

Chartwell Care Services Limited

Barclay Street

Inspection report

148 Barclay Street
Leicester
Leicestershire
LE3 0JB

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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

About the service

Barclay Street was a large home, bigger than most domestic style properties. It was registered before the Registering the Right Principles were adopted. The service supports up to seven people and six people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best outcomes that include control, choice and independence.

People's experience of using this service and what we found

People were safe at the service and trusted and had confidence in staff. Staff knew how to minimise risks to people and followed good practice guidance as detailed within risk assessments. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People had their medicines safely when they needed them, and their home environment had improved, and was maintained and clean.

Governance systems, including quality assurance policies and practices, were now embedded to ensure good outcomes for people. Systems to monitor the quality of the service were used to drive improvement, and included seeking the views of people, family members and stakeholders.

The registered manager was aware of their role and responsibilities in meeting legal obligations, and was supported by the head of service to achieve these.

People's needs were assessed and kept under review with consideration to best practice guidance. People were supported by staff who had the necessary skills and knowledge. Staff received ongoing support through training and supervision, to enable them to provide good quality care. Staff promoted people's health, and people used health care services. People were encouraged to eat a healthy diet which supported their needs and choices.

Positive relationships had developed between people and staff, which provided an open and supportive environment for people to share their views, and receive the support they required with their day to day lives.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. This was achieved as

the nominated individual, registered manager and staff worked collaboratively with other partner agencies and community services to promote an inclusive culture for younger people and adults with disabilities.

Rating at last inspection

The last rating for this service was requires improvement (published 19 February 2019) and there were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barclay Street

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This 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 authorities who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time with people who use the service and spoke with two people. We spoke with the registered manager, deputy manager a support worker and the nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's records, including their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, which included minutes of meetings and documentation to support the monitoring of the service for its quality.

After the inspection

We spoke with the parent of one person by telephone on 15 January 2019 to seek their views and experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the premises and equipment were maintained and clean to ensure people's safety. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Assessing risk, safety monitoring and management

- People's safety was promoted through the monitoring and maintenance of the environment, which included fire, gas and electrical systems by external contractors.
- Audits were undertaken on the premises to identify any potential hazards, and records showed action was taken to bring about improvement where required. For example, some bathing and showering facilities had been replaced.
- Communal areas and bedrooms had been refurbished, which included new furnishings to provide a safe, clean and homely environment.
- The assessment and monitoring of risk promoted people's safety. Comprehensive risk assessments based on best practice guidance were undertaken and regularly reviewed. Measures to reduce potential risk were individual to each person. For example, instructions for staff to follow should a person become anxious or distressed.
- Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely. Regular fire drills were held.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures and the following of local safeguarding protocols.
- People were supported by staff to be safe when using the internet. Staff alerted people to the potential risks of using the internet. This included providing information about chat rooms, and the potential for people to attempt to contact them to share information. The provider had systems to monitor and regulate how the internet was used.
- People's awareness of safety issues were discussed with them in their one to one meeting with their key worker. For example, raising their awareness of safeguarding and action to be taken should there be a fire.
- A system of analysis for safeguarding, incidents and accidents was in place to enable the provider to identify trends or themes and to help the review of risk assessments.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- There were sufficient numbers of staff to meet people's needs and keep them safe. Additional funded hours, allocated to people on an individual basis, enabled them to take part in activities in the service or community safely.
- Staff were supported through a systematic approach to supervision and appraisal, to ensure staff had the appropriate support, knowledge and competence to promote people's safety and well-being.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious, or to control pain.
- The registered manager was aware of STOMP (STopping the Over-Medication of People with a learning disability, Autism or both). STOMP is an initiative that has been set up by NHS England. People using the service who were prescribed medicine to support with the management of distressed behaviour had their medicine regularly reviewed.
- Staff received medicines training, their competency was checked, and they knew what to do in the event of a medicines error.
- An electronic medicine monitoring system was in place. Medicine systems were organised, and staff followed the safe protocols for the receipt, storage and disposal of medicines.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care and food preparation.

