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

The inspection took place on 19 March 2016 and was announced. The service was last inspected 4 March 2014 and was found to be meeting the requirements of the law at that time.

Chapel View is small home that provides accommodation, care and support for up to three adults. The home is run by Step-a-Side Care and is located in the community and with good access to local amenities. The service had 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.

The service supported people to develop independence skills. Staff provided consistent support for people living at the service and worked closely with social workers, family and health professionals. Support was delivered in a person centred way and took account of people's views and preferences. People were involved in all aspects of the support that they received and took part in regular reviews of their placement at the service. People were also able to attend staff meetings and put forward their views on how the service should be run.

People were supported to be part of their communities. Two people attended work placements. There was an on-going programme of activities for people both in the service and out in the community.

The staff team knew the people living at the home very well and had developed good working relationships with them. They were aware of any restrictions that were in place for people. The registered manager ensured that these restrictions were lawful and had applied to the relevant authorities to get these approved. The service was proactive and allowed people to take controlled risks to enable them to maintain their independence.

The provider ensured that the staff team working at the service were well trained and supported effectively to carry out their roles. Staff told us that they felt valued by the provider and this was reflected in the low turnover rate of staff working at the service.

The service was well managed and care records were maintained and kept up to date. The registered manager ensured that any incidents which occurred were discussed in debrief meetings held shortly after them. During these meetings; staff involved examined what occurred during the incident and how they could be prevented or better managed in future. The registered manager and the staff team worked hard to ensure that the service kept on learning from experiences and improving.

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

People were protected from being supported by unsuitable workers as robust recruitment procedures were in place.

People benefitted from appropriate staffing levels to ensure their needs were met.

People were supported by staff who understood how to recognise potential abuse and were trained effectively in how to report safeguarding issues.

Is the service effective?

Good

The service was effective.

People benefitted from being supported by a well-trained and established staff team.

People's human rights were protected as the service implemented the Mental Capacity Act and the Deprivation of liberty Safeguards correctly.

People were supported to maintain good health.

Is the service caring?

Good

The service was Caring.

People were able to influence the way that the service was run by attending staff meetings.

People's confidentiality was respected by staff and their records securely stored.

People had a good relationship with the staff, who respected their views and choices.

Is the service responsive?

Good

The service was responsive.

People benefitted from being supported to participate in activities they enjoyed.

People knew how to complain and these were responded to effectively.

People's care and support was regularly reviewed and updated when people's needs changed.

Is the service well-led?

Good

The service was well-led.

People benefitted from the service being led by an experienced registered manager.

Regular quality monitoring ensured that the service was running effectively and improvements were identified and implemented.

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 inspection took place on 19 March 2016 and was announced. The provider was given 48 hours notice because the location was a small care home for people who were often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider was not sent a Provider Information Return (PIR) to complete before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the registered manager was given the opportunity to provide us with this information during the inspection visit.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications made to CQC by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people living at the service, the registered manager and four members of care staff. We reviewed three people's care records, two staff files and other records regarding the management of the service. We also observed support being provided to three people living in the service.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. Comments we received included: "I love living here, the staff are really nice", "the staff listen to me if I am worried about something and will sort it out" and "I would tell my keyworker if anything was wrong, they ask me if I'm ok when we meet."

Providers and registered managers are required by the regulations to inform us of any safeguarding concerns about the people they provide care to. We discussed this with the registered manager who stated that they had not had any incidents at the service in the past 12 months which would require us to be notified. We confirmed this by viewing records of incidents and accidents at the service. The registered manager was very aware of the processes that needed to be followed if a safeguarding incident occurred. This included referral to the local authority safeguarding team and to the police, where necessary.

Staff told us they received training on safeguarding and we saw certificates, which verified this. Staff were required to sign to say that they had read and understood the safeguarding procedures of the provider. In discussions with staff they demonstrated a good awareness of safeguarding issues and knew how to report these, both internally and externally of the organisation.

We saw comprehensive risk assessments were maintained in people's care records. These covered all areas of risk that people could be exposed to within the service or in the community. We saw that these were reviewed on a monthly basis or when risks changed. These assessments clearly identified the risk and the measures that had been put in place to reduce the risk to people. The service was proactive in allowing people to take risks in a safe way. For example, one person had a risk assessment in place for walking independently to the pub.

At the time of our inspection, three people were living at the home and we judged that staffing levels were appropriate to meet the needs of people living in the service. Staffing levels at the service were determined by the amount of support the people living at the service required. Two of the three people told us there was enough staff. One person said that they would like to have three members of staff on all the time. However, this person also said that when activities were arranged they did have extra staff to support these. Staff told us that overall, they felt there were enough staff working at the service. When staff members were off sick or on annual leave, cover was always arranged by either permanent or temporary staff, employed by the provider, who knew the people living at the service. A settled team of staff supported people and we were told that they never used agency staff to cover staff absence.

