

# Chessel Support Services Ltd

## Chessel Avenue

### Inspection report

1 Chessel Avenue  
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Southampton  
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Tel: 02380435999

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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

Chessel Avenue is a residential care home which provides care and support for adults with learning disabilities, mental health or acquired brain injury. The service can accommodate up to 5 people, and 5 people were living at Chessel Avenue at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who live at Chessel Avenue were kept safe, their risks were assessed and staff planned care with people to manage these risks. Staff knew about possible signs of neglect or abuse and felt supported to report any issues. People's medicines were managed safely. The premises were suitable, clean and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's goals and independence was prioritised when planning care and people were supported to gain skills and confidence. Information was provided for people in a way they could understand.

Staff at Chessel Avenue cared for the people they supported. People were treated with respect and dignity and staff respected people's privacy and right to personal space. Staff knew people well, including their preferences and personal histories.

People received support which was responsive to their needs. People were supported to feedback and make complaints if they wished to. People had been supported to stay in the home at the end of their life. The service was working to improve advanced care planning for people at the end of their lives and to support their families after they die.

The service was well led by a skilled and knowledgeable registered manager. There was a clear set of values for the service which guided development and improvement in the service. The service had good processes for reviewing and improving the quality and safety of care. The registered manager developed links and relationships with the local community and other providers and organisations. Further information is in the detailed findings below.

## 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.

# Chessel Avenue

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 7 August 2018 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. We reviewed information we held about the home including previous inspection reports and statutory notifications. A notification is information about an important event which the service is required to send us by law. We also reviewed information contained within the provider's website.

During the inspection we reviewed two people's care records, medication records, policies and procedures, complaints and incidents and other records of audits and quality assurance. We reviewed people's activity files and feedback from people about the service.

We spoke with three people with the support of staff, one person's relative, three care workers, the Registered Manager, the Operations Manager and Nominated Individual. We gained feedback from a mental health professional involved in a person's care. We also made observations of staff interacting with people and observed a health and safety audit undertaken by the provider.

# Is the service safe?

## Our findings

People living at Chessel Avenue were safe and protected from the risk of harm or abuse. The staff received good training and support, which meant staff were aware of signs of abuse or neglect and knew how to act on any concerns they had. The service had investigated and acted when allegations were made.

Risks to people were managed well by staff. There were risk assessments in place to minimise the risk of harm to people, while maintaining people's independence wherever possible. For example, two people had epilepsy and needed to have emergency medication with them when leaving the service. We observed staff supplying the medication when one person went out.

There were enough staff to support people living at the service. We observed staff were able to meet people's needs and people could go out if they wanted to. Agency staffing was used when needed, using one agency to provide continuity of staff who knew people.

The registered manager ensured appropriate staff were recruited. Recruitment processes were safe and demonstrated that staff underwent relevant pre-employment checks prior to starting work. The service used one agency to provide temporary staff and had assured themselves the agency undertook adequate employment checks and training for their staff. Staff were trained to meet the needs of the people living at Chessel Avenue.

People received their medicines safely from appropriately experienced and trained staff. Medicines records were completed correctly which showed people received the medicines they needed when they needed them. There was guidance for staff for any medicines taken 'as required' which reflected people's needs and ways they could communicate. Medicines were stored and disposed of safely and there was a process for addressing any errors, including assessing and re-training staff should this be needed.

The service was clean and well maintained. There were hand washing and hand hygiene stations around the home and staff washed their hands appropriately. Hazardous substances were stored in a locked area away from the home.

The building was well maintained and had suitable fire safety systems in place. We observed an audit undertaken by the Nominated Individual which reviewed the safety of the building; the provider showed us actions which had been completed following previous audits. There were personal evacuation plans in place to support people should they need to evacuate the building.

The service had an open approach to reporting and learning from incidents and concerns. The service acted in response to issues to reduce the chances of them re-occurring. Incidents and concerns were discussed at team meetings and at senior manager meetings.

# Is the service effective?

## Our findings

People living at Chessel Avenue were supported to become more independent and to gain life skills to help them achieve their goals. For example, one person was communicating using Makaton when they moved into the service. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties. Staff encouraged the person to use and develop their verbal communication. At the time of the inspection they were no longer using Makaton and so could communicate more widely with others. This had reduced their frustration and aided them to take part in a woodwork shop and get a part time job.

People's individual needs, goals and wishes were assessed by the service and used to plan their care and support. This included the person's cultural needs, hobbies, wellbeing and physical health. People's support plans were written with support and guidance from other health professionals. The provider knew of best practice guidance and had begun using this guidance in practice. For example, improving end of life care and advance care planning.

Staff had the skills, knowledge and expertise to provide effective care and support to people using the service. The service had recently changed training provider in response to staff feedback. Staff fed back that the new training was "brilliant".

Staff had regular supervision to support them to provide high quality care and to learn and improve based on feedback. The registered manager undertook annual reviews with staff and provided a thorough induction for new staff and for agency staff working in the home.

People were supported to maintain a balanced diet and were encouraged to drink enough. People could choose what to eat and planned their own menus with staff. People's needs and preferences were met. One person required their food to be cut up as advised by a speech and language therapist, this was written in their care plan and we observed staff cutting up the person's food. One person enjoyed cooking West Indian food and was encouraged by staff to cook for others in the home following feedback that they would like more spicy foods on the menu.

