

Choice Support Chapel Hill

Inspection report

51-55 Chapel Hill
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21 January 2020

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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

This inspection took place on 17 and 21 January 2020 and was unannounced. Chapel Hill care home is a mental health project which provides accommodation and support for up to 21 people with the aim of preparing them to move on to independent living.

People's experience of using this service

People said they felt safe and that their needs were met. Medicines were administered safely. Risks were identified, assessed and appropriate risk management plans were in place to provide guidance for staff on how to minimise any risks. Accidents and incidents were logged and investigated in a timely manner. People were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was passed on to staff. There were enough staff deployed to meet people's needs in a timely manner.

Before people joined the home, assessments to ensure people's needs could be met. Staff were supported through induction, training and supervisions. People were supported to eat and drink sufficient amounts for their health and wellbeing. People were living in a home which was designed and decorated and personalised to meet their needs. People had access to a variety of healthcare professionals, when required to maintain good health.

People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Their needs were accurately assessed, understood and communicated.

Staff were kind and caring and people's privacy, dignity and independence were respected. There was a range of appropriate activities for people to partake in if they wished to. People were protected from the risk of social isolation. People had individual, person-centred weekly activity plans. Information was available to people in a format to meet their individual communication needs if required. The service had an effective system in place to manage complaints.

The home had effective systems in place to assess and monitor the quality of the service and feedback had been sought from people to drive improvements. The provider worked in partnership with key organisations to ensure people's individual needs were planned.

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

Rating at last inspection

The last rating of the service was requires improvement (published on 6 March 2019).

At our previous inspection in January 2019 we identified that improvements were needed as one to one-

sessions with keyworkers were still not being documented. We also found that inhouse six-monthly reviews were not always carried out. This included completing and/or monitoring the 'Recovery Star' which enables people using the service to measure their own progress with the support of staff. The provider did not have effective processes in place to monitor the quality of the service.

At this inspection we saw that the provider had made improvements and Chapel Hill is now meeting CQC 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 safe 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.

Chapel Hill

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 team on the first day consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, one inspector returned to the home.

Service and service type

Chapel Hill is a 'care home'. People in care homes receive accommodation and 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.

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 and was carried out on 17 and 21 January 2020.

What we did before the inspection

Before the inspection, we reviewed information we held about the service since our last inspection. This included information received from the provider as required by law to report certain types of incidents and events. We sought feedback from the local authorities who commissioned care from the provider. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service for their views about the service. We also sought feedback from one visiting professionals. We spoke with three members of care staff including the registered manager. We reviewed records, including the care records of six people using the service, and the recruitment files and training records for three staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

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 improved to good. This meant people were safe and protected from avoidable harm.

At our previous inspection in January 2019 we identified that improvements were needed for one to – one sessions with keyworkers. We also found that inhouse six-monthly reviews were not always carried out. This included completing and/or monitoring the 'Recovery Star' which enables people using the service to measure their own progress with the support of staff.

At this inspection we found that improvements had been made and monthly sessions with keyworkers, six-monthly reviews and the 'Recovery Star' documents were being completed and monitored on a regular basis. A keyworker is staff member that assists people with individual and focused support. This meant the provider was compliant with the regulations.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding adults procedures in place and staff knew who to report any concerns to. One person said, "I feel safe. Staff make me feel safe." One staff member said, "I would go straight to the manager, I know they would deal with it but if they did not then I would go straight to CQC."
- There had not been any reportable safeguarding concerns, but the registered manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed, identified and managed safely. Risk assessments were carried out in relation to physical and mental health, substance misuse, self-harm, medicines and fire.
- Risk management plans included detailed guidance for staff on how to manage these risks safely. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. This also included having regular meetings with keyworkers and healthcare professionals.

Using medicines safely

- Medicines were safely managed. Medicines were securely stored and could only be accessed by staff who had been trained and assessed as being competent in medicines administration. Medicine Administration Records (MAR) were completed accurately.
- Staff were knowledgeable about people's medicines and if there were any relapses in people's mental health needs they referred them to appropriate healthcare professionals to have their medicines reviewed.
- Daily room temperature and medicine fridge checks were carried out and documented to ensure

medicines remained effective to use.

- Medicines that had been prescribed to be taken 'as required' had up to date information and protocols in people's MAR records to guide staff on their use.

Preventing and controlling infection

- There were systems in place to manage the control and prevention of infection. There were policies and procedures in place which provided staff with guidance. Staff had received infection control training.
- Staff wore personal protective clothing (PPE) which included aprons and disposable gloves and washed their hands before supporting people.

Staffing and recruitment

- Appropriate recruitment checks took place before staff started work. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.
- There were sufficient staff deployed to meet people's needs in a timely manner. Staff rotas were planned in advance, so staff knew what shifts they were working and the numbers of staff on shift matched the numbers planned for on the rota. One person said, "Yes, there's enough staff."

Learning lessons when things go wrong

- There was an effective system in place to manage accidents and incidents appropriately. Accidents and incidents were recorded, this included the details of the accident or incident, what happened, and the action taken to help prevent a reoccurrence. We saw learning was disseminated to staff at staff meetings.

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 good. At this inspection this key question has remained the same. This meant 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

- Assessments of people's needs were carried out prior to them moving into the home to ensure that their care and support needs could be met appropriately. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs.
- These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles effectively. New staff completed an induction programme including the care certificate which is the benchmark set for the induction standard for new care workers.
- Staff were supported through induction, supervisions and training considered mandatory by the provider. This included medicines, safeguarding, mental capacity, health and safety and equality and diversity. One staff member said, "My training is all done, I have regular refresher training."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home worked within the principle of MCA. People's rights were protected because staff sought their consent before supporting them.
- The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment, therefore nobody was subject to a DoLS authorisation.
- The registered manager explained that if they had any concerns regarding a person's ability to make a

decision, they would work with the person using the service and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA.