The service protected people from the risk of being supported by unsuitable workers. This was because they had robust recruitment procedures in place. We looked at the recruitment files for two members of staff. These provided evidence of checks for criminal convictions and uptake of written references. Health questionnaires had been completed and records of all interviews were available. The provider had checked any gaps in staff's employment history and all checks were completed before staff started working at the service.

People told us that staff gave them their medicines when they needed them. We checked the current medicine records for two people and found that these were completed correctly. This showed that people received their medicines as prescribed by their GP. Staff had completed appropriate training and their competency was assessed to make sure that medicines were administered safely. We noted that the side effects for the medicines people were taking were clearly listed for staff to be aware of. One person required regular checks at the GP to ensure that levels of their medicine in their body were within the correct levels. We saw records that showed these checks were carried out as required. We reviewed the records of regular medicine audits, which were carried out at the service. These provided further evidence that people were receiving their medicines safely.

Accidents and incidents were recorded appropriately at the home. We read a sample of recent incident reports. These showed staff had taken appropriate action in response to these incidents. The registered manager had put measures in place to reduce the likelihood of these incidents reoccurring. We noted that staff were required to read records of any accident or incidents which occurred and to sign to say they had done this.

The building was well maintained and systems were in place to ensure that maintenance issues could be reported and attended to by the provider. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to protect people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of an emergency. We viewed records that showed the fire protection systems within the home were tested as required and regular fire drills and evacuations were completed.

Good

Is the service effective?

Our findings

Two people told us that they liked living at the service and the staff supported them well. The other person expressed a desire to move out of the service and they told us the staff were supporting them to look at different options open to them..

People were supported by staff who had training appropriate to their roles. Staff we spoke with were enthusiastic about the training they had undertaken. They said they enjoyed the training especially the face to face training which they felt, was better than other forms of training. All the staff we spoke with felt that the training provided equipped them to carry out their role effectively. The training records we viewed for two members of staff were up to date. They evidenced that staff had completed training the provider considered mandatory, including behaviour management, infection control, fire safety, medicine administration, equality and diversity and safeguarding. There was a structured induction in place for new staff, which included completion of the Care Certificate, which is the nationally recognised induction programme for care staff. Staff had also received additional training specific to the needs of the people living at the service.

Staff were supported effectively by their line managers. We looked at two staff development files. These contained records of regular supervision meetings with their line manager to discuss their practice and training needs. We checked the provider's policy on staff supervision and saw that this was being delivered in line with the requirements of the policy. There were also records of annual appraisals, to assess staff performance and their development needs. We saw the provider supported development of staff and staff were given the opportunity to complete the Diploma in Health and Social Care at an appropriate level to their role.

Comments we received from staff included: "The training is really good and we are well supported. We have meetings following incidents in which we reflect on what went well and how we could have done things better. These are really helpful." "Communication is very good and we are always kept up to date with any changes." And "I get regular support and the manager has an open door policy, which means issues can be raised at any time."

People told us they were supported to maintain their health needs. One person told us that they made their own appointments and attended these independently. We saw records were kept of visits by or appointments with healthcare professionals, for example, GPs and dentists. These showed people had access to healthcare professionals to help keep them healthy and well. The records provided a clear account of the reason for the appointment and any outcomes or follow up action required.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that it was. Staff had received training on the MCA and were able to explain how they implemented this. It was clear from looking at care records, that where decisions were made for people, they were made in their best interest. The service consulted the views of relevant professionals and where applicable relatives when making decisions for people. The service maintained records that evidenced how decisions were made and where a Legal Power of Attorney (LPA) was involved, they had had sought evidence to show that the LPA was able to make decisions about the person's welfare and finances.

At the time of our inspection, one person was being deprived of their liberty. The service had applied to the supervisory body to have a DoLS approved, which in this case was the local authority who approved the authorisation. We viewed the records in relation to this person's DoLS and found these to be correct. It was clear from reading the care plan for this person that they had a DoLS in place and there was clear guidance for staff on how this should be implemented.

The people living at the service told us that they liked the food. We saw that people had free access to the kitchen and were fully involved in meeting their nutritional needs. Staff told us they supported people to help with the cooking in the home and become more independent in this area. People told us that they chose what was on the menu and helped with the shopping. Staff told us that if they had concerns about someone's weight they would contact the GP.

Good

Is the service caring?

Our findings

People living in the service told us that the staff were very caring. Comments received included: "The staff are ace, I get on with all of them" and "I love the home and the staff, they give me lots of support and more responsibility."

Care records contained relevant information about people's background and history. It also contained information on their likes, dislikes and what they were interested in. Some staff had known the people living in the service for many years as they had previously lived in the providers other services. It was evident in discussions with staff that they had a good knowledge of the people living at the home and were aware of how they liked to receive support. Our observations confirmed that people received support as they preferred to receive it.

People were encouraged to make choices and decisions about what they wanted to do and it was clear that the staff respected those decisions. Interactions between staff and people were appropriate and respectful and it was clear that staff and people living in the service got on well. People were also able to say how they would like their bedroom decorated. We saw that these choices had been respected by the service.

