Speciality Care (Rest Homes) Limited

Speciality Care (Rest Homes) Limited - 57 Chestnut Street

Inspection report

57 Chestnut Street
Southport
Merseyside
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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

We inspected this service on 11 May 2018.

At the last inspection of 57 Chestnut Street in 2015, we rated the service as 'Good'.

At this inspection we found that the service remained 'Good'.

57 Chestnut Street is a semi detached house in Southport situated close to the town centre and it's amenities. It is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. 57 Chestnut Street currently provides accommodation for three young adults aged over 18 who attend the college and there are support staff available 24 hours per day. Accommodation can be term time only and outside of term time if required.

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.

At the time of our inspection three people were living at the home and attending the college.

There was a process for analysing incidents, accidents and near misses to determine what could be improved within the home. There was personal protective equipment (PPE) available within the home, such as gloves, aprons and hand sanitiser.

Medication was well managed and only administered by staff who had the correct training to enable them to do this. Medication was stored securely within the home.

There were enough staff to help people with their day to day support needs, such as accessing the community or support with their personal care. There was some agency use, however the same staff were often requested.
There were systems and processes in place to ensure that people who lived at the home were safeguarded from abuse. This included training for staff which highlighted the different types of abuse and how to raise concerns within the infrastructure of the organisation. Staff we spoke with confirmed they knew how to raise concerns.

Risk assessments were detailed and specific, and contained a good descriptive account for staff to follow to enable them to minimise the risk of harm occurring to people who lived at the home. We saw there were detailed protocols in place around people for when their behaviour escalated and placed them in harm's way.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought in line with people's best interests. People's mental health needs were assessed appropriately, and people were treated with equality and diversity which was evidenced in the outcomes of their support. Appropriate referrals were made when people were required to be deprived of their liberty. Staff had the correct training to enable them to support people safely. Staff engaged in regular supervision with their line managers, and had annual appraisals. Consent was also sought and clearly documented in line with legislation and guidance.
Menus were varied, people told us they had input into the menus and often cooked their own meals. There was access to other medical professionals who often visited the home and were involved with people, and regular meetings with external healthcare professionals took place when needed. Staff said they were up-to-date with the training they were required by the organisation to undertake for the job and training records confirmed this.

People were treated as individuals, and their choices and preferences were respected by staff. This was evident throughout our observations around the home, and the information recorded in people's support plans. Staff also described how the ensured they protected people's dignity and choices when providing personal care. Staff spoke with people and about them with warmth and sensitivity. There were examples of accessible information for people who used the service. This was presented in various formats to support peoples understanding.

There was a complaints process in place which we were able to view as part of our inspection. There were no on-going complaints and there had been no complaints since our last inspection.

Staff undertook training to enable them to respectfully care for someone who was at the end of their life, however most people who lived at 57 Chestnut Street were younger adults enrolled on college placements. The registered manager informed us that if someone's health did decline their wishes would be respected and provisions would be made to support them. People's support plans were person centred and contained a high level of detail about the person, their likes, dislikes, how they want to be supported and what successful support looks like for them.

The service worked in partnership with the local community, as well as other professionals such as the Local Authorities, GPs, the college, and the police. The vision of the organisation was person centred and the staff we spoke with told us they liked working for the company. Quality assurance systems were robust and sampled a wide range of service provision. We saw that were issues had been identified they had been subject to an action plan which was reviewed regularly and updated with the latest action points.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? Service remains 'Good'.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 checked 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 comprehensive inspection took place on 11 May 2018 and was announced. We gave the service 48 hours' notice that we would be attending as the service provides special support provision for young adults who are often at college during the day and we wanted to be sure someone would be available to speak to us.

The inspection team consisted of an adult social care inspector.

Before our inspection visit, we reviewed the information we held about 57 Chestnut Street. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We viewed the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Due to people's individual communication needs we were not able to gage a good understanding of their thoughts and feelings with regards to living at the home. However, we did speak with one person who lived at the home. Additionally we spoke with three relatives and two staff. We also contacted two health and social care professionals by email to ask for feedback. We looked at the support plans for the three people

who lived at the home and the recruitment and training files for two staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

One person said, "I love living here." The three relatives we spoke with told us that they felt their family member was safe at the home and the staff took care of their needs. Comments included, "Couldn't feel better about it." and "They are doing really well."

We saw there was a high usage of agency staff at the service, however, the same staff were being used for consistency, and the service was advertising and interviewing for prospective new staff.

Risk assessments were in place for people who lived at the home. For example, we saw a person was at risk from absconding. There was a highly detailed risk assessment in place for this person which included specific action the staff were to take if the person was to abscond. This included who to contact and how to coordinate 'finding' the person again. Important information was included in the risk assessment, such as 'staff are not to leave the person in the garden.' Also 'Staff are to be aware around ponds or lakes.' There was an additional risk assessment in place around this due to the person being at risk from jumping into the water. We also saw numerous risk assessments around cyber bullying and safe internet usage. These risk assessments were in place both in the home and in college to help people remain safe whilst using the computer equipment. There was a detailed process for the staff to follow to help keep people safe.

We checked how the service was using information to make improvements within service provision and people's support. We saw that an analysis of incidents and accidents had shown that one person experienced an increase in incidents at certain times or when a particular 'key word' was used. The service attempted to reduce these incidents by introducing a new support technique around this person and what phrases to use so they were less likely to become agitated. We saw an decrease in the number of recorded incidents for this person as a result of this. This meant the service responded promptly to their analysis of risk to mitigate risk or something similar

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the registered providers safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to.

