Birmingham Institute for the Deaf

Chesterberry

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

Summary of findings

Overall summary

Care service description
Chesterberry is a care home for people who have sensory impairment, learning disabilities and or autistic spectrum disorder. At the time of the inspection there were 7 people living at the home.

Rating at last inspection
At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

What life is like for people using this service:

• People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

• Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

• Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

• People were treated with kindness and compassion. People's rights to privacy were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

• People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

• People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our 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?

Good

The service remains safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remains responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remains well-led.

Details are in our Well-Led findings below.

Chesterberry

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team comprised of one inspector, a British Sign Language [BSL] interpreter and a relay interpreter. A relay interpreter was required to communicate with people who are deaf but use communication techniques other than BSL.
Service and service type: Chesterberry is a care home for people with sensory impairment, learning disabilities and autistic spectrum disorders.
The service had a manager was currently applying to become 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: This was a comprehensive inspection which took place on 19 December 2018 and was unannounced.

What we did when preparing for and carrying out this inspection: When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

Inspection site visit activity started on 19 December 2018 and ended on 19 December 2018. It included discussions with people who use the service, their relatives, members of care staff and the manager. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to

help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally. We visited the office location on 19 December 2018 to see the manager and office staff, and to review care records, policies and procedures.

During our visit we looked at the care records of three people and three staff files as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.
Systems and processes

●Relatives we spoke with told us that they were confident that care staff kept people safe and secure. One relative we spoke with told us, "I know he's safe there. When he comes to visit me he's always happy to go back with them [staff], so I know he's happy there".
●We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
●Staff told us that they had received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
●The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

●We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
●The manager told us that people's risk assessments were reviewed every 6 months, although informal observations were carried out daily and any changes are added to people's care plans.
●A member of staff we spoke with gave us an example of how they ensured people were safe when they were out in the community by assessing potential risks and ensuring there were sufficient staff to support them.

Staffing levels

●A relative we spoke with told us, "There always seems to be plenty of staff to look after her [person] and most have been there a long time, so they know her really well".
●We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
●During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

Using medicines safely

●People received their medicines safely and as prescribed. A relative we spoke with told us, "I think they [staff] give him [person] his medicine when he needs it, we've [relatives] never heard anything to the contrary".
●We saw staff administering medicines to people. They spoke to people throughout, explaining what medicines were being given and ensuring they were taken as prescribed.
●The provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines. Staff had received training on how to manage and administer medicines.

Preventing and controlling infection

●Staff understood how to protect people by the prevention and control of infection. A member of staff we spoke with told us, "[Person's name] has the flu at the moment, so we're disinfecting door handles after they've used them".
●We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
●We saw that food preparation resources were colour coded and food was labelled to identify when it was opened and its shelf life for consumption.

Learning lessons when things go wrong

●The provider demonstrated they assessed and learnt from mistakes.
●The manager explained that all accidents, incidents or 'near misses' were analysed.
●There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
Good: People's outcomes were consistently good, and people's feedback confirmed this.
Staff skills, knowledge and experience

●Staff had received appropriate training and had the skills they required to meet people's needs.
We saw that the provider had training plans in place which were reviewed and updated on a regular basis. Staff we spoke with told us that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service.
●Staff told us they had regular supervision meetings with the manager to support their development. A member of staff we spoke with told us, "Supervision's good, [manager's name] is very proactive". The manager told us, that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
●We saw that the registered manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●We saw the provider had processes in place that involved people in how they received personalised care and support.
●From looking at people's care plans we saw that their care needs were supported and that they were involved in the assessment process.
●Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
●Not all the people living at Chesterberry had capacity to make informed decisions about their care and support needs. We saw that the manager was in the process of submitting DoLS applications to the local authority.
●Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough with choice in a balanced

●People we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with told us that they liked eating egg sandwiches and that they had cereal for breakfast. A relative we spoke with told us, "We're happy with her [persons] diet, she's a good healthy weight, she looks great".
●Staff were aware of how to ensure that people maintained a nutritious and healthy diet.
●Staff supported people to maintain a healthy weight by ensuring that they ate a balanced diet. Dieticians were consulted to provide advice on health and nutrition.

