

Accomplish Group Limited

Chesterwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Chesterwood 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.

Chesterwood accommodates five people with an acquired brain injury in one adapted building. There were deliberately no identifying signs to indicate it was a care home. At the time of the inspection, there were five people using the service.

People's experience of using this service: People told us they were happy living at the home and felt safe. Accidents and incidents were recorded and analysed, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure in place and people were aware of how to make a complaint.

An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated Good (April 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Chesterwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: Chesterwood is a care home.

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: We gave the service 48 hours' notice of the inspection visit because it is a small service and people often went out to day services. We needed to be sure someone would be available to speak with us and show us records.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. 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.

During the inspection, we spoke with three people who used the service. We spoke with the registered manager and two members of staff. We looked at the care records of three people who used the service and

the personnel files for two members of staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Chesterwood.
- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risks were well managed. Risk assessments were in place for people. These described potential risks and actions to be taken to reduce the risk. Records were up to date.
- Accidents and incidents were recorded electronically and analysed to identify any trends or lessons learnt.
- The premises were clean and checks were carried out to ensure people lived in a safe environment. These included health and safety, infection control, fire safety, and premises and equipment servicing and checks.

Staffing and recruitment

- There were enough staff on duty to meet the needs of people and to support them with external events and activities. Staff told us they covered absences themselves but also used bank staff when necessary.
- The registered manager told us, "The staff team have gone over and above to make sure we never use agency in our home."
- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.

Using medicines safely

- Appropriate arrangements continued to be in place for the safe administration and storage of medicines.
- Medicine administration records (MARs) were accurate, up to date and regularly audited.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- People told us they were happy with the support they received from staff at Chesterwood. Comments included, "I'm happy enough" and "[I'm] well looked after."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- Staff training was up to date and staff told us they had received sufficient training for their role. The registered manager told us, "If anyone wants additional training and it's relevant to the role, they can have it."

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

- People were able to make decisions about what meals they wanted and were supported by staff to prepare meals, snacks and drinks.
- Records described the support people required with their dietary needs. For example, one person was at risk of choking. Their support plan described how staff were to supervise them at mealtimes, cut their food for them and encourage them to eat slowly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary. For example, dentists, opticians, chiropodists and GPs.

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

- The home had been adapted to meet people's needs. This included en-suite bathrooms where space allowed and a suitably sized communal area where staff could support people with activities. Bedrooms were individually decorated. There was a large enclosed rear garden, with an outbuilding that was in the process of being converted into a sensory room.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had a good understanding of the MCA. DoLS applications had been submitted where necessary.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were well cared for and staff respected their individual needs and wishes.
- People's spiritual and religious needs were recorded. Two people were supported to go to church every week.

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

- People's preferences and choices were clearly documented in their care records. For example, "[Name] likes to dry himself in his bedroom, sitting on his bed and not in his shower room" and "[Name] will choose the clothes he wishes to wear."
- The registered manager told us how people were given a choice about where and when they held their reviews. One person had wanted their review to take place in the service's vehicle, parked in a local park. Staff had decorated the car with the flags and colours of the person's country, and provided sandwiches and drinks for the person to enjoy.

Respecting and promoting people's privacy, dignity and independence

- Our observations confirmed staff treated people with dignity and respect, and care records demonstrated the provider promoted dignified and respectful care practices. One staff member told us, "We have policies in place and have had training about respecting the people we support. We make sure they give permission and we knock on their door."
- Care records described how people were supported to remain as independent as possible. For example, "[Name] should be encouraged to use the shower chair at all times", "[Name] to put his laundry away with support from staff" and "[Name] will be prompted by staff to do a domestic task of his choice around the home daily."
- The registered manager told us, "We try and encourage [name] to do as much as he can. If he struggles, we step in."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Person-centred care was evidenced by a staff member who had twice cancelled their annual leave so they could support a person to go on holiday. The staff member had won one of the provider's awards for their commitment to the home and the people living in it.
- Records included important information about the person, such as marital status, religion, next of kin contact details, communication needs, medical and health information, and preferred name.
- People had individual goals. These were used to promote independence such as with personal care and independent showering. Progress was recorded daily and regularly reviewed.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. For example, one person had some difficulties processing information but generally understood what was said to them. Staff were reminded to ensure the person was focused if the information was important and write it down for them if necessary.
- People were protected from social isolation. They had weekly vocational planners, which had been prepared with support from staff. Staff supported them to access activities and events of their choice. For example, local football and cricket matches, trips to the cinema and shops, and holidays. People attended local colleges and one person volunteered in a charity shop.
- One person was part of a scheme called 'link up' and was supported to keep in touch with a person with a similar health condition in another part of the country. This involved telephone calls and use of the Internet.
- The registered manager told us, "Anything we can do that we think will benefit these guys, we do it" and "The people have 'one big wish'. If we can achieve it, we will do it." For example, one of the people wanted to go to watch motor racing at Silverstone and we saw this had been achieved.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, and systems were in place to ensure complaints were acknowledged, investigated and responded to.
- There had not been any complaints recorded at the service but people were made aware of how to make a complaint via regular meetings and reviews. These conversations were documented in the care records.

End of life care and support

- The provider had an end of life policy. None of the people using the service at time of our inspection were receiving end of life care but their wishes were recorded. For example, funeral arrangements and who to be contacted.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "There is not a culture of blame here. If people are afraid to say something, they won't and the issues will continue. Nobody is looking to blame you. It is one team, it comes down from [registered manager]", "You get plenty of support. The support I got [when started working at the service] was fantastic" and "We've got a really supportive team. It's a team mentality."
- The registered manager told us, "We don't have a blame culture here. That door [registered manager's office door] is never shut."

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

- The registered manager and staff understood their roles and responsibilities.
- Regular audits were carried out to monitor the quality of the service. These included, infection control, medicines, maintenance, accidents and incidents, and food safety.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- People were able to feed back on the quality of the service via surveys and monthly review meetings.

Continuous learning and improving care

- Staff meetings took place regularly and were also used as training sessions.
- The service was Headway accredited. Headway is a national charity that works to improve life after a brain injury.
- The service had been runner up three years in a row in the provider's acquired brain injury service awards.

Working in partnership with others

- The service had good links the local community. Local residents were invited to garden parties at the service where people helped to prepare food and perform music for their guests.