

Mr Swadesh Munbodhwa

# Chaffinch Residential Care Home

## Inspection report

36 Chaffinch Drive  
Bury  
Lancashire  
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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Improvement action plan issued following the previous inspection

Where we asked the provider to complete an improvement action plan following the last inspection, include the text below, adapting where necessary:

'Following the last inspection, <we met with the provider to confirm /asked the provider to complete an action plan to show> what they would do and by when to improve the key question(s) <insert relevant key question(s)> to at least good.' Then describe at a high level what you found, adding detail in the detailed findings section for the relevant key question(s).

Focused inspection

'We undertook an announced / unannounced focused inspection of <location> on <date>. This inspection was done to check that improvements to meet legal requirements planned by the provider after our <comprehensive inspection date> inspection had been made. The team inspected the service against <number> of the five questions we ask about services: is the service well led, <key question>, <key question> (more as needed)? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection'

Comprehensive or focused inspection

Where breach topic has moved to a different key question in Next Phase

When we completed our previous inspection on DD/MM/YYYY we found concerns relating to <provide brief details>. At this time this/these topic area(s) was/were included under the key question of <insert KQ name>. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this/these topic area(s) are included under the key question of <insert KQ name>. Therefore, for this inspection, we have inspected this key question and also the previous key question of <insert previous KQ name> to make sure all areas are inspected to validate the ratings.

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

Service Types and descriptions <choose relevant type and description, amending as appropriate>

Care at Home services

Domiciliary care agency

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to [older adults], [younger disabled adults], [children].

Provider of care to people living in specialist housing

Location providing care to people housed under supported living arrangements

This service provides care and support to people living in [a] [insert number of] 'supported living' setting[s], so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Location providing care to people living in extra care housing

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Describe the specialist housing setting[s] people live in, there are some examples below:

People using the service lived in...

[number] ordinary flats and bedsits across [town/city/area]

a single 'house in multiple occupation' shared by [number] people

[number] of [bedsits], [flats], [houses], [and] ['houses in multiple occupation'] across [town/city/area]

a large gated community on the outskirts of [city]

Where the service supports people living in houses in multiple occupation (HMOs), add:

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Give a summary description of the houses, the facilities that are shared, and either the number or the range of numbers who share them. Include information about any office or sleep in arrangements. Give less detail and more summarised information where larger numbers of HMOs are supported.

Do not provide a detailed, estate agent style description of the premises lived in by people using the service; only an outline summary able to broadly explain the context in which it provides regulated activity

All Care at Home services

Where needed, explain that not everyone using the service receives personal care, for example:

Not everyone using [service name] receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

#### Residential care home

[Care home name] is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Describe the care home's premises, for example:

(The care home) accommodates xx people in one adapted building.

(The care home) accommodates xx people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

Do not provide a detailed, estate agent style description of the premises; only an outline, broad summary.

#### Services for people with learning disabilities and autism

'The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

You will need to reflect where a service does not conform to Building the Right Support and Registering the Right Support guidance. It is very difficult for large services for people with autism to meet the standards.

#### Complex or multiple service location

If you are inspecting a complex, multiple service type location you will need to adapt and edit the above paragraphs as needed, probably substantially.

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

## 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 Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Chaffinch Residential Care Home

## **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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

We visited the home on 8 March 2018. This inspection was unannounced and carried out by one adult social care inspector.

During the inspection we spent some time talking with three people who used the service and the registered manager. We also looked at a range of records relating to how the service was run; these included one person's care records with them, as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

# Is the service safe?

## Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People we spoke with who lived at the home told us they felt safe with staff that supported them and the way the home was run. They said they got on well together as a group. One person told us that they felt safe and that they could talk to staff and other people if they had any concerns or worries and said, "They sort it out."

Staff had recently received updated training in safeguarding vulnerable adults and training records looked at confirmed this. This included the registered provider who also worked at the home.

We looked at risk assessments that had been completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided guidance for when delivering support.

The registered manager told us that there had been no changes in the staff team since our last inspection. As we found at our previous inspection that all the relevant employment checks were completed prior to staff commencing employment we did not check recruitment files on this occasion.

The registered manager said, "It helps that we know people well." No agency staff were used at the home and people were always supported by staff that knew them and therefore received good continuity of care.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and were stored safely. Records showed medication had been signed for when administered. The registered manager had audits in place to monitor medicines procedures to check they remained safe.

The building was clean and free from offensive odours. We found hand wash and paper towels in place in communal areas and information about good hand washing techniques was available. People took responsibility for keeping their bedrooms clean and tidy.

We looked at documentation and found equipment continued to be serviced and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

## Is the service effective?

### Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

People who lived at the home received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Everyone who lived at the home had the mental capacity to make decisions for themselves. We talked to the registered manager about restrictive practices. They confirmed there were no restrictive practices in place at the home. We saw on a person's records that they had given their consent for staff to administer their medicines and that their personal information could be shared with others, where necessary.

