public Health England) guidance. Although these issues were promptly addressed as soon as we raised them, they should have been identified through the service's governance framework. This would have ensured that managers and staff at the service understood their responsibilities regarding regulatory requirements and risks.
- There was no registered manager in post. The manager was in the process of applying for registration with the CQC. The manager was working with the head of services to continually improve the service with the involvement of people and staff.

Continuous learning and improving care

- At our last inspection improvements were needed to the premises due to 'blown' double glazing units, a crack in the dining room wall, paint bubbling off a wall, a missing strut in the conservatory, and several light switches which did not work.
- These issues had been addressed and further improvements carried out. Communal areas and some bedrooms had been redecorated and new cushioned flooring and carpets fitted in some areas. There was new furniture in the lounge and conservatory. The office had been moved to a more appropriate area and a new laundry room created.
- People were involved in the improvements and chose colours, pictures and other decorations for the new décor.
- Staff said the premises looked more homely and cared for and this had had a positive effect on people. People had made positive comments about it, as had visiting professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided individualised, personalised care. People followed their own routines and activities. For example, on the day of our inspection, four people were out in the community and two were at the service, one using the gardens and the other watching a video.
- A support worker told us how they supported a person to live as safely and independently as possible. They knew the person's like and dislikes and how to protect them from harm. They told us, "I would be happy for a family member to come here because the staff are invested in this home and genuinely care about the service users."
- Two relatives said they would like to hear more from staff about how their family member was getting on. One relative said they would like email updates so they could print them off and read them to another family member.
- We discussed this with the services manager who said the service usually sent out newsletters to relatives to let them know what people were doing. These had stopped temporarily due to staff being busy managing COVID-19 issues but were restarting. The service would also have a 'family day' when relatives were invited to come to the service once it was safe to do so.

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

- Staff involved people in the running of the service on a one-to-one basis, through daily interactions and reviews of their care and support. There were detailed records of people's communication needs and staff knew the best ways to ensure their voices were heard and their views considered.
- The pictorial, user-friendly minutes of the July 2020 service users meeting showed the five people in attendance were asked for their views on all aspects of the service including food, activities, and staff. People's contributions were recorded, for example four people told the meeting they liked the staff and one said they were 'not bothered' about them. A support worker said, "Service users have meetings. People ask for what they want, and we always give them choice."
- Staff said managers listened to them and addressed any concerns they had. For example, at the July 2020 staff meeting some of the 16 staff members who attended said they would like more training on incident report writing. Managers agreed to provide this on a one-to-one basis and staff were given an incident reporting handout for guidance.
- People, relatives and staff completed quality assurance surveys in February 2020. The seven people who took part made positive comments about the home and said what they liked about it, for example: '(Likes to) relax and watch TV'; 'Likes own bedroom'; and 'Enjoys using the conservatory.' Some people said they would like more choice of food and this was addressed at the next service users meeting.
- The two relatives and seven staff who took part in the surveys rated all areas of the service as either 'excellent' or 'good'. Some staff raised an issue about terms and conditions and the provider addressed this, making improvements that benefitted the staff.

Working in partnership with others

- At the time of our inspection the service had voluntarily suspended placements while they worked with the local authority to bring about improvements and changes.
- Staff worked with health and social care professionals to help ensure people's needs were met. During the pandemic some GP consultations were done by telephone and staff facilitated these calls, so people did not have to go to the surgery at a risky time.