Learning lessons when things go wrong

- There was a robust system in place for the analysis and review of incidents and accidents. This enabled the provider to ensure lessons were learnt.
- Staff meetings and de-briefs following incidents were used to review events, and the actions staff could take to reduce the likelihood of any incidents happening again. This enabled staff, and the person involved, to make changes as to how staff would respond to future similar situations.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff accessed a wide variety of training in key areas to enable them to provide effective care, which included training in health and safety related topics, and areas specific to meeting people's need. For example, awareness of autism and how this impacted on people's perception of the environment with regards to sensory stimulation when out in noisy and busy settings.
- Staff training was regularly updated. Staff spoke positively of the provider's commitment to training. They spoke of how they were encouraged and supported to undertake additional training, which included gaining vocational qualifications in care, management and leadership.
- Staff received ongoing support and feedback about their work through supervision and appraisal, providing an opportunity for staff to discuss their training and development.

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

- The lounge remained a busy environment, providing the only access to both the kitchen and conservatory. However, it had been decorated and re-furnished to provide a homely environment to support people to relax.
- A room on the first floor had been converted from a bedroom into a quiet lounge for people to use, if they wished to spend time in a quieter environment.
- People's privacy and comfort when using the conservatory had improved. A carpet had been installed and frosted screens to windows had been put into place. Plans were in place to remove the frosted screens as blinds for the windows had been ordered, and were waiting installation by the supplier. This will make this area homelier.
- The courtyard had improved as seating was now provided, and housed a trampoline, which many people enjoyed using.

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

- Assessments were comprehensive and reflective of the Equality Act, considering people's individual needs, which included their age and disability. Information as to people's learning disability and autism were clearly documented and included information as to how this impacted on a person's day to day life and the support required.
- Best practice guidance was implemented by staff to meet people's needs. For example, NICE guidance on epilepsy, was available to both staff and people, which included in an Easy read format, using symbols and clear language to help people's understanding of the information provided.
- Equipment and technology was used by some people to promote their independence, health and welfare.

These included the use of mobile phones and other hand-held devices to contact family members, friends and, in some instances, their social worker.

- One person showed us their 'weight blanket'. They told us they wrapped it around them when they felt anxious, as it helped them to become calm and relaxed.

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

- People were encouraged to make healthy meal choices and were involved in menu planning. Staff followed people's support plans and encouraged people to be involved in grocery shopping and the preparation and cooking of meals.
- People were supported to eat outside of the service and experience a range of restaurants when using activities and services in the community.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with a range of health and social care professionals, and educational establishments to support people when they transferred between services, for the move to be as positive as possible.

Supporting people to live healthier lives, access healthcare services and support

- People were helped to stay well and healthy by staff who monitored their wellbeing. Staff encouraged people to make health care appointments, or made them on their behalf, and attended appointments with people where necessary.
- A family member told us their relative regularly attended a dentist, which they enjoyed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). We checked whether the service was working within the principles of the MCA. DoLS in place did not include any conditions.

- Robust systems were in place to share information with others who had the legal authority to act on people's behalf. This included social care professionals who oversaw people's care and support under the provision of the Children's Act 1989 and 2004.
- In some instances people's DoLS were monitored by an independent person, appointed by the authority who had authorised the DoLS, known as a Paid Person's Representative.
- Mental capacity assessments and best interest decisions had been completed for individual decisions that people were unable to make for themselves. In some instances the decisions had included the involvement of family members or social worker.
- Staff were aware of people's individual capacity to make decisions. Staff were seen offering people choices with regards to all decisions, which included using community activities.
- Staff implemented good practice guidance, known as Positive Behaviour Support and provided care consistent with people's individual care plans, when a person's behaviour became distressed. This meant, the use of physical restraint when used was proportionate and used to keep people safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There were friendly conversations between people and staff. We saw people had developed relationships with staff, enjoyed their company and laughter.
- A family member spoke positively about the staff and how this contributed to the positive experiences their relative had.
- Support plans referred to the role of staff in respecting people's equality and diversity, by identifying their specific needs and providing clear guidance as to how these were to be met. For example, the importance of staff to be able to interpret and respond to people's body language, and verbal communication.
- Staff supported people to empathise and have an understanding of other people's needs who they lived with. This included raising people's awareness of the influence their behaviour and comments had on others.
- Staff were fully aware of people's needs, and their role in providing care in a meaningful and respectful manner.

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

- The registered manager and staff understood the importance of involving people in decision making and, where people did not have the capacity, then best interest decisions were made on their behalf to ensure they were safe and received effective care..
- People's successes and achievements were celebrated and acknowledged through the awarding of certificates. People's achievements were discussed and recorded in their individual meetings with staff. For example, a person having taken part in baking.
- A family member told us their relative was involved in care planning and that they as a family member were involved as much as they wished to be in decisions about care and support.
- Staff had the time, support and training they needed to provide person centred care.

