Step-A-Side Care Limited

Chapel View

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

Chapel View 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. Chapel View can accommodate up to three people who have a learning disability and autism. At the time of our inspection two people were living there. People had their own bedrooms and shared a shower and bathroom. They shared two lounges and a kitchen/dining room. Grounds around the property were accessible.

Chapel View had been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 24 October 2018. At the last comprehensive inspection in March 2016 the service was rated as Good overall. 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 on-going 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.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in 2010. 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.

People's care and support was person centred. They had been supported by a core group of staff for some time, providing them with consistency and continuity of care. They had positive relationships with staff, who understood them well, anticipating what would make them anxious or uncertain. People were involved in the planning and review of their care and support. They discussed their needs, any risks and concerns with staff. Risks were well managed promoting people's independence. Staff knew how to keep people safe and how to raise safeguarding concerns. There were enough staff to meet their needs. Satisfactory recruitment processes were in place.

People made choices about their day to day lives. 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. They chose the activities they wish to take part in. They said they liked to take part in football, cricket and rugby. They had voluntary jobs and one person had paid employment. People kept in touch with those important to them. They were supported to visit relatives and meet friends at social clubs or join them in activities. People told us, "Staff are really good" and "A brilliant staff team. They support us 110%."

People were supported to stay healthy and well. They planned their weekly menu. They prepared their own drinks and lunches. They liked to go out to a local café and pub. People had access to a range of health care professionals. They had annual health checks. People managed their medicines. Staff support was available when needed and medicine audits monitored whether medicines were being taken safely. People had access to easy to read information which used pictures and photographs to explain the text. Staff understood how they preferred to communicate encouraging them to express themselves in the way they found most comfortable.

People's views were sought to monitor the quality of the service provided. They were confident raising concerns and making a formal complaint. People, their relatives and staff were invited to give feedback through quality assurance surveys. The registered manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance.

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? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Chapel View

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 comprehensive inspection took place on 24 October 2018 and was announced. We gave the service 48 hours advance notice of the inspection site visit because it is small. We needed to be sure that they would be in. This inspection was completed by one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we observed the care being provided to two people living at Chapel View. We spoke with two people about the care and support provided. We spoke with the registered manager and two members of staff. We had feedback from the provider about their quality assurance systems. We contacted one health care professional for feedback. We looked at the care records for two people, including their medicines records. We looked at health and safety records, training records and quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. People told us they felt safe living in the home and in their local community. They said, "The safest place to live is at Chapel View" and "I definitely feel safe living here." They had access to information about how to stay safe and how to report concerns. They were advised about how to stay safe when using the internet and social media. They were guided about how to react to bullying and harassment and had information about reporting hate crimes.

Safeguarding procedures were in place to protect people from abuse. Staff had access to updated policies and procedures. They access to training and had a good understanding of their roles and responsibilities in recognising and reporting suspected abuse. The registered manager monitored any incidents to assess whether action needed to be taken in response to developing trends. Staff said the registered manager would take the appropriate action in response to any concerns they raised. No safeguarding concerns had been raised with the local safeguarding team.

People were supported to manage their finances and to keep out of debt. Staff guided them about how to manage their personal expenses. People signed their financial records which noted any payments made to them. Receipts were kept for any expenditure. The registered manager audited people's financial records ensuring robust procedures were maintained.

People were supported to be as independent as they could be whilst minimising any risks or hazards. The registered manager described how they promoted active risk taking carefully considering with people what the risks were for each activity or hazard. For example, enabling people to manage their own medicines. A person told us, "I am well up with risk assessments." The Provider Information Record (PIR) stated, "Our service users are adept at initiating discussion for changes to their everyday lives and where we are able we accommodate and risk assess and we do, bearing in mind that, we try not be risk adverse." Risk assessments were reviewed with people as their needs changed. There had been no accidents reported in the last 24 months.

People occasionally became unsettled and upset. They had individual support from a Psychologist and other health care professionals to talk through any issues and to agree ways to support them. Their care records included therapeutic behaviour plans which provided step by step guidance about what might upset them and how staff should respond to them. Staff knew people really well and anticipated the triggers which would make them anxious. For example, changes in people's routines were planned with them in advance. A person said, "I know my boundaries. I talk with my key worker (named member of staff) about any incidents." Staff said there was good communication between them which helped to provide continuity and consistency of care and support.

People's home was well maintained. The registered manager confirmed day to day maintenance issues and any redecoration of the home were managed in a timely fashion. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were in

place and equipment was serviced at the appropriate intervals. The local fire service had inspected the home in October 2018 and found it to be satisfactory. They made two recommendations and these were immediately implemented.

