Care Quality Commission

Christchurch Court Limited

Christchurch Court - 2 Christchurch Road

Inspection report

2 Christchurch Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 12 May 2015. The home provides support for up to 21 people with acquired brain injuries or neurological conditions. The homes focus is on rehabilitation and people are supported by an integrated care pathway through all stages of the rehabilitation. At the time of the inspection there were 16 people living at the home.

There was a registered manager in post. '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.'

Summary of findings

People were cared for by a multi-disciplinary staff team that knew them well and understood their needs and rehabilitation goals. There were robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service and staff received regular and specialised training to meet the needs of the people they supported.

All grades of staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs. Medicines were stored and administered safely. People received their medicines when they needed them.

People were actively involved in decision about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received a detailed assessment of risk relating to their care and staff understood the measures they needed to take to manage and reduce the risks. People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Staff were aware of how to support people to raise concerns and complaints and the manager learnt from complaints and suggestions and made improvements to the service. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and the any concerns they had would be listen to.

The home is a 'Headway approved provider' and the manager engages with sharing good practice at conferences and has also been a speaker at some conferences.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. Various risk assessments were in and risk was continually considered and managed in a way which enabled people to safely pursue independence and to receive safe support.

There were safe recruitment practices in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported by a multi-disciplinary team and relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and peoples integrated rehabilitation programme.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management structure and felt able to raise concerns or make suggestions for improvement. There were systems in place to receive people's feedback about the service and this was used to drive improvement.

The home is a 'Headway approved provider' and the manager engages with sharing good practice at conferences and has also been a speaker at some conferences.

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Detailed findings

Background to this inspection

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

This inspection took place on 12 May 2015 and was unannounced and was undertaken by two inspectors.

Prior to the inspection we looked at previous inspection reports, reports from Northamptonshire County Council quality and contracts team and notifications we had received. Services tell us about important events relating to the care they provide by using a notification.

During the inspection we spoke with seven people who used the service, six members of staff of different grades, three members of the multi-disciplinary team and the management team.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and rehabilitation programmes of four people who used the service and four recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People told us they felt safe where they lived. One person said "The staff always look out for us, I've always felt safe here", another person said "I do feel safe here. I know all the staff and they are good people". The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said "We are all aware of people's risk assessments and if there are any changes we get told about them and we read the updates". Assistive technology was also used to help minimise the risks to people while still allowing people as much independence as possible. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records we viewed showed us that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The home has access to a Multi-Disciplinary Team (MDT) where staff can discuss concerns they have in supporting people with behaviour that may challenge and the MDT attend full staff meetings where learning about how to support individuals and best practice is discussed routinely.

People's medicines were safely managed. Medicines were only administered by senior staff. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine. Protocols were in place for medicine to be administered on an 'as required' basis and set out clearly any interventions that need to be tried first if it was medicine for anxiety, and how this should be recorded.

People felt that there was sufficient staff available to provide their care and support. The Deputy Manager told us that there was a bank of staff who supported the home and covered for annual leave and absence, these staff knew the people well and completed the same training as permanent staff. Throughout the inspection we saw there was enough staff to meet people's needs including times when two staff were needed to support someone.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and was delivered in part by the multi-disciplinary team and included key topics on rehabilitation and introduction to acquired brain injury and neurological conditions. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them.

The training and performance analyst informed us that training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. In addition staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Senior staff/shift leaders also completed accredited training from the Institute of Leadership and Management for the level of Team Leader.

The provider was operating to good practice guidelines and new starters from 1 June were completing the new Care Certificate as part of their induction. The care certificate takes approximately 12 weeks to complete and sets out learning outcomes, competencies and standards of care that are expected from care workers to ensure that care workers are compassionate, caring and know how to provide quality care. The manager attends conferences and also is a guest speaker at conferences that discuss best practice in supporting people with acquired brain injury.

People's needs were met by staff that received regular supervision. Staff told us they had regular meetings with their supervisors. We saw that supervision meetings were planned for all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said "I always have regular supervision, in between supervision I can also talk to the shift leader or the manager if I need to know something or I am concerned about something." Another staff said "We agree the record and have to sign this as agreed or change the record as we see fit. Supervision gives us a valuable working relationship with our managers and with the staff we supervise".