People told us that they were involved in making decisions about care they received. Care records we read evidenced people's involvement. The registered manager told us that people attended the staff meetings held at the service and were able to make their views known on how the service was run.

Staff were very respectful of people's privacy and dignity. The service was homely and it was clear that the people living at the service felt relaxed and at home. Records about people were stored appropriately and kept secure. Staff we spoke with were aware of the need to keep information confidential to ensure that the privacy of people was protected.

Good

Is the service responsive?

Our findings

Before a person moved into the service, the service carried out a thorough assessment of their needs. This included looking at the history of the person and establishing what the aims of the placement were. This involved setting short medium and long-term goals for the person. This ensured that the service was able to meet the person's needs and support the young person to achieve their goals.

Support was provided to people in a person centred way and was individual to the needs of the person. The guidance for staff in the care records maintained for people also reflected this. Care provided to people was reviewed regularly by the staff working at the service and with external professionals involved in their care and support. We saw that when things went wrong and incidents occurred, care plans were reviewed and the staff reflected on how things could be done differently to improve the support for person. Care plans were then updated with the identified improvements and the staff team implemented these.

We received positive feedback about the activities at the home. People told us they went out a lot. On the day we visited the service, two people were attending work placements. The service supported the other person to visit a friend. This person told us that staff supported them to maintain this relationship. We saw that there were a wide range of activities on offer, these included: horse riding, football, cricket, going out for meals, quad biking, going to concerts, trips to the cinema and days out to theme parks. Activities arranged were in line with the interests of the people living at the service and they were involved in choosing what activities they wanted to do. People told us they enjoyed the activities on offer, one person told us they had a fishing trip planned. People also told us that the service supported them to maintain relationships with family members.

The service had their own vehicles, which enabled people to access activities that were further away. People were also encouraged to access and use the resources in the local community by public transport, such as work placements, shops, cafes and restaurants. Where appropriate the service also facilitated home visits for the people in their care.

The service had a clear complaints policy and procedure in place. We saw that information on how to make a complaint was displayed within the home. We saw that five complaints had been made in the past year. Records demonstrated these were responded to appropriately. People we spoke with all knew how to make complaints. They said they felt these were taken seriously and were happy with the responses received. One person who had recently made a complaint told us "I was listened to and the director came to speak to me about it."

The service received feedback from the people in a variety of ways including regular satisfaction surveys, house meetings, monthly keyworker meetings and comments made on a day to day basis. People told us that they felt listened to and were able to influence the care and support they received. For example, one person told us that they wanted to move out of the service. We saw that this had been listened to and the service was working with the person's social worker to look at different options for this person.

Good

Is the service well-led?

Our findings

The service had benefitted from having an experienced registered manager in place for several years. This had led to consistent management being provided at the service. We received positive feedback about the registered manager from the people living at the service and the staff. Staff told us that the registered manager was very approachable and 'the place ran like clockwork'.

Staff were clear about their roles and responsibilities. They were aware of the extent of their roles and when information needed to be passed on to a senior member of staff or to the registered manager. Staff told us the staff team worked well together and were supportive of each other. They also told us that they were given regular opportunities at team meetings to discuss ideas and suggestions that could improve the service. Staff told us that their ideas were always listened to and considered by the registered manager and senior staff.

The provider had a whistle-blowing policy and staff told us they knew how to raise whistle-blowing concerns. They also felt that the provider would protect them effectively if they were to raise concerns. We had not received any whistle-blowing concerns from staff during the past twelve months.

The provider signed up for The Social Care Commitment in 2015. This is a promise made by people working in care to give the best care and support possible and ensures that everyone is working towards delivering high quality care.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle-blowing, behaviour management, and handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. Our records showed that we had not received any notifications in relation to this service during the last 12 months. We discussed this with the registered manager who informed us that no notifiable events had happened during that time. However, we had not been notified about the decision by the local authority to approve a DoLS for one of the people living at the home. The registered manager informed us that they had checked on our website to see if they needed to inform us of this. The registered manager told us they were unable to find this information on our website. They told us that they would ensure that we were notified in future. The registered manager had a good knowledge of other events that they would need to inform us about and how they would do this.

Regular monitoring and auditing took place at the home. The senior carer audited the care of people on a monthly basis and any shortfalls were picked up and actions put in place to ensure that these were actioned. The registered manager then discussed these audits with their senior staff and ensured that actions identified had been put in place. Senior managers visited the home regularly and all of the staff

spoken with knew who the senior management were and told us that they felt able to speak with them about how the service was run.

A quality assurance survey had been carried out in June 2015 by the provider. This included obtaining feedback from relatives, professionals, commissioners, staff and people who lived at the service. The survey was conducted by an external organisation and showed results for the provider overall and not for the individual services. However, it did allow the provider to identify areas that they needed to improve on and things that they were doing well. The registered manager told us that they received regular feedback about the service at review meetings and house meetings from relatives, young people, social workers and external professionals.