People were supported by enough staff to meet their needs. People benefited from a core group of staff who had supported them for several years. The registered manager said they monitored the staff levels to make sure they continued to meet people's changing needs. The registered manager worked as part of the staff team providing care and support when needed.

People were protected against the risk of being supported by unsuitable staff. Satisfactory recruitment processes were in place which ensured all the necessary checks had been completed. These included a full employment history, confirmation of the character and skills of new staff and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. No new staff had been appointed since our last inspection.

People managed their own medicines. They had secure facilities in their rooms in which to store their medicines. Staff, who had completed training in the safe administration of medicines, monitored and reported any medicine's errors. People were given additional support if needed. People's medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently.

People were protected against the risks of infection. Staff were aware of the importance of maintaining a clean environment and followed a schedule of cleaning. They had the support of a domestic assistant once a week. Staff completed infection control training. The registered manager monitored infection control as part of their quality assurance checks. They said an annual report for 2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced.

People's care was changed in response to lessons learnt from incidents or near misses. The registered manager described the actions they had taken to change their support for a person after an incident. For example, staff had reflected about their verbal responses and body language when responding to people. There had been positive changes in their interactions with people. By providing a consistent approach staff had increased people's sense of wellbeing and significantly reduced the level of incidents.

Good

Is the service effective?

Our findings

People's assessed needs were reviewed to make sure these could continue to be met. Their physical, emotional and social needs were monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. Their diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People benefited from knowledgeable and experienced staff. The Provider Information Record (PIR) stated, "Training is to enable knowledge, to benefit and meet the needs of our service users and training can be adapted to each individual and specific needs." Staff confirmed they were able to maintain their skills and professional development. Staff could access training information electronically and said they were able to do training specific to people's needs. For example, positive behaviour support, sexual exploitation and epilepsy awareness. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had individual support meetings to discuss their training needs and the care they provided. They also attended staff meetings every one or two months to share information and best practice.

People were encouraged to have a healthy diet. People told us they chose the meals they wished to have each week. If they decided they did not want the planned meal they made themselves an alternative meal. Meals were produced using fresh ingredients including vegetables and fruit. People's allergies were noted. People said they liked to eat out at a local pub or café.

People's health and wellbeing was promoted. People's health needs were clearly described in their care records and kept up to date with any changes to their health and wellbeing. They had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People attended dentist, optician and GP appointments. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. They also liaised with mental health professionals. The provider employed a psychologist who met with people regularly.

People lived in a house which reflected their individual preferences. They lived in a detached house in the countryside, no different from other houses in their street. People had personalised their rooms to reflect their interests and hobbies.

People made choices about their day to day lives. Staff discussed people's options with them, respecting their decisions and enabling them to plan their day. People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. The PIR stated, "Service users are encouraged to be autonomous." People's capacity to consent had been assessed in line with the Mental

Capacity Act (MCA) 2005. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 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. Records confirmed when decisions had been made in people's best interests and by whom. For example, supporting people to manage their medicines and finances.

People's liberty and any restrictions had been assessed. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed an authorisation to restrict a person's liberty had been granted by the supervisory body. They were monitoring and complying with conditions associated with this.

Good

Is the service caring?

Our findings

People had positive relationships with staff. They were observed enjoying spending time with staff and being relaxed in their company. People said, "Staff are really good" and "A brilliant staff team. They support us 110%." The atmosphere was very light hearted, with people laughing and joking with staff. Staff knew people really well. They were aware of their backgrounds and personal histories. Staff were observed engaging with people, chatting and patiently replying to their questions. Staff gently responded to people using sensitivity and compassion. The Provider Information Record (PIR) stated, "Staff support them in everyday situations, giving reassurance where needed."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People were encouraged to participate in age appropriate activities in their local communities. The registered manager explained how they had supported people to move from children's services to adult services and ensured their care and support reflected their rights as an adult. People were supported to access places of worship.

People discussed their care needs with staff. They told us they were involved in planning their care and helping to write their daily notes. The PIR stated, "Service Users are encouraged to share and develop their goals and aspirations and staff support them to work towards and achieve these." Staff said, "We talk everything through with them. See if changes can be made on the spot or need to be discussed further with other people." People had information about advocates. An advocate is an independent person who can represent people using social care services.

People kept in touch with those important to them. People visited their relatives and used the telephone to speak with them. They said staff were "absolutely brilliant" helping them to visit relatives who lived a considerable distance away. People were also supported to keep in touch with friends. Staff helped them to organise activities with friends living in other homes. They also met up with friends at social clubs.