We saw that the recruitment and selection of staff remained safe and the Disclosure and Barring Service [DBS] checks continued to be completed on all staff who worked at the home. This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

Medication was well managed. Medication was only administered by senior staff who had undergone specific training which included annual assessments of their competency. We viewed some of the MAR (Medication Administration Records) charts for people and saw that they were filled out correctly. We checked the procedure for controlled drugs, (CD's). These are medications with additional safeguards placed on them. We saw the procedure for administered controlled drugs was in line with the provider's

policy and national guidance.

The home was clean and odour free and there were provisions for hand sanitiser. COSHH cupboards were kept locked when not in use, and staff wore personal protective equipment (PPE) when supporting people with personal care. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

There was also regularly service and maintenance undertaken on electricity and gas. We spot checked these certificates and saw that they were in date.

Good

Is the service effective?

Our findings

Staff confirmed they were required to attend regular training. We viewed the training matrix and checked that the dates recorded matched the dates we saw on staff certificates. Staff had completed an induction process which was aligned to principles of the Care Certificate. The Care Certificate is an induction process employees who are new to care complete over the course of 12 weeks. This is then signed off by a senior member of staff. Staff were also required to complete training in accordance with people's needs to help support them more effectively. For example, additional training took place in aspergers syndrome, autism, learning disability, and challenging behaviour.

Records showed, and staff confirmed that they had received regular supervisions from their line manager. Staff who had worked at the service longer than 12 months also had an appraisal.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). 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). This legislation protects and empowers people who may not be able to make their own decisions.

The care files viewed included mental capacity assessments and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives appropriately. The registered manager had applied to the relevant Local Authority for authorisations to deprive people of their liberty. The rationale for this decision was clearly documented following a mental capacity assessment and best interest process.

Staff responded promptly to health needs and ensured quick access to appointments. This was evidenced in the support files we examined because they showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, Leaning disability Nurse, and optician and that referrals were made in a timely manner. Subjects that included sexuality and relationships were made available for discussion with people if they chose.

People were supported to make their own meals and snacks by accessing a range of recipes and receiving one to one support to do this. One person told how they enjoyed making toad in the hole from scratch. This meant people were supported to develop their independence through activities of daily living.

Good

Is the service caring?

Our findings

People and relatives all spoke positively about the care received and raised no concerns with regards to the caring nature of the staff. Comments included, "They are lovely", "I have no concerns with them" "The staff are actually really supportive" and "Just amazing to be honest." One health and social care professional we contacted said, "My client has developed strong relationships with their key staff, and evidently values their time and input."

We observed kind, caring and compassionate relationships between staff and people who lived at the home Staff clearly knew people well, and had conversations which were relaxed and familiar.

We spoke to staff members who provided examples of how they would ensure they respected people's privacy and how they promoted dignity, which included making sure that they knocked before entering people's rooms and asking consent before providing care. Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. We observed staff asking for consent before providing support to people.

One person we spoke with and their relative said they had been involved in reviewing their support plans. Support plans were either signed by the person themselves, if they had the capacity to do so, or via a best interest process which involved their family members.

People's records and personal information was securely stored in a lockable room which was occupied throughout the duration of our inspection.

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. There was no one accessing this type of support at the time of our inspection.

Good

Is the service responsive?

Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

We saw support plans specifically written with peoples diverse needs at the forefront of the support. Support plans provided detailed information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised and an individual personal profile was available which contained information around people's life history, likes, dislikes and personal preferences. For example, for one person, we saw information recorded which stated that they preferred to be addressed and communicated with in a particular way which they identified with. We saw another person had specific information recorded with regards to their behaviours, and how they showed that they required support. People who required additional documentation to support them with their diet and cooking skills had this in place.

Information was highly personalised and accessible for people. For example, we saw that menus and recipes were presented in easy read, pictorial, and there was also a DVD staff had made with someone with visual prompts and directions with regards to how to make certain dishes. People's progress with this type of support was recorded on their target sheets and these were shared at college as well. This ensured that the person was receiving consistent support.

There was a programme of activities on the communal board, and people told us they liked the activities. One person said, "We get lots to do here, it is great."

There was a complaints process in place for people to express their concerns. Records demonstrated that the management had responded to concerns in a timely manner. One person told us, "I haven't had a need to complain, but I would go to the manager." All of the relatives we spoke with told us they had never had to complain.

Staff were trained in end of life care. As the home supported young people to attend college it was unlikely staff would have to utilise this information. however staff were aware of the end of life care.

Support plans were reviewed every month. People and their relatives were involved in reviews about their support.

Good

Is the service well-led?

Our findings

There was registered manager in post. 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.

There was clear ethos of teamwork, which was highlighted in the way the staff worked well together to help get the best positive outcomes for people. We saw this teamwork in action on the day of our inspection due to one person requiring support to help manage their behaviours. We spoke to a staff member who told us they enjoyed working at the home and the atmosphere was relaxed and friendly.

There were audits for the safety of the building, finances, support plans, medication, training, and more regular health and safety checks that included hot and cold water temperatures and fire safety equipment. We saw any recommendations were being followed up with a plan of action by the registered manager. Other audits took place in areas, such as incident and accidents.

There were up to date policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these polices.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the hall. The rating for the last comprehensive inspection was also displayed on the provider's webpage.

Team meetings took place every week, and we viewed a sample of minutes. In addition, handover meetings also took place every day to discuss any events of significance that had occurred during each shift.

There was a process completed annually where staff had the opportunity to voice their opinions about the service. Feedback was also gathered routinely from people who used the service and this was presented in a format which they understood. We saw that out of the few forms completed by people no issues had been raised for us to follow up.

There were links between the college and the home. On the day of our inspection one person was attending the college for lunch. Additionally, people were supported on work experience placements within the local community which shows the service is developing relationships with the local area and encouraging people to participate.