Orchard Vale Trust Limited

St Chads House

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

Overall summary

This inspection took place on 15 January 2016 and was unannounced. When St Chads House was last inspected in April 2014 there were no breaches of the legal requirements identified.

St. Chads House is a care home service without nursing for four people with learning disabilities or autistic spectrum disorder. On the day of our inspection there were four people living at the service.

The service has 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.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures.

Staffing was arranged in a flexible way to respond to people's individual needs.

Summary of findings

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with a designated member of staff who was their keyworker.

Each person was supported to access and attend a range of working, educational and social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.

The service maintained daily records of how peoples support needs were meet and this included information about medical appointments with GP's and Dentists for example.

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to people.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

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?
The service was safe.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

Risk assessments had been carried out and provided information for staff on how to support people safely.

The service had safe and effective recruitment systems in place.

Medicines were administered only by members of staff who had been appropriately trained.

Good

Is the service effective?
The service was effective.

There was a staff induction procedure in place and staff received regular supervision and a yearly appraisal.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People were involved in planning how to meet their nutrition needs.

People were supported to access health care services.

Good

Is the service caring?
The service was caring.

People were treated with respect and were supported to maintain and build relationships with their families.

People had their right to privacy respected which was recognised and responded to by the staff.

Good

Is the service responsive?
The service was responsive

People had been involved in recognising their needs and the planning of how support was to be provided to them.

The service had involved other professionals to support people and made links with the local community.

The staff had worked with people, relatives and other services to recognise and respond to people's needs and aspirations. Each person had their own detailed personalised care plan.

The service had a robust complaints procedure.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager and senior staff were approachable to support people and staff.

There was a range of quality and safety monitoring systems in place. The provider had taken steps to analyse accidents and incidents and survey people's views about the service.

St Chads House

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 was an unannounced inspection which took place on 15 January 2016. This inspection was carried out by one inspector. Before our inspection, we reviewed information we had received in relation to the home; which included any incident notifications they had sent us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with three people who lived at the home who were able to share their experiences and views with us. We also spoke with three staff members. We observed how people were supported and looked at three people's care records. We also made observations of the care that people received.

We looked at records relating to the management of the home such as the staffing rota, policies, incident and accident records, recruitment and training records and audit reports.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us “Yes, I feel safe” while another person communicated this with sign language. We also observed that there were discussions between staff and people living in the home about keeping themselves safe when they were outside of the home.

The service had a policy and procedure regarding the safeguarding of people and guidance was available in the office area for staff to follow. Staff told us that they would report any issues of concern to the registered manager. Staff also knew that they could speak to the safeguarding team directly if they felt this was appropriate One staff member said “I am confident in reporting and know that if I reported anything to the manager I’d be treated with the utmost respect”.

Risk assessments had been carried out and provided information for staff on how to support people safely. This included using community facilities and supporting a person to go swimming as they particularly enjoyed this activity. Each risk assessment considered actions required to keep the person safe whilst undertaking the activity, strategies to use if the activity became unsafe and post strategies to use to reassure the person afterwards.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. For some people this was more about reassurance rather than physical assistance to leave. We saw that each plan was individual to every person and had considered their physical and emotional needs.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

The staff explained how staffing levels were assessed and organised in a flexible way to support people to pursue their choices of how they spent their day. Staff told us there were enough staff to meet people’s needs throughout the day. We found that the staff rota was planned and took into account when additional support was needed for planned activities outside of the home.

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate’s suitability for the role.

The service had developed suitable arrangements for the safe storage and administration of people’s medicines. There were medication profiles for each person that provided staff with guidance as to people’s diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of contra-indications. We saw that staff had been trained in the administration of the medicines.

Good

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received regular refresher training. Training subjects included first aid, infection control and food hygiene. All of the staff we spoke with told us they had been given training relevant to support the people they supported. Training included specific training to support staff to recognise and meet the needs of people. For example a member of staff told us they completed specific autism training, to enable them to understand the needs of the people they were supporting. Another member of staff told me, "I get more than enough training and support to do my job".

All staff we spoke said they had been supported with regular one to one supervisions throughout the year and records we saw demonstrated this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. A member of staff told us "It's like family here we have a really good team and we all support each other".

We spoke with staff and saw from the training records that staff had received training and were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been assessed and appropriate DoLS applications had been made specifically around people's constant supervision by the service. The service had invited appropriate people for example family members to be involved with best interest meetings which had been documented.

Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible. One member of staff said "People get to be independent here, we treat them just like anyone else and just help them with what they want to do".

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate staff utilised a number of techniques such as using simple sentences, writing down information, and sign language to enhance their understanding of the person's requirements. We also observed members of staff asked for people's consent before providing support to them.