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. There were detailed records for several people whose mental capacity had been assessed and where an application under the Deprivation of Liberty (DoLs) had been made and authorised and the review arrangements that were in place. In the records we viewed we saw that contact had been established where Independent Mental Capacity Advocates (IMCAs) were in place. Best interest decisions had been recorded in care plans and people had been included in these decisions.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu. Some people had chosen to purchase their own food whilst others had been supported to purchase and to cook their own food as part of their rehabilitation programme. We saw this arrangement was flexible and a number of people told us that this was what they wanted and what they had made a decision about. One person said, "I like to buy my own food and cook it but sometimes I eat what the cook makes. Staff support me to go shopping and to help me cook".

We spoke to the chef who was knowledgeable about people's food preferences and dietary needs. The chef was aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen.

People had access to an Occupational Therapist employed by the home who could advise about nutrition and make any referrals to a community based NHS Dietician if required. People had the initial involvement of a dietician during the assessment process at the time they moved into the home. We saw that care plans contained detailed instructions about people individual dietary needs, including managing diabetes, dysphagia and maintaining adequate hydration.

Good

Is the service effective?

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. People told us and care records showed that people had access to community Nurses, GP's and were referred to specialist services when required.

Good

Is the service caring?

Our findings

People were supported by staff who were attentive to their needs, considerate and spoke to them in a respectful and supportive manner. We saw a lot of interaction where staff were listening to people and were caring in their responses.. Staff communicated to some people by using hand signs and picture cards to determine how people felt or to confirm what people were saying. Three people told us that staff were responsive to them and that they felt staff were understanding. One person said “They help me and listen to me. I know them all and they are a good bunch. I know who the manager is and she see her a lot. I feel I can speak to anybody”.

People told us how they were listened to and their views were acted upon. People spent time with their keyworker every month to discuss the care they received and to make plans for the following month. People were positive about this allocated time and records we saw evidenced that these happened regularly and outcomes were met from month to month. One person told us “I said in my keyworker session I wanted to make the garden more colourful and yesterday we went and got plants and I have planted them all this morning.”

Some people wanted to show us their bedrooms and it was clear that these had been decorated to people’s own preferences and people had their own personal possessions around them. One person showed us some art work on their bedroom wall which staff were helping them complete over a period of time.

Staff told us how they promote people’s dignity, one staff said “We discreetly ask people if they want to use the toilet, no-one else needs to know what is happening.” Another staff member said “When I am supporting people with personal care I always make sure I ask them if they need my help If can see they struggling rather than just assuming and taking over.”

People had access to an independent advocate who regularly visited the home and was available for any person who needed their support. The advocate was involved in monthly meetings with people and we could see from the records this was well attended every month. The minutes of the meeting were available on the notice board. Several people also had an Independent Mental Capacity Advocate (IMCA) appointed to them.

Maintaining and encouraging people’s family and friends was an objective in people care arrangements and was written into individual care plans. Care plans contained people’s life history and a plan for continuing family contacts was promoted and was facilitated by staff. There were arrangements in place to ensure that people could visit their relatives and their relatives could visit them. The home had made regular arrangements to accompany people to visit their families who were unable to travel to the home.

Good

Is the service responsive?

Our findings

People were fully involved in every aspect of decision making and planning their own care. There was detailed and informative care plans in place that were person centred and holistic in their approach. Care plans were in place to reduce people's anxieties and potential stress and associated behavioural issues. There were a lot of detailed instructions for staff to follow to support people and how to identify potential triggers that could upset a person mental well-being. Behaviour patterns were monitored so that people's progress and rehabilitation was measured and responded to by staff.

Care plans were detailed about the assessment of people, the risks they faced and their physical and emotional circumstances. Risks had been clearly identified and actions plans were in place to reduce these risks. Each person's care plan was notably focussed on them and their individual circumstances and needs. There were clear examples of people's preferences about their religion, their culture, their preferences about interactions, the food they liked, the clothes they wore and how they liked to be spoken to. People's preferences were understood by staff when we spoke to them and staff showed they knew the reasons for responding to people in specific ways so that support was personalised.

