

Chescombe Trust Limited

Chescombe

Inspection report

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Date of inspection visit:

18 October 2018

22 October 2018

Date of publication:

16 November 2018

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

The inspection took place on 18 and 22 October 2018.

Chescombe 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.

Chescombe accommodates 19 people across three separate houses called Treetops, Lavender and Orchard. In addition there are three self-contained flats.

The care service has been developed and designed in line with the values that underpin the Registering 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 can live as ordinary a life as any citizen.

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

There was a registered manager in place. 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 received a safe service. There were sufficient staff to meet the needs of people they supported and to enable them to carry out a variety of activities. People received safe support with their medicines. Staff understood the importance of safeguarding people from abuse and reporting any concerns they had.

Staff were knowledgeable about people's health needs and worked with other health and social care professionals to ensure these needs were met. People were given choices and asked for their opinions on meal choices. Staff were knowledgeable about the Mental Capacity Act 2005 and incorporated the principles of this legislation in to their practice.

We saw that strong relationships had been formed between people using the service and staff. People shared good humour with staff and we saw that people were content and settled in their company. People were supported to maintain contact with their families.

People were given opportunity to take part in a range of activities. The service hired a local hall for activities such as cooking and fundraising events. During our visit, we saw Halloween crafts taking place. There were

systems in place for managing and responding to people's complaints.

The service was well led. There was a registered manager in place supported by individual house managers. There were systems in place to monitor the quality and safety of the service provided. People were given opportunity to provide their views and opinions on the service they received.

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.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Chescombe

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 22 October 2018 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). The PIR is a form completed by the provider to describe how the service runs and what plans they have to improve the service. We also reviewed notifications. Notifications are information about specific events which the provider is required to send us by law.

We spent time with six people using the service. Not all were able to answer specific questions, however we observed them interact with staff and they showed us their rooms. We made observations throughout our visit. We spoke with eight members of staff, including the registered manager, another house manager and support workers. We also spoke with family members of one person, and two visiting health professionals. We reviewed four people's care plans and looked at other records relating to the service such as complaint records, medicine records and quality and safety monitoring.

Is the service safe?

Our findings

The service was safe. There were sufficient numbers of staff to ensure people's needs were met and they were able to carry out the activities they wanted to do. Staff told us that there were occasional difficulties when staff were absent unexpectedly but most of the time staffing levels worked well. Steps were taken to check on the suitability of newly recruited staff when they joined the service. This included carrying out a Disclosure and Barring Service (DBS) check and gathering references from previous employers.

People received support with their medicines. These were kept in individual rooms in a secure safe so that people could only access them with staff support. PRN medicines and other homely medicines were kept in a locked cupboard. There was additional security for medicines that required it. Stock checks were taken regularly which provided opportunity to identify any potential errors in administration. Medicine Administration Record (MAR) charts were used to record when medicines were administered. Staff signed to say when medicines were taken from the premises if people needed them outside of the home.

There were risk assessments in place to provide guidance on the best ways to support people safely. For example, for one person who was at risk of falling, there were measures in place to ensure they were wearing suitable footwear and the environment was free of trip hazards. Another person was at risk of dropping their medicines and so the risk assessment identified that staff should hand the person their medicines in a pot.

Staff were trained in and understood the importance of safeguarding people they supported from abuse. Staff told us they hadn't had any concerns about people they supported but would feel able to report them if they did.

There was a system in place to record incidents and accidents and this gave opportunity for senior staff to identify any themes in the kinds of incidents occurring.

Is the service effective?

Our findings

People received an effective service. Staff told us they received good support to enable them to carry out their roles effectively. Staff told us they had regular one to one meetings with their line manager to discuss their performance and development. Staff all told us they felt able to approach the registered manager for support if they needed it. Staff told us their training was good and enabled them to meet the complex needs of people they supported. Staff told us how recently one person had experienced an epileptic seizure for the first time in two years. The training provided had enabled staff to administer medicine and manage the seizure safely. Staff new to the service completed the care certificate. The care certificate is a qualification that represents the minimum standards that staff in the sector are required to meet. There was also an induction programme covering information about the provider and training topics considered mandatory.

Staff worked with healthcare professionals to ensure people's needs were met. We spoke with two healthcare professionals on the day of our visit and they told us that staff were knowledgeable about the people they supported and made appropriate referrals to their team. They told us that staff were open to constructive criticism and were willing to take on advice and suggestions. People were supported to see the dentist and GP as they needed to. On the day of our visit, people were supported to get their flu vaccinations from the GP.

People's views were taken in to account in menu planning. The registered manager told us that menus were discussed at service user meetings so that meal planning could incorporate individual preferences. There were always options for people to choose from. People's weight was checked to ensure that any concerns could be identified and acted upon. For those people we checked, we saw that their weights remained stable.

People's rights were met in line with the Mental Capacity Act 2005. When people were assessed as lacking capacity to make a particular decision, a decision was made in their best interests. Where possible this involved member of the person's family. We saw decisions in relation to issue such as managing people's finances and carrying out personal care. If people needed to be deprived of their liberty, applications were made to the local authority to ensure this was done lawfully. Some notifications had been made to CQC when DoLS authorisations had been made but not all. The registered manager submitted those that were outstanding, shortly after our visit.

Some people presented with behaviours that challenged. There were individual plans in place to support staff in managing these behaviours, outlining people's individual triggers and how best to address them. Staff received training in managing behaviours adapted to meet the needs of individuals using the service. During our visit, staff were being supported with training to address one particular person and their behaviours that were presenting some challenges for staff. There was a positive approach to managing behaviour and restraint was only ever used as a last resort. Staff supporting a person for whom restraint was occasionally required, had received training in how to do this safely. This person's room had been adapted with an extra door to the garden so that they could be directed outside if necessary. This was to discourage them from going in to other areas of the home and presenting a risk to other people using the service. One

professional visiting the service confirmed they had no concerns about the use of restraint for the people they were involved with.