People's privacy and dignity was respected. People told us, "Staff know exactly how to support us" and "Staff are really good, they listen to me." The PIR stated, "We ensure that human rights principles are always at the heart of the service we provide and our service users are treated with fairness, respect, equality and dignity at all times." A person who had one to one staff support throughout the day had planned times when they could spend time alone, with staff discreetly observing or being nearby. People were encouraged to be as independent as possible. One person told us how they helped around the house including helping staff with checklists and audits. People's support was organised so that they had the undivided attention of staff. For example, staff training and staff levels did not impact on the level of care and support they received.

Good

Is the service responsive?

Our findings

People's care was personalised. Their care records reflected their personal needs and how they wished to live their day to day lives. Any routines which they preferred were clearly highlighted. The Provider Information Record (PIR) stated, "We ensure that service users are put at the centre of their care and support plan and they are encouraged to share their ideas, goals and views on how they would prefer to be supported." Staff said, "We understand people really well" and "We facilitate practically everything they do, within reason." People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. This included aspects of their personal care.

People were encouraged to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they were involved in lots of sports such as playing football, rugby and cricket. They also went to the gym, bowling and quad biking. Their chosen activities were discussed with them including day trips and social clubs. People did voluntary work at local charities and one person had paid employment one day a week. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time with staff, in the lounge or helping around their home.

People's communication needs were identified in their care plans. Each person had a communication passport which explained their communication preferences. Staff were guided about how to interpret people's behaviour and body language as an expression of how they were feeling as well as picking up verbal clues. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People had access to information produced in easy to read formats which used pictures and photographs to illustrate the text. For example, information about safeguarding, the service user guide and the complaints procedure.

People were confident using the complaints process. They said they would talk with staff or the registered manager. People told us, "I have a moan or whine and staff ask if there is anything they can do to help me" and "Staff deal with day to day issues." The PIR stated, "When an issue arises it is discussed with all relevant persons to enable an outcome to be found. Our service users are adept at initiating discussion for changes to their everyday lives and where we are able we accommodate." One person liked to write a note for the registered manager of any issues they had. They would then have a face to face meeting to discuss these. Two formal complaints had been received in the last 12 months. These had been looked into and action taken in response.

People had been supported to cope with bereavement. Staff had given them reassurance and practical advice. People's wishes for their end of life support would be discussed with them and those people important to them when appropriate. The registered manager had completed training in end of life care and had copies of end of life care plans which would be developed with people.

Good

Is the service well-led?

Our findings

People's experience of their care reflected the visions and values of the provider. The Provider Information Record (PIR) stated, "We enable awareness of each individual's rights to live as they wish where appropriate and their right to be inclusive in all areas of their care and community. Service users are encouraged to be autonomous and promotion of independence is always at the forefront." People told us, "I have a life of luxury at Chapel View" and "It's brilliant." The registered manager worked alongside staff monitoring the day to day delivery of care and ensuring high standards were maintained. Staff commented, "We have seen a positive difference with their social interactions with others" and "There are lots of opportunities to do whatever they want to do."

The registered manager was first registered in 2010. 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 registered manager said they felt supported by the provider. They had weekly management conference calls and were able to access senior managers at any time. Staff told us, "The manager is really good, really approachable. I couldn't ask for more" and "The manager is brilliant. She has made me feel welcome and is very supportive." Staff said they could talk through any issues with the registered manager, who was open to their suggestions and ideas. As a team they would work through these together to promote better outcomes for people.

The manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff were confident raising concerns under the whistle blowing procedures.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance was up to date and available to staff. The registered manager had a range of quality assurance checks which were completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these had been implemented in a timely fashion.

The provider monitored people's experience of their care and support through regular feedback from the registered manager about the care being provided and by monitoring quality assurance audits. The provider told us they met with people at the office and also visited them in their home. The PIR stated, "The manager has regular supervisions and appraisals with a member of the Director and team, which gives them the opportunity to reflect on the leadership of the service and identify any improvements that can be made or training that is needed." The registered manager had access to an application on their telephone (a computer programme which runs on a mobile telephone) which was used to share information and intelligence with other registered managers, staff and the provider. The provider was able to be responsive

to any issues as they arose.

People, their relatives, social and health care professionals and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. The outcomes of these surveys were discussed with managers and actions identified to make improvements. For example, developing the telephone application further to improve communication about change to all staff. People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose. People also attended staff meetings enabling them to discuss and resolve any concerns they might have. Staff were invited to an annual general meeting with senior managers to exchange views and experiences.

The provider was aware of and had systems to ensure compliance with the requirements of the 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). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People's experience of the service they received was shaped by their responses to their environment and day to day life. Lessons were learnt from incidents and observations of people. For example, people were always supported by at least one male member of staff to minimise people's anxieties.

The manager worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. The provider had been assessed and awarded a national quality assurance award recognising its quality assurance management systems.