

Chartwell Care Services Limited

Barclay Street

Inspection report

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Date of inspection visit:
27 March 2017

Date of publication:
21 April 2017

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

This inspection took place on 27 March 2017 and was unannounced.

Barclay Street provides residential care for up to 7 people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there was 1 person in residence.

Barclay Street had a registered manager. 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 had the appropriate knowledge and skills to provide the person with the support and care and they required and were aware of their responsibilities in the provision of safe and effective care. The person's safety was promoted by staff that had a good understanding of how to keep the person safe. Staff followed the guidance and information as detailed within the person's risk assessments and care plans.

Systems to monitor the person's medicine and health were in place, which included access to relevant health care professionals. Staff had consulted with family representatives of the person along with a range of health and social care professionals to ensure the care and support being provided was in the person's best interests, to ensure their rights were promoted and upheld.

Staff encouraged the person to continue with activities they were familiar with, which included on-going contact with family members. Staff were developing a positive supportive relationship with the person, which had had a positive impact on the person's well-being. Staff used the knowledge they gained from supporting the person to continually review and update the person's care plan so that they could respond to the person's changing needs.

Staff worked collaboratively with each other in the best interests of the person. The registered manager provided on-going support, through day to day contact and supervision of staff.

A quality assurance system had been purchased and was to be implemented in full, once more people started to use the service. Members of the management team undertook a range of audits to ensure the environment was well-maintained and that people's safety and welfare was assured.

The CQC will continue to monitor information received about this service to ensure it continues to provide a good service as the service accepts more people into the home.

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.

A core group of staff worked with the person who promoted the person's safety by providing care and support reflective of the person's care plan and risk assessments, which included the management of the person's medicine.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken training which they implemented to provide effective care for the person. Staff who supported the person were proactive in promoting the person's rights and choices, which included responding to the person's wishes. A range of health care professionals and services had been consulted and were involved in the promotion of the person's health and welfare.

Is the service caring?

Good ●

The service was caring.

Staff were developing a positive professional relationship with the person and the person's family members using their knowledge and understanding of the person to improve their quality of life.

Is the service responsive?

Good ●

The service was responsive.

Staff had liaised with family members, health and social care professionals from a number of specialisms to better identify and understand the person's needs. The person's care plans had been reviewed to reflect changes in the person's needs.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who had a clear vision as to the service they wished to provide. The provider had a managerial structure in place who oversaw the day to day management of the service, which included audits to assess the quality of the service being provided. Developments were in place to increase the monitoring of the service to measure its delivery of good quality care.

Barclay Street

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 inspection took place on 27 March 2017 and was unannounced.

The inspection was carried out by an inspector.

We spoke with the registered manager and a team leader. The person using the service was not at home when we carried out the inspection. Due to the person's specific needs we were informed by the registered manager that they would be unable to share their views about the service with someone they were unfamiliar with. To gain an insight into the service the person was receiving we spoke with a member of their family.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

During the inspection visit we looked at the care records the person who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for three members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies and procedures.

Is the service safe?

Our findings

Staff were trained in safeguarding as part of their induction so they knew how to protect people from avoidable harm. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns and the role of external agencies. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of people who used the service.

Assessments were undertaken to assess risk and were recorded within the person's care plan. Staff we spoke with had a clear understanding of the person's needs and how the support they provided was to promote the person's safety. Staff recorded how this was achieved within the daily records they completed, which was consistent with the person's risk assessment and care plan.

Staff we spoke with were aware that the person needed reassurance so they knew they were safe, they told us how they achieved this on a day to day basis, by speaking with the person and by enabling the person to express their emotions.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant the person was accommodated in a well maintained building with equipment that was checked to ensure its safety.

We found there to be sufficient staff to support the person's needs and keep them safe. The person was supported by two staff during the day and had the support of staff during the night.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

We looked at the medication and medication records of the person. We found that their medication had been stored and administered safely. This meant the person's health was supported by the safe administration of their medicine. Audits were undertaken by the registered manager and other staff, consistent with the policy and procedure of the provider to ensure medicine management was undertaken safely.

Is the service effective?

Our findings

A programme of induction, which included training, was in place. Staff new to the field of caring for people were enrolled to undertake The Care Certificate. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

The provider was committed to staff development and training, and had a programme of training in place for staff. Staff had undertaken training which reflected the person's individual needs. Records showed staff had received training in a range of topics to support the health, safety and well-being of people, which included attaining qualifications in health and social care, training in attention deficit hyperactivity disorder (ADHD) and autism. A member of staff told us how autism awareness training had reinforced to them the importance of following a routine and the setting of clear routines for people, to promote their well-being.

Staff were regularly supervised and had their competency to provide care and support assessed by a member of the management team in a range of topics, to ensure the care and support the person received was of a good quality and reflective of staff training and the policy and procedures of the provider.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). There were no DoLS authorisations in place at the time of our inspection.

Staff we spoke with were aware of the role and responsibilities in promoting people's decisions and staff were able to tell us how they supported the person to make decisions consistent with their needs. For example when asking the person what they wanted to eat or drink, two choices were offered. If the person declined both of these then another two options were given.

Staff told us how the person communicated with them when they wanted something to eat or drink. The person was encouraged to take part in meal preparation reflective of their ability and wishes to be involved.