People were supported to access healthcare services, such as the GP, optician and dentist. The registered manager had developed "dental passports" to provide supportive information to dentists about people's communication and other needs to improve their experience. People had "hospital passports" in the same format. One person had been anxious and reluctant to get a blood test. The registered manager had created an "easy read" document about the process and went through this with the person who then felt able to get their blood test.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made DoLS applications where required. Staff understood the Act and how it applied to their role. Staff sought people's consent for care and treatment.

People could choose the décor of their rooms and had personal items displayed. One person's room had been adapted to be like their previous home, respecting their cultural needs. People had access to communal areas including a garden.

## Is the service caring?

### Our findings

People living at Chessel Avenue were treated with respect and compassion. Staff spoke and interacted with people in a caring and familiar way. Staff knew people well and understood their needs, personal histories and preferences.

Staff had a good rapport with people, laughed and joked with them. One person's relative told us the service was "amazing" and said that "they know him". Staff knew how to motivate people and encourage them and when to give them space. People we spoke with indicated they were happy living at Chessel Avenue and liked the people they lived with.

The service supported people to maintain relationships with people that were important to them. One person had been supported and encouraged to travel to his family member's home on their own by coach for the first time.

People were supported to communicate and have information in a way they could understand. The registered manager was working with people to write care plans in a way they. For example, one person wanted photographs of them doing tasks in their care plan. Another person had their care plan in a larger font. The registered manager said, "The idea was that people could access and have ownership of their care plans" and was working to get the balance of making care plans accessible but also having the level of detail needed by staff.

Staff saw people's potential and people were enabled to live as independently as possible. People were able to spend time on their own and had privacy in their rooms. Staff were respectful of people's personal space, for example; one person did not like other people in his room. Staff checked on his welfare without invading his privacy.

Staff understood people's emotional needs and knew how to manage when people expressed behaviour which challenged. Staff looked for underlying reasons for people's actions and understood potential emotional or physical triggers. Staff understood what signs to look for to identify if people were in pain where they were unable to communicate verbally.

The service showed a clear understanding and application of The Equality Act in considering people's needs based on their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.



# Is the service responsive?

## Our findings

People received care which was personalised to meet their needs. Staff were responsive to people's needs and understood how to best support them. People were involved in planning their care by setting their goals and agreeing plans of care with staff.

People's care plans were detailed and included things which were important to them, their daily routines, preferences and people who were important to them. People were supported to take part in activities and work based on their goals and wishes.

There was a wide range of activities available for people. People were supported to keep 'scrapbooks' by taking pictures of things they liked doing. During the inspection people were occupied with activities they enjoyed, for example one person was dancing with staff.

Activities in the home also focussed on building life skills and helping people achieve their goals. For example, one person was fully supported to manage their finances when they first moved to the home. Staff supported them to plan their budget and look at their spending, they are now able to independently manage their money.

Staffing was arranged to enable people to go out with support during the day when they wanted to. People we spoke with indicated that they did lots of activities and did the things that they enjoyed.

Where appropriate, staff involved relatives in decisions about people's care. One person did not have capacity to make decisions about his care, his relative had the legal authority to make decisions on his behalf. The person's relative told us they felt very involved in their loved one's care and they were kept informed.

The service had a clear complaints policy in place and had developed an 'easy read' feedback form. People were supported to feedback and raise concerns. These were responded to and actions taken were discussed with the person. One person's relative told us that they knew how to make a complaint if they needed to and felt confident that any issues would be resolved. They had raised a concern about another provider and the registered manager was supporting them to make a complaint.

One person living at Chessel Avenue had been supported to stay at the home at the end of their life. The service worked with other providers and healthcare professionals to enable this based on the person's wishes. Staff had additional training to better support the person and meet their changing needs. The service involved the person and their family in creating plans for end of life and for their funeral, including what clothes they wanted to wear and what music they wanted to be played. The service managed this sensitively with the family to support them. We received feedback from a healthcare professional involved in the person's care who fed back positively about the way the service supported the person.

Advanced Care Plans for people at the end of their life were being developed and were a priority for the

registered manager. One person had a 'do not resuscitate' order in place based on their complex needs.

# Is the service well-led?

## Our findings

There had been a change in the registered manager since our last inspection. 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 new registered manager had the skills and knowledge required and continued to encourage a positive culture within the service. They were taking part in a management training programme to further build on their skills.

The service had a strong set of values which included and prioritised promoting people's independence and enabling them to gain life skills. The registered manager had a clear development plan using examples of best practice to improve the lives of the people living at the service.

There was a good support system in place for the registered manager. The senior management team provided guidance and additional quality assurance to the service. There were audits in place to check the quality and safety of the service. The audits reviewed the management of medication, the quality of care plans and the safety of the building. Actions had been taken to address any issues or improvements needed.

The registered manager supported and encouraged staff through supervision and feedback to facilitate learning and improve performance.

Staff were complimentary about the management of the service and knew what the improvement priorities were. The registered manager considered feedback from people, their families and staff to be key in understanding the quality of the service. The service worked closely with people's families to keep them updated, where appropriate.

The service gave staff opportunities to feedback to the registered manager and provider and to contribute to planning the service. The provider had a system of incentives to promote motivation, ownership and wellbeing based on their performance and the performance of the company.

The local Police Community Support Officer (PCSO) visited the service regularly to strengthen relationships and perceptions of the Police Service. The service was working to improve links into the local community, including obtaining an allotment, working with a local café and workshop. The residential service had joint events with the supported living service which was also under the same provider. They had taken part in a coffee morning together recently to raise money for charity.