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. People went shopping for food and discussed with staff the ingredients and meals they would like to purchase. We observed an example of this; staff discussed with one person which ingredients they would need to buy to make two different types of cake, the person went shopping shortly afterwards to buy the ingredients. One person communicated with us that they helped to cook meals for themselves and other people. The staff told us that the menus for the home were agreed with people and referred to a dietician if a person had a particular health issue. The staff also worked with people to look at healthy eating options. We saw during the inspection that staff provided assistance with preparing people's meals.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. Daily records were maintained so that the staff could monitor changes in people's health conditions. We saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments.

People also had a 'passport to hospital care' which contained essential information about them should they need to be admitted to hospital in an emergency.

Good

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and people communicated with the staff when not able to verbalise with non-verbal communication. We saw people smile and use hand gestures to explain meanings to the staff. One person we spoke with said “It’s nice living here” another person said “everything is good”.

We observed staff treating people with dignity and respect. Staff spoke in a polite way and clarified information with people so that everyone was sure of what had been agreed. One person was unsettled when the inspector arrived. The staff were patient, reassuring and kind to the person and asked the inspector to keep their distance to avoid upsetting the person. The staff explained simply what the inspector was doing in their home. The person remained calm and appeared comfortable with the presence of the inspector after the staff had taken time to explain who the inspector was.

We listened to and observed staff working with a person to identify what meal they wanted and their plans for the day. People were included in the discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

We saw in the support plans how the service had worked with people to identify and record their choices and preferences, this included foods and activities. It was clear from the information available throughout the care home and the daily activity programme for each person that they were consulted and that care and support was planned according to the needs and abilities of each person. One person told us that they liked the staff and said “I like doing stuff with [staff name] as we like the same things”.

Staff we spoke with described people and their needs as coming first, one member of staff said “I’ve found my thing in life and my priority is [peoples name’s] welfare”.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs for support. We saw that each person had a support plan. The service had a set structure to write, record and review information. We found that this approach meant that information was reviewed as per the service policy. The support plans provided the person with a support plan regarding their individual needs, what they did and how staff supported them.

We saw that staff had information on what people could do independently without their support. People communicated to us that they were they were involved in their reviews of care. We saw that the staff had arranged keyworker review meetings with people on a monthly basis and that paperwork used was in an easy read format to assist people through the meeting and to gain their feedback. Other communication methods were also recorded in the support records.

Staff also explained that additional documentation was introduced into support plans if required. For example, when one person was having what the staff described as a crisis, monitoring charts were implemented for a period of time. This enabled the staff to analyse the behaviour and look for any potentially related health concerns and ways in which to assist the person out of the 'crisis'.

Support plans and records of meetings confirmed that people had been involved in and had access to take part in a wide variety of community activities according to their personal preferences. There were visits and regular activities centred on each person's preferences. Activities ranged from cooking, cinema visits, swimming, cycling and visiting places of local interest. One person had a job in the community which had helped them to develop skills and confidence. Neighbours and people from the local community had also been invited to events in the home. This had contributed in enabling people to get to know people not directly linked with the service and be part of the wider community.

Activities were not viewed as a permanent arrangement and were reviewed regularly to identify if aims and objectives were being achieved. People were able to stop some activities or using resources in favour of others. This demonstrated that people's choices were listened to and supported.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. Everybody we spoke with said they knew how to complain, and all said they had never had cause to. We checked records for the last year and found that there had been no complaints made.

The staff recognised and responded to people's needs. Through knowing the people well staff were able to work with people to prevent them from becoming dissatisfied. The staff had worked with people to identify their chosen goals and had worked with people to develop their skills and knowledge to achieve those goals. For example we found that people in the home had travelled on holidays and gone to sporting events and pop concerts as part of their goals.

Good

Is the service well-led?

Our findings

Staff told us that a culture was promoted by the provider to put people's needs at the centre of the service. One staff member said "[The provider] wants people to have choices and valuable, meaningful lives."

People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

The registered manager and staff committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We found that people were also involved in decisions about the home and the way in which it was managed. For example we saw that people's views had been sought around the decor, furniture, fixtures and fittings in the home when it was being redecorated and one person told us how they had chosen a new paint colour for their bathroom.

Staff told us they felt well supported by the registered manager and their colleagues. The staffing rota was well planned in advance and therefore days off and annual leave were usually covered. We also saw that there was an on-call system for staff to be in contact with senior managers over the 24 hour period as required for support.

We saw there were effective communication systems in place regarding staff meetings and handovers. Staff told us they were able to contribute to decision making in their key worker roles. Staff also told us that supervision and staff meetings were supportive in discussing and resolving staff issues. Staff made the following comments; "I get lots of support from the manager and provider and they are always open to listening to me" and "The management are respectful and support me, I can really talk to [the registered manager] and [the deputy manager] and know they will listen".

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, support plans, training, staffing, sickness, accident and incident reporting. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that records were completed within the appropriate time limits. We saw that where actions were required to improve the service there were action plans in place and that these had been followed up for completion.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that resulting action plans had been reviewed regularly to ensure that actions were completed on time.