We looked at the service's staff team training record. This showed that staff continued to receive regular training updates. These included basic training in food hygiene, health and safety, first aid, fire safety, infection control, medication, safeguarding, the MCA and DoLS. Staff received either face-to-face training via Bury Local Authority Training Partnership or online through Social Care TV.

We found there was sufficient food available for people to eat. We saw that food stocks were plentiful and included fresh fruit and vegetables. One person told us that they went with the registered manager to do the weekly shopping and they enjoyed this.

People's healthcare needs were carefully monitored and discussed with the person as part of the support planning process. Care records seen confirmed visits to doctors and other healthcare professionals had been recorded.

People confirmed that they were registered with doctors, dentists and opticians. We saw that people had an annual health check and information about healthcare appointments was recorded.

One person said, "I get new glasses every two years. They are helping me manage my diabetes with diet because I find this hard. I go to the local BEATS group gym sessions to keep fit." Another person said, "I have lived here a long time now and I have never had to go back into hospital so its thumbs up from me."

We walked around parts of the building and found it to reach an adequate standard. However, some work was needed to the downstairs toilet and shower room. We saw information that a plumber had been to look at what work was needed to be carried out. People told us they were happy with their bedrooms. One person said, "My room's perfect."

## Is the service caring?

### Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

We had positive responses when we asked people who lived at the home what the staff were like.

People told us they had lived together as a group for a long time and got on well together. People said, "Great! I have no worries or concerns", "I love this house and I like the people. I get on well with all the staff, we chat and have a good laugh" and "They [staff] are nice and supportive, they know and understand me." One person preferred to keep themselves to themselves and this was understood and respected by people and staff.

People told us that one person who had lived at the home for a long time had moved on to another home because their physical needs had changed. We heard about the thoughtful ways the group had supported this person through this period of change. People said, "I always made sure the right television channel was on for the horse racing", "I bought them a leaving card and everyone signed it" and "I miss [person]. I don't like change and hope the next person will be the right one." One person was going to visit the person at their new home.

People were encouraged to maintain contact with their families and friends wherever possible. One person told us that they were in the process of making arrangements to celebrate a 'big birthday' meal out with family, friends and staff.

During the inspection we observed that the registered manager engaged with people in a caring way and used appropriate humour when spending time with people.

People appeared well cared for. One person said, "I like to save up my money and then splash out and have a spending spree!" Another person told us about the change in their appearance with a new hairstyle and glasses.

We found people who used the service were encouraged to remain independent. Wherever possible, people took responsibility for household tasks.

People's records were held in the staff office, which was kept locked when not in use.

## Is the service responsive?

### Our findings

We found assessments and all associated documentation was personalised to each individual. We spent time with a person who used the service and the registered manager looking at their support plan and risk assessments. We saw and were told that the records matched the person's support needs and assessed risks. People told us that they spent time talking with staff regularly to confirm there were no changes in their support plan and signed their agreement to this.

We spoke with people about the daily routines at the home. One person told us that they were involved in a range of activities, which included, singing lessons, going to a church group and the gym. Another person told us that they attend Contact. Contact is a local leisure group. They said, "Contact is my thing. I love it. I go to the women's group and am hoping to go away on holiday again with them in the summer. Now the weather is better I am going back to [work] the allotment. I have missed it."

One person told us about the achievements they had made since our last inspection. They said, "I am getting up and going out more." They told us that they had received an award at an events ceremony for best learner on their college course. Family and people from the home had attended the ceremony. Plans were in place to attend a 'confidence course' to help them develop further skills to help enable them to look for work or volunteer.

The provider paid for a trip out for the group each month and suggestions were displayed on the noticeboard. The registered manager and people we spoke with said they enjoyed going out for a meal together which happened regularly.

We saw that a copy of the complaints procedure and information about advocacy was available in a person's care records. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. No complaints had been received about the home.

## Is the service well-led?

### Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The provider of the home was a former psychiatric nurse manager with many years' experience working with people with mental health needs. The provider lived close to the home. The registered manager told us that if there were concerns then they could contact the provider and they would always respond. The provider and registered manager had been at the home for many years and therefore offered consistent management and support to people and staff.

Both the provider and the registered manager had completed a NVQ Level 4, which covered leadership and management. People who used the service and staff told us that the provider and the registered manager were approachable and supportive.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service. The registered manager told us that they had received support from the commissioning team to improve their paperwork and that this had been, "Such a great help."

Records showed that a range of audits were carried out covering areas of health and safety and the management of the service. We saw that a quality assurance survey was carried out in December 2017 and people were satisfied with the service provided.

Staff and 'resident' meetings had been held in February 2018 and minutes were available. These meetings were to discuss recent changes at the home to ensure that people and staff understood what was happening and why.

The staff team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included adult care services and healthcare professionals.