Staff had supported the person to access a range of health care services to promote and maintain their health, the outcome of appointments had been recorded. The family member of the person using the service told us they were aware of the appointments they had attended.

The person had a 'health action plan and an 'accident and emergency grab sheet', which held information about their health needs, the professionals involved in their support. Information about the person's medicine, their likes and dislikes along with communication needs. This would be made available as a quick reference guide should the person need to access emergency health care, to provide health care professionals with information of importance.

Is the service caring?

Our findings

The family member of the person using the service told us that staff were getting to know their relative, and this had had a positive impact on their well-being. They told us their relative was more settled and comfortable with both staff and the environment and that in their view the attitude and approach of staff was good which gave their relative the opportunity to build positive relationships.

Staff were getting to know the person who lived at Barclay Street, who had moved into the service earlier in the year. Staff were able to tell us how the developing professional relationship with the person had brought about positive changes to their well-being. The person was building confidence in the support they received, which meant they accessed the wider community with the support of staff and interacted with staff when at home by taking part in activities.

Staff told us how the person expressed their views about their support and wishes, which meant staff were able to respond to the person's needs, which included information about how the person communicated through behaviour and gestures. The person's records contained a 'communication passport' which described how staff were to communicate with them. The document also included how the person responded to external changes in the environment, such as sound and the role of staff who supported the person. To support the person in expressing their views, information within the service was available in easy read format, which used large print, picture cards and symbols. However staff informed us the person's preferred form of communication was by the use of gestures or by physically showing staff what they wanted.

Staff told us how they supported the person's privacy and dignity, which included accessing the wider community. The information provided by staff was consistent the person's care plan and detailed how the person's dignity was promoted when they became upset or distressed.

Is the service responsive?

Our findings

The person and their family members visited Barclay Street before it was decided that the person moved into the service. The person's needs had been assessed by commissioners who fund the person's care and a representative of the provider had spoken and met with those who at the time of the assessment were providing the person's care and support.

Information gathered about the person had been used to develop an initial care plan, which had been regularly reviewed and updated to reflect the person's needs. The person's relatives, along with health and social care professionals had attended a number of reviews of their needs. This showed the registered manager was able to respond effectively to review the person's needs. This ensured the person's support and care reflected changes as the person became more familiar with their surroundings and the staff supporting them.

To support the person's move, staff from Barclay Street followed care plans that reflected the need for a consistent approach to care and the person's day to day routines. Part of the person's care was to ensure the person's access to facilities during the day was maintained. This had been achieved through their continued attendance at an education facility, which travelled to and from the by using transport and a driver they were familiar with, this further provided continuity for the person.

We spoke with a member of the person's family who told us they regularly visited the service to see their relative and that staff supported their relative to visit others members of the family. They said this was an important part of their relative's day to day life in maintaining contact which provided reassurance to them and maintained structure. They told us their relative was accessing the local shops with the support of staff.

The family member told us they had no concerns about the service being provided and that they would be confident to speak with the registered manager or staff about any issues. Staff told us the person was able to express if they were unhappy about an aspect of their care or their day to day life. Staff responded to the person by making the changes they had indicated.

Is the service well-led?

Our findings

The family member of the person using the service told us they had regular contact with the registered manager and staff who provided care, which had included attending meetings to talk about their relatives needs and had included plans for their future. They told us they and other members of the family had visited the service before their relative moved in and that the service provided had lived up to their expectations.

The registered manager spoke to us with enthusiasm about the service, and their commitment and that of the staff in providing individualised care and support to people. They spoke of their focus in supporting people's integration into the wider community, through access to education and social activities with the intention that people led a fulfilling life.

The registered manager had day to day contact with staff, which meant any issues were dealt with effectively. Formal processes to support staff were also in place, which included supervision (one to one meetings) which provided an opportunity to discuss the work place and identify training needs and development.

The member of staff we spoke with was positive about the support they received from the registered manager and other staff who worked at the service. They told us good communication and support enabled them to provide the care and support the person needed. Staff worked together in the best interests of the person.

The registered manager had undertaken training to ensure the guidance and support provided to staff reflected up to date practices and this included training, which enabled them to deliver training to staff to ensure people's needs were met.

The registered manager was committed to continuing their professional development and learning by undertaking training in specific areas reflective of the needs of people to whom the service had identified they planned to support. To support good management and leadership, they were working towards a leadership and management course in health and social care.

To monitor the quality of the service being provided a range of audits were undertaken at regular intervals by the head of operations and the registered manager. The audits which had been completed focused on health and safety topics which had included medicine management. Where shortfalls had been identified we found action had been taken to bring about improvement, which had included maintenance of the environment, such as repairs.

The provider had purchased an external quality assurance tool they planned to personalise to reflect the service they provided. For example, the registered manager told us that whilst the quality assurance tool contained a questionnaire with the aim to seek the views of people using the service, they would be reviewing the questionnaire so it was accessible to people, by using plain English and large print supported by pictures and symbols.

The registered manager spoke of their intention to create opportunities for people to comment on the service they received through individual and group meetings with staff. This would be introduced as more people moved into the service. Documents to support people's understanding of the service and to enable people to make decisions were being planned for, which included advice and information about the MCA, making choices and decisions and healthy eating.

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, including the local authority and hotel facilities should alternative accommodation need to be secured.