Respecting and promoting people's privacy, dignity and independence

- The privacy and dignity of people was keenly respected and promoted by staff. People had privacy when they needed to talk about issues affecting them. Everyone had their own bedroom with an en-suite facility.
- People were supported to make decisions about their room. All were personalised to reflect their choice. People told us about the colours and themes they had chosen in the decoration of their bedroom. One person spoke with great pride of the bed they had purchased, and were keen to show us. Whilst others spoke of the colour of the blinds they had chosen for their bedroom.

- People's records were accurate, complete and legible. These were securely stored and accessible to staff for updating.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans provided a comprehensive guide as to people's needs, which took into account all aspects of their care, and provided a detailed account of their physical, mental, emotional and social needs.
- People were encouraged and supported to develop and keep under review their support plans. One person spoke to us about their plan, and the achievements they had made telling us about the goals they were working towards. They wrote and reviewed their own plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans were outcome focused, reflecting their goals and aspirations. People were encouraged and supported to take part in a range of community-based leisure activities, which included trampolining and swimming.
- People were supported to use a range of vocational courses, which included music sessions. In some instances these experiences were encouraged and seen as an opportunity for people to mix and develop friendships with other young people living with autism and a learning disability.
- People were supported and encouraged to continue their education, by attending school and colleges.
- Staff encouraged people to maintain relationships and develop new ones. Staff supported people to maintain their relationships with family members. Family members visited people at the service and staff supported people to visit family members in the family home.
- A person spoke to us about their visit to Nottingham on the train, and their enjoyment of travelling by train to other cities. They spoke about the film they had watched at the cinema as part of their visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans included information about communication needs, for example their preferred style of communication. Links between communication and body language as an expression of a person's anxiety or distress were documented.
- Key information, for example information on safeguarding, raising a complaint or concern, and what to do in the event of a fire was provided in easy read and DVD format to help people's understanding.
- Support plans were provided in easy read format. One to one meetings held enabled people to share their views, and provided an opportunity for staff to ensure people understood information and decisions made.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and thoroughly investigated. Actions taken as a result of complaints and concerns had been recorded.
- An analysis of complaints and concerns was kept under review as part of the providers governance and quality assurance system.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective governance systems were in place to keep under review and improve the quality of the service being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had put into place a robust quality monitoring system with identified staff having responsibility for quality monitoring. This was achieved through the completion of audits, visits to the service by the head of operations, and the analysis of data. Where shortfalls were identified the head of operations, in consultation with the registered manager, developed a plan to bring about improvement. This was kept under review.
- Information identified through the quality auditing of the service was discussed by the nominated individual at the Board of Trustee Meetings. This facilitated the sharing of information in order to bring about continual monitoring and improvement through an effective system of oversight.
- Systems were in place to evidence responsibility and accountability, which was understood by all staff. This was actioned through the regular supervision and appraisal of staff. It included meetings and the seeking of staff views through surveys.
- The registered manager understood their legal obligations. CQC had been informed about events which were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.

Continuous learning and improving care

- Systems were in place to continually review good practice guidance, and implement changes where required.
- The analysis of incidents and events in the service were used to identify potential themes and trends, so action could be taken to further develop the service as a whole, and for people who lived at Barclay Street.

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

- Systems were in place which kept the day to day culture of the service under review. This ensured the values and behaviour of staff reflected the principles and values of the provider. This was achieved by providing staff with a range of opportunities to share their views.

- Staff spoke positively about the day to day management of the service, and how both the registered manager and deputy manager created an inclusive environment. This encouraged the sharing of ideas, and continued development of staff through training and career progression.
- Staff had a good understanding of whistle-blowing, and knew how and who to raise concerns with.

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 nominated individual and registered manager were aware of, and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- Meetings involving staff were regularly held, providing an opportunity for staff to share information about the people they supported to improve people's care and support. Staff meetings were also used by the registered manager to update staff on key issues, and to encourage staff to share ideas.
- People's views were sought about the service, which included the sending out of surveys. Surveys were provided in an easy read format, supported by clip art style pictures to aid people in understanding the content. Surveys were also sent to family members and other key stakeholders, which the registered manager to influence the service provided..

Working in partnership with others

- The registered manager and staff worked with key statutory organisations, which included the local authority, children's and young people's services, education department, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of people using the service.