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

- People were supported to eat and drink and encouraged to eat a balanced diet. Staff supported them to plan their own meals according to their likes, dislikes and preferences. People had access to the kitchen at all times and staff encouraged people make their own drinks and be involved with meal preparation if they were able to. One person said, "I choose my meals myself. I cook myself 4-days a week. The other 3 days the staff cook." Another person said, "I like Chinese food" Get a take away once a week."

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

- People had access to a variety of healthcare professionals when required. Records showed people had regular appointments with the GPs, psychiatrists, community mental health teams, care co-coordinators, dentists and chiropodists. One person said, "I have been to the opticians with staff."

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

- The service met people's needs by suitable adaptation and design of the premises, which included appropriately large communal areas to ensure people had enough space to mobilise safely.
- People had their individual rooms which were personalised and decorated to their taste.

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 good. At this inspection this key question has remained the same. 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

- Staff gave people encouragement whilst supporting them without rushing them. Staff showed compassion and understanding. For example, when people became anxious, staff reassured them, spoke to them quietly and calmly and used distraction techniques such as offering them a cup of tea or going for a walk.
- Care records included people's personal information relating to their disability, religion and sexual orientation.
- A religious representative with knowledge and experience of mental health services visited the home regularly and was available should people want to meet with them.
- At the time of the inspection, no one using the service required support with any other diverse needs, staff explained that people would be supported if the need arose.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring and respected their privacy and dignity. One person said, "Staff are calm and caring staff, they talk to you about how you're feeling and give advice." Another person said, "Staff respect my privacy and dignity, they knock on my door, they don't force you to do anything."
- Staff were observed knocking on people's doors before entering. One staff member said, "I always knock on people's door and always wait for people to answer the door."
- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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

- People were involved in making decisions about their daily support. For example, they chose what they wanted to eat and what time they went to bed and got up. One person said, "Last night I went to bed after 12am and woke up at 9.25am. Staff don't come and wake me up. Sometimes I have a lie-in until 11am."
- Staff were knowledgeable about people's individual likes, dislikes and preferences and knew their hobbies and what they liked to talk about. For example, one staff member said, "One person enjoys tea."
- People were given information in the form of a 'service user guide' prior to moving to the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

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 remained the same. This meant people's needs were met.

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

- People's needs were assessed, and care plans had been developed based on an assessment of their needs. People told us they were involved in planning their care and support needs. Care plans included information about people's desired outcomes such as moving onto independent living. One person said, "I will be moving into my own place soon, I am ready."
- Care plans were reviewed regularly and updated when people's needs changed.
- People had a personal profile in place, information was included about the person such as date of birth, medical conditions, gender, religion, sexuality, next of kin and family details.
- Care files included individual care plans addressing a range of needs such as mental and physical health needs, medicines, communication and nutrition.

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 were supported and encouraged to maintain relationships with their family and friends to prevent social isolation. On staff member said, "I see family once or twice a week."
- People were supported to follow their interests and take part in activities that interested them. This included attending college, swimming, badminton, shopping, eating out. Tending garden allotments, cooking group, arts and crafts, listening to music and watching television.

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 care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
- No-one at the service required support to communicate, However, staff told us if they did, they would use pictures, body language and gestures.

End of life care and support

- The home did not currently support people who were considered at the end of their life. However, the registered manager was aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints effectively. People told us they knew how to make a complaint.
- Since the last inspection the service had not received any complaints. The registered manager told us if they did they would investigate and resolve complaints received within timeframes set in the provider's complaints procedure.
- Staff understood the complaints procedure and told us how they would support people to make a complaint. One person said, "I would go to the manager if I need to complain". Never made a complaint."

Is the service well-led?

Our findings

Well-Led – this means 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 had 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 the last inspection the home's system to monitor the quality and safety of the home were not effective. This was because there was a lack of effective oversight due to keyworker meetings continued not to be documented. Inhouse six-monthly reviews were not always carried out and the 'Recovery Star' was either not completed or monitored.

At this inspection we found that improvements had been made to provide better oversight and the home's quality monitoring systems were effective.

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

- The service was well managed. There were effective processes in place to monitor the quality of the service.
- Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people. These included care plans, medicines, environment. A medicines audit identified an error, the registered manager investigated this and followed this up with meeting with both the individual staff member and the staff team; and disseminated learning about the incident.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a registered manager in post. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities. Notifications were submitted to the CQC as required.
- Staff told us they enjoyed working at the home because there was a positive culture of teamwork and they felt supported by their managers who had an open-door policy should they have any concerns they wanted to discuss. One person said, "I do think it's well managed. A really good company." One staff member said, "I think the registered manager is fantastic, always there to support and is very approachable."

Engaging and involving people using the service, the public and staff

- The provider carried out spot checks and used these opportunities to obtain feedback from people and ask them about any issues they may have. No issues had been reported.
- Staff told us they attended regular quarterly staff meetings to discuss policies and procedures, complaints, training and updates about the organisation. One staff member said, "I do go to staff meetings, it's a chance

to find out about updates and discuss any issues we may have."

- Residents meetings were held regularly. Discussions from the last meeting in November 2019 covered areas such as safeguarding, activities, menus and health and safety.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies, including local authority commissioners and healthcare professionals, mental health teams, MIND which ran local drop in crisis café and a mental health charity who were involved in supporting people.