There were arrangements in place for reviewing people's care needs and the ways to meet these identified needs. A multi-disciplinary approach to reviewing people's planned needs had been established to ensure that daily support, psychological and physical health needs were included. Some people have been enabled and facilitated to move from the home to live more independent lives. This level of rehabilitation is a recognised and planned aspect of the care for a number of people.

The home had an atmosphere of inclusion and an observed vitality where any social isolation would be responded to. Staff roles included working as key workers with individual people throughout the day and this ensured that a socially inclusive atmosphere prevailed in the home.

People were supported with social activities and work opportunities. One person told us "I go to the gym three times a week, I play snooker and I go to a place where you recondition old garden tools, I like doing these things they keep my mind on the go." People told us about visits to local parks, café's and clothes shopping. It was clear in peoples care plans if people were working towards goals of work opportunities and what planned steps were being taken to achieve this.

When people have moved into the home from other services there has been a well-documented and well planned transition to ensure that a holistic picture of the person needs is established. The manager and the team have worked efficiently and responsively with other providers of other services, such as hospitals, consultants, NHS community services, GPs, advocacy service and families and friends to ensure that people have received consistent and co-ordinated care. This had occurred when people had moved into the home and when people have moved from the home to become more independent.

There was a complaints procedure in place including an accessible version for people who used the service. People told us and records showed that complaints were responded to in a timely manner and outcomes and lessons learnt were recorded.

Good

Is the service well-led?

Our findings

The homes website states that their ethos is based on integrity, transparency, compassion and positivity, it was clear that these values were embedded within the culture of the management and staff team. Staff we spoke with and the management team spoke positively about the service they provide, how the close working links with the multi-disciplinary team (MDT) ensured good outcomes for people who used the service. Some staff told us they had requested members of the MDT to attend the full team meeting and we saw that this was now happening. Staff told us that working so closely with other professionals gave them confidence in supporting individuals with complex needs and that the MDT were always available to support and guide.

The staff had recently engaged with a consultation in regard to some changes directly affecting them, it was clear that although this was a difficult period for most people, staff were consulted and felt able to openly express their views and concerns they had. The managers are looking at lessons learnt and in the process of identifying how it would be completed differently next time.

The manager was visible within the home. One person said "The manager always says hello to me every day, she is just like a member of the staff and she will help us if we need it." Staff told us "the manager is very approachable; I don't need to go to her much because the senior grades sort things but I could go to her if I wanted to." The manager had a good understanding of the individual needs of the people using the service and was aware of their progress on the rehabilitation care pathway. The manager was engaged with sharing good practices by attending various conferences and on occasions has also been a speaker at conferences.

Supporting families was part of the provider's values and there were information packs available for families sign posting where there was support available to them, ranging from advocates and support groups to financial advice. The manager told us that having this information for families has helped people feel more supported.

The home is a 'Headway approved provider'. To achieve this status the home is inspected by Headway Assessors and covers six standards which the home is required to pass. The home received a rating of good to excellent in all six areas and was granted the 'Headway approved provider' status for two years from December 2014.

The manager has listened to staff's feedback with regards to requesting more training on acquired brain injury and some staff are piloting a 12 week 'certificate in acquired brain injury'. Staff who were currently undertaking the training told us "It's great, I can work through it at my own pace and I have learnt so much already."

Satisfaction surveys for people who used the service, staff and families had been completed and the feedback was positive and constructive. People said they were happy with their rooms and were able to decorate as they wanted to. Over 70% of people rated the food good or very good.

There was a system of quality audits in place which evidenced the managers understanding of the area's that the Care Quality Commission focus on when there is an inspection. The manager on a regular basis evidences in the audits how the service meets these expectations, what evidence there is of good practice and develops action plan detailing what improvements are needed. Records confirmed that the identified areas of improvement were completed by the next audit.

The registered manager was aware of their responsibilities to report accidents and incidents and other notifiable events that occurred during the delivery of the service. Care Quality Commission notifications were received as required.