Chepstow House (Ross) Limited

Chepstow House

Inspection report

Old Maids Walk
Ross On Wye
Herefordshire
HR9 5HB

Tel: 01989566027

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Chepstow House is a residential care home, providing personal care and accommodation. People living at Chepstow House live with dementia, learning disabilities or autistic spectrum disorders, mental health conditions, sensory impairments or physical disabilities. Care and accommodation is offered to older and younger people. There were 10 people living at the home at the time of our inspection.

People's experience of using this service and what we found
People were supported by a well-established staff team that knew them well and how to keep them safe. Staff were trained in safeguarding and demonstrated a good understanding of recognising signs of abuse. Staff knew how to report any concerns and told us they would be acted on appropriately by the management team.

Risks to people had been identified. Staff had a good understanding of individual people's risks and how best to support people to reduce these.

People were supported to take their medicines as prescribed by trained staff. Staff understood how people preferred to take their medicines and action to take should an error occur with medicines.

Areas of the home environment were undergoing a refurbishment and required completion of the refurbishment, to ensure the likelihood of the spread of infection was reduced.

Staff were able to debrief following any incidents and any lessons learnt were shared with the staff team to drive through further improvements in people's care.

People's care and support was personalised and tailored to meet their needs. Staff showed a good understanding of people; their likes/dislikes, routines, and how they communicate.

Staff were provided with training and regular refresher training to enable them to carry out their roles effectively. Staff told us they felt they were supported.

Where possible people were encouraged to be involved in menu planning. Staff supported people to eat and drink enough to remain healthy. Staff were ensuring people's eating and drinking intake was recorded.

The staff team ensured people's health needs were met and sought appropriate healthcare when required.

People had been included and involved in the refurbishment works and chosen their own colours for their bedrooms.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A variety of audits and monitoring systems were in place to maintain oversight of the service and to further drive through improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions Safe, Effective and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence. People were supported to live their lives how they wanted to and were supported to continue doing things that interested them.
Right care: People were supported by staff that were kind and caring. Staff were passionate about their roles and the people they were supporting. They knew people well and knew their likes, dislikes, needs and preferences. This allowed staff to provide personalised care that met people's needs.
Right culture: There was a positive culture in the service that promoted independence. The staff team spoke positively about each other and the support they received from the management team.

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

Rating at last inspection
The last rating for this service was good (published 29 January 2019).

Why we inspected
We received concerns in relation to the management of people's care needs, meeting people's needs effectively and management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chepstow House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Chepstow House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and a specialist advisor in nursing.

Service and service type
Chepstow House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chepstow House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and one relative about their experience of the care provided. We also spoke to eight staff including the registered manager, interim manager, deputy manager, senior care staff and care staff members. We also spoke with a social care professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service, including recruitment files, audits, training data, accident and incidents and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the minutes from people's meetings, estate plans and policies and procedures.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was protected and promoted because there were systems and processes in place.
- Staff understood and followed these processes. Staff demonstrated a good understanding of safeguarding and knew what signs to look for and what action to take to protect people from the risk of abuse.
- Staff were confident any concerns raised to senior management in relation to people's safety would be escalated and acted on to protect people.

Assessing risk, safety monitoring and management

- People's needs were assessed, and detailed plans were in place to guide staff on how to safely support each person. For example, people had positive behaviour support plans in place. Staff followed these and understood triggers that may cause people distress and knew how to de-escalate any potential conflict.
- Staff knew in detail what each person's risks were. For example, risks associated with epilepsy or the use of equipment.
- People's identified risks were reviewed and updated to reflect any changes in people's needs.
- Environmental risks to people were assessed and regularly monitored. For example, the differing needs people had in the event of a fire was documented in the personal emergency evacuation plans to reflect the safest way to support people's physical needs.

Staffing and recruitment

- People were supported by staff that knew them well. Many of the staff team had been employed at the service for many years. This provided people with continuity of care and support.
- There were enough staff to support people safely. We saw people being supported with recreational activities they wanted to do both in and outside of their home. The registered manager told us the rota was adjusted to support people's needs. For example, for appointments or trips planned in advance. This ensured people would be supported appropriately and with the required amount of staff.
- The provider had robust recruitment processes. This included undertaking DBS checks on any potential new staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely by staff that were trained in the administration of medicines. Staff regularly had their competencies assessed which supported the safe management of people's medicines.

● Staff knew how people preferred to take their medicines. They had access to the policies and procedures they required for the safe management of medicines and knew what to do in the event of a medicine error.

Preventing and controlling infection

● We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager and provider were making the required improvements to the home environment and following a programme refurbishment. This included decoration of areas, refurbishment of bathrooms and fitting of a wet room.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● The registered manager ensured their visiting approach was in line with government guidance. Processes were in place to ensure people's safety when visiting during this time.