Staff providing consistent, effective, timely care

●The provider supported people with their health care needs. A relative we spoke with told us, "They [staff] get her [person] to all of her hospital appointments and the chiropodist visits her at the home".
●Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes.
●We saw that information regarding peoples changing health needs was shared between staff during shift handovers.
●We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

●People's individual needs were met by the adaptation and design of the premises. We saw rooms decorated to people's individual tastes which reflected their personalities and interests. A person we spoke with told us that they liked their room. A relative told us, "Her [person] room's lovely, it's got all her bits and pieces in and it feels really homely".

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.
Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

●People we spoke with told us that staff treated them with kindness and compassion. One person told us that they liked the staff. They pointed at members of staff and put their thumbs up to demonstrate this.
●People were encouraged to express their views on how they preferred to receive their care and support. We saw staff asking them what activities they wanted to do and what they would like to eat.
●We saw caring interaction between people and staff throughout our visit. A relative we spoke with told us, "The carers [staff] are really friendly, they tell me all about the things she's [person] been up to".

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

●The provider supported people to express their views so they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service and personalised care plans with people's input documented.
●We saw that care plans were reviewed and updated on a regular basis to ensure that peoples care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

●Care staff we spoke with all knew the importance of respecting people's privacy and dignity. A member of staff we spoke with told us how they maintained people's privacy and dignity when supporting with personal care. They said, "We [staff] keep windows and doors closed and keep them [people] covered up as much as possible".
●There were no restrictions on visiting times and family members were free to visit at any time. A relative we spoke with said, "We can visit any time we want to and there's plenty of privacy if we need it".
●People were encouraged to be as independent as practicable. Throughout our visit we saw people preparing their own snacks and drinks.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
Good: People's needs were met through good organisation and delivery.

Personalised care

●People received personalised care that was responsive to their needs. A person we spoke with told us that they enjoyed going shopping and swimming with one member of staff in particular. A relative we spoke with told us, "She [person] goes to college, which is fantastic, it gets her out and about and keeps her active".
●We could see that the provider responded to people's individual needs as and when required, for example; a relative we spoke with told us how staff had arranged to take their family member [person] to visit a relative on Christmas day in a residential home. Staff would stay with the person until the rest of the family arrived and then pick the person up again later from a different location. They continued, "They [staff] really do put that extra bit of effort in and it's really appreciated".
●Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. Care plans were designed in line with the Accessible Information Standards.
●We found that staff knew people well and were focussed on providing personalised care.
●Staff had received training on equality and diversity and understood the importance of relating this to people they supported.
Improving care quality in response to complaints or concerns
●We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
End of life care and support
●The provider had processes in place to support people who required end of life care and support. There were no people living at Chesterberry that required this level of support.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture
Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

●People and staff were involved in making decisions about how the service was run. A relative we spoke with told us, "We have had questionnaires in the past, but we talk to them [staff] all the time anyway, so there's always good chances to discuss things".
●We saw copies of meetings with people and staff which showed they were consulted on how the service ran.
●There was a positive atmosphere at the home. We saw people and staff interacting with each other through the day, sharing jokes and enjoying each other's company.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

●A member of staff we spoke with told us that the manager was supportive and responded to their personal or professional requests. They told us, and we corroborated with the manager, how they had raised a number of issues with the manager, but were happy that their views were being responded to appropriately.
●Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
●Staff we spoke with told us that they felt that they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.
●The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.
●Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
●Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice.
●The provider was displaying the rating from our last inspection in the window of the main entrance to the home.

Engaging and involving people using the service, the public and staff

●We saw the provider regularly engaged with people and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision.
●Staff told us they were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers. A relative we spoke with said, "[manager's name] is lovely, he's only been there a short while but you can talk to him about anything". They continued, "The place [home] seems very well organised, staff are lovely and there's always a good feeling there".
●The manager had developed close working relationships with other health and social care professional, which ensured that people's physical and health needs were promptly met.

Continuous learning and improving care

●Quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets.
●We saw that the provider used feedback from people and staff to develop the service.

Working in partnership with others

●The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attend meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.