Is the service caring?

Our findings

The service was very caring. Throughout our visit, we saw evidence of kind, caring staff and strong supportive relationships with people. We met with service users and although, not all were able to answer specific questions, it was clear that they were content and comfortable in their surroundings. People approached staff confidently when needing support or help. One person living in their own flat, used their telephone to contact staff when needed. One person enjoyed coming to spend time with us whilst we talked with staff and the registered manager; it was clear that they felt at home and at ease. We spoke with visiting family members who told us that their relative was always very happy to come back to their flat after days out and reflected on how important it was for them to know their relative was happy and well looked after.

The caring nature of the organisation was evident at all levels. The registered manager explained how the trustees felt it was important for all service users to experience a holiday. For some people this wasn't affordable and so financial support was given to those who needed it to make sure they didn't miss out. We were also told how in the near future, the kitchen in one of the houses was being refitted and would take around two weeks to complete. The registered manager and trustees realised the disruption this would cause and so had agreed to take people away to a holiday cottage to avoid the stress of the building work being carried out. There were some individuals for whom a holiday wouldn't be suitable due to their complex needs and so a number of days out had been planned for them instead.

People and staff were involved in a number of fundraising enterprises to improve the lives of people using the service. Staff for example had taken part in a sponsored run. People using the service had also been involved in selling teas and coffee at the local hall. As well as raising money, this also gave people opportunity to meet other members of the community and to socialise. The funds raised through these efforts had enabled the service to purchase a new seven seater vehicle.

There was a strong focus on supporting people to lead their lives as independently as possible. Three people lived in self-contained flats with access to staff support as and when they needed it. There was a consistent staff team supporting these individuals so they had consistent support from people who knew them well. We met with two people living in the flats and one person answered 'yes' when we asked them if they had help when they needed it. One person told us how they enjoyed going to the shops but often liked staff to go with them for support. During our visit, several people went out to a cooking club in a local hall. They brought their food back to their accommodation to eat for lunch. Staff explained how they supported individuals to be independent in their everyday lives, for example by carrying out aspects of their personal care they were able to manage and by choosing the clothes they were going to wear for the day.

People were able to maintain contact with family and loved ones. During our visit, one person went out for the day with their family. Another person enjoyed showing us pictures of their family which were on display in their room; they also had their own phone for family to contact them on.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. It was clear that staff knew and understood people well. We saw how staff interacted with people, adapting their communication to individual need. One person for example used Makaton signs to support their communication, staff understood what they were saying and responded accordingly. We also saw that pictures and symbols were used to support communication, for example to make menus more easily understood. One person liked to write and they used a diary to show staff each day how they were feeling and if there was anything they were worried about. They had used this to explain to staff they weren't feeling well. Staff had responded by suggesting they rest.

People were able to take part in a wide range of activities according to their own individual interests. During our visit, there was a craft activity taking place. On the second day of our inspection we saw the items people had made during this activity, on display. The service hired a local hall for various activities such as cooking and fundraising events.

Some people showed us their rooms and we saw that these were individualised with family photos and personal items. People had been involved in choosing how their room should be decorated. For one person who wasn't able to explain verbally how they wanted their room to be, staff had taken in to consideration their interests in order to decide how to decorate their room. This person very much enjoyed going on walks and so a forest scene mural had been painted on their wall.

There was a procedure for managing and responding to complaints. We saw records of complaints that had been responded to appropriately. One person for example had complained about a maintenance issue in their room. Following the complaint, this had been addressed. During our visit, we saw how one person was confident in telling the registered manager about an issue that had upset them with another person using the service. Although this wasn't a formal complaint, it did demonstrate how people felt able to discuss issues of concern with staff.

People had keyworkers in place. A key worker is a member of staff with particular responsibility for the wellbeing of the person they support. One person confirmed to us who their keyworker was. We saw that keyworkers wrote a monthly report outlining what the person had been involved with over the previous weeks, including activities they'd taken part in, family that had visited and whether they had any health concerns.

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place, supported by house managers in each of the other two houses. Staff were all positive about the leadership of the service and felt they got good support. One member of staff told us about a personal situation they'd experienced and told us the support they'd received was "amazing" and that they "couldn't ask for more". The registered manager told us they felt it was important to be 'hands on' in their role. We saw throughout our visit that they interacted with people using the service and it was clear that people knew who they were and felt at ease around them.

Staff and people using the service were encouraged to provide their feedback and ideas about how the service could improve. 'Thinking meetings' were held to discuss ideas. We saw minutes of one such meeting held recently where people discussed how they wanted to celebrate Halloween; a disco was booked following on from this. We also saw that resident forum meetings were held and these were opportunities for people to give feedback on areas of the service such as the menus. Family members were sent surveys to gather their views on the service provided to their relations. The results of the last survey were positive and comments included, 'very happy with the care provided at Treetops', 'I think the whole package is wonderful and staff are brilliant' and 'we cannot fault the care, support and accommodation'.

There were systems in place to monitor the quality and safety of the service provided. This included monthly checks by both the individual house managers and the registered manager. These checks led to action plans being produced where action needed to be taken. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis had been carried out to look at the business and identify areas to develop the service. We saw evidence that action plans were checked and put in to place. For example, in one action plan we saw that having 'health champions' amongst the staff team had been put forward as an idea. At the time of our inspection, this had been implemented. The registered manager told us how they were particularly proud of how they'd worked on bringing more consistency across the service, since being in post. Particularly in the documents used across the service; they told us this made it much easier for staff to work across all houses when they needed to.