Learning lessons when things go wrong

● Staff understood how to record and report any accidents and incidents.

● When incidents had occurred, staff were able to debrief with the management team to discuss the incident. Staff were encouraged to, reflect on their practice and anything which could have been done differently, and any measures that could be put in place to reduce the incident reoccurring. This information was shared with all staff and embedded into people's care plans and risk assessments.

Good

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People's needs had been assessed. Care plans were personalised and contained detailed information for staff to follow to be able to support people effectively. For example, communication, health, eating, drinking, social and recreational activities.
- A relative told us, "[Person's name] is doing exceptionally well and has settled. [Person's name] likes their home, the staff and the people they live with."
- People's cultural and social needs were identified so staff could be aware and meet these. In addition, to people's physical needs the registered manager and staff told us how they took account of people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff told us the training they had been provided enabled them to carry out their roles effectively. The majority of the staff team were well established and had worked for the provider for many years. They completed regular refresher training and any specific training required to meet people's needs. For example, most staff had recently completed hook knife and ligature training (to assist staff to identify potential risks and dangers in order to help people stay safe). Those staff that hadn't already completed the training were booked on to the course.
- Newly recruited staff undertook an induction which included mandatory training and completing the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough to maintain a balanced diet. They were encouraged to be involved in choosing and planning their meals. If anyone wanted something different to what was on the menu, alternatives were offered.
- Care plans contained eating and drinking information which staff followed to ensure people were supported in a safe way. For example, to minimise any risks of choking.
- Staff recorded and monitored fluid intake to ensure people did not become dehydrated.
- We saw people being offered or requesting drinks and snacks throughout the day and people's needs were responded to by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff were knowledgeable about people's individual healthcare needs; they knew how to recognise when people were unwell even when people had difficulty communicating this to staff.

● People were supported to access healthcare services when required. For example, staff took advice from a consultant psychiatrist.

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

● The provider was in the process of following their programme of refurbishment in relation to the home environment. There had been a hold on the refurbishment works due to a COVID-19 outbreak, but refurbishment of the home environment was back underway. The registered manager and provider were aware it was important to continue with the refurbishment work as a priority.

● People living at the home were involved and consulted about redecoration. For example, people had chosen the colours they wanted for their bedroom and bedroom doors.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The registered manager, senior management team and staff understood people had the right to make their own decisions.

● Staff listened to people's decisions about what they wanted to do and how they wanted to spend their time.

● The registered manager told us previously when a person chose not to engage in their activities (as a condition of their DoLS) this was not always being recorded. However, the registered manager acknowledged the shortfall and took action to ensure all staff were recording the person's decision.

Good

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed an open culture within the home and promoted positive team working practices. Staff knew how to empower people to achieve the best outcomes. For example, people were able to make independent choices as to whether they wanted to participate in fun and interesting things.
- Staff were supported by the management team. Staff we spoke with said they loved their job, enjoyed coming to work and were supported in their roles.
- Staff spoke positively about the people they supported and wanting the best for them. We saw positive communications and engagement between staff and people.

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 registered manager knew their responsibilities to be open and honest with people when something goes wrong. A relative said, "I know if anything was wrong, they [registered manager] would let me know."
- The provider and registered manager understood their legal responsibilities to notify the Care Quality Commission (CQC) and other relevant agencies of any significant events. Notifications were being submitted.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

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

- Job roles and responsibilities were clear. The registered manager had the skills, knowledge and experience to carry out their role and was currently supporting the interim manager who will be applying to register with CQC.
- Staff understood their roles and what was expected of them. Staff we spoke with described the management team as approachable and supportive.
- The registered manager carried out regular quality checks of areas such as promoting people's dignity, accidents and incidents and the management of people's health needs. Any areas identified needing action were addressed to drive through further improvements.

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

characteristics

● People were involved in decisions and were encouraged to speak with managers and staff when they wanted, so their views were listened to. For example, regular meetings took place with people living at the home.

● There were regular staff meetings where staff were kept informed and were able to share any issues or concerns, they may have.

Continuous learning and improving care

● The registered manager and deputy manager were committed in developing their knowledge. For example, the registered manager and deputy manager had attended mental health first aid courses over four days. The deputy manager was in the process of undertaking their level five in leadership and management qualification.

● The provider carried out regular audits to monitor the quality of the service and to identify what was working well and where improvements could be made. These included health and safety and infection prevention and control.

● The registered manager was committed to improving the home environment for people.

Working in partnership with others

● The management team and staff worked closely with social and healthcare professionals. This included social workers, advanced practitioner nurses and GPs to ensure good outcomes for people were achieved.

● A social care professional commented, "Care staff are lovely, I feel I could contact and speak with any of them [staff]."