Guy Peters

Chesapeake House

Inspection report

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Tel: 01332664690

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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

This inspection took place on 14 June 2017 and was unannounced.

Chesapeake House is registered to provide accommodation and personal care for up to 11 adults with learning disabilities, who live at Chesapeake House. Personal care is also provided for up to four people who are supported to live more independently in individual flats, which are located on the same site. At the time of our inspection, 10 people were living at Chesapeake House and three people were living in the flats located on the same site.

A registered manager was in post and was available throughout the inspection. 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.

Staff understood how to keep people safe and were aware of their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines management practices were followed by staff.

Staff felt supported and received induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People had sufficient to eat and drink and nutritional risks were monitored by staff. External professionals were involved in people's care as appropriate.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. However, advocacy information was not easily available to people. People received care that respected their privacy and dignity and encouraged their independence.

People received personalised care that was responsive to their needs. Care records contained sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that appropriate action would be taken.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided. However, these systems could be more clearly documented and more structured audit tools could be used to ensure that all areas of the service were being fully monitored.

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.

Staff understood how to keep people safe and were aware of their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines management practices were followed by staff.

Is the service effective?

Good

The service was effective.

Staff felt supported and received induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People had sufficient to eat and drink and nutritional risks were monitored by staff. External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well.

People and their relatives were involved in decisions about their care. However, advocacy information was not easily available to people.

People received care that respected their privacy and dignity and encouraged their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs. Care records contained sufficient information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that appropriate action would be taken. The provider was meeting their regulatory responsibilities.

There were effective systems in place to monitor and improve the quality of the service provided. However, these systems could be more clearly documented and more structured audit tools could be used to ensure that all areas of the service were being fully monitored.

Chesapeake House

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 14 June 2017 and was unannounced.

The inspection team consisted of an 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Derby to obtain their views about the care provided by the service. We used this information to plan this inspection.

During the inspection we observed care and spoke with five people who used the service, a cleaner, three support workers, the registered provider and the registered manager. We looked at the relevant parts of the care records of seven people who used the service, three staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe. A person said, "Very safe." Another person said, "I feel safe. I would talk to a member of staff if not."

A safeguarding policy was in place and staff had attended safeguarding adults training. Staff were aware of safeguarding procedures and the signs of potential abuse. They knew what to do if they suspected abuse. This meant that people could be assured that staff would act to keep them safe.

People were assessed as requiring support from staff with their finances to safeguard them against potential financial abuse. We checked the documentation for a number of people and it was accurate and fully completed.

People told us that they were kept safe but were not unnecessarily restricted. Some people were supported to leave the home or supported living flats if they required assistance to do so whereas other people could come and go as they pleased.

Risk assessments were completed to assess risks to people's health and safety and to identify actions to be taken to minimise those risks. A person was admitted to the home at risk of falls and staff had ensured that appropriate assessments and equipment were in place to minimise the person's risk of falling. This allowed the person to move safely.

We saw completed documentation relating to accidents and incidents, which identified actions taken to minimise the risk of them happening again. The service was trialling a new system which would allow people to raise an alarm if they required staff urgently. This meant that people living in the flats would have an easy way of requesting assistance to keep them safe if they needed staff.

We saw that the premises were generally safe and well maintained and checks of the equipment and home and supported living flats were taking place. However, windows were not restricted in the home and water temperatures were not monitored in one part of the home. The registered manager to immediately review these areas to ensure that people were kept safe.

We also saw that personal emergency evacuation plans (PEEP) were not in place for all people using the service. This meant that staff would not have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was also not in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service. The registered manager agreed to put these in place immediately.

People told us that staffing levels were appropriate and that staff were available to provide help. A person said, "Got loads of staff. Good staff and they care." Support workers and domestic staff felt that they had sufficient time to complete their work effectively. During the inspection we observed staff promptly attending to people's needs.

Systems were in place to identify the levels of staff required to meet people's needs safely. The registered manager explained that they considered people's dependencies when setting staffing levels. Staff levels were monitored closely to ensure that the correct level was maintained to support people living in the home and in the supporting living flats. An additional staff member came on duty later in the day to support the people living in the supported living flats when they returned from their daily activities.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. This meant that the provider took appropriate steps to check that people were supported by staff who were competent to meet their needs.

People we spoke with told us that their medication was well managed. A person said, "I get my tablets when needed." Another person said, "Yes I take one [tablet] and medicine is on time."

We did not observe anyone receiving their medicines. We checked some people's medicines administration record (MAR) and they had been fully completed. MARs contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines.

Medicines were stored securely in a locked trolley and a refrigerator. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner. Staff had their competency to administer medicines assessed by the registered manager. That helped to ensure people received their medicines in a safe way.

Good

Is the service effective?

Our findings

People felt staff were capable and competent in their role. A person said, "Of course, yes." We observed that staff competently supported people throughout the inspection such as at mealtimes.

Staff felt supported by management. They told us they had received an induction which prepared them for their role. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role.

Training records showed that staff attended a number of training courses. Staff used self-directed learning and advice from professionals for guidance on supporting people with autism or learning disabilities but the registered manager agreed to review the range of training attended to consider including learning disability and autism training in the training plan. Regular staff discussions took place where information and learning was shared to improve the care for people such as supporting a person with their emotional needs.

Staff also told us they received regular supervision and appraisal and records we saw confirmed this. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

People raised no concerns regarding whether staff explained what they wanted to do and checked with them prior to providing support. We saw that staff asked permission before assisting people and gave them choices, such as whether they wanted to wear a clothing protector at mealtime.

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 DoLS. We checked whether the service was working within the principles of the MCA.

We found that mental capacity issues had been considered and DoLS applications had been made for some people living in the home. Staff had an appropriate awareness of MCA and DoLS. No authorised DoLS were in place.

Care records contained guidance for staff on how to effectively support people at times of high anxiety. Staff were able to explain how they supported people with periods of anxiety such as a person with emotional needs relating to a particular relationship.

Feedback on the quality of the food was positive and people told us they had choices and their nutritional

needs were met. One person said, "It's alright." Another person said, "Staff help you [to make food choices]."

We observed the lunchtime meal in the home. Food looked appetising and we saw that staff assisted a person by cutting their food into smaller pieces. Other people ate independently without support being required. People living in the supported living flats received support in the evening with meal preparation. A person with diverse nutritional needs received meals that met those needs. People were involved in menu planning and were supported to go shopping for food when they wanted to.

People commented that they were able to get drinks in between meals. We saw that people were offered drinks during the inspection. Records showed that people were weighed regularly to identify if they were gaining or losing weight so that any nutritional concerns could be promptly identified and acted upon. Staff told us that some people attended an external gym and healthy eating group to support them in this area.

People told us they were supported with their healthcare needs. A person said, "I go to the opticians." Care records contained a record of the involvement of other professionals in the person's care, such as the GP and dentist. We saw that a person living with diabetes was supported to have the appropriate health checks. We also saw that people received annual health checks and were offered regular health screening.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "They are kind yes." Another person said that staff had responded well to a person in distress, "Someone was crying and staff sorted it out."

People told us they were comfortable with staff and were listened to. A person said, "Oh yeah, everyone does." Staff had a good knowledge of the people they cared for and their individual preferences. We observed staff interacting positively with people encouraging choices and their independence and talking in a relaxed and friendly manner.

People told us that they knew where their care plans were and that they got a say into what was put into the care plan. They also told is they had meetings to review their care. A person said, "The care plan is in the office and my social worker comes here [for review meetings]." Another person said, "I've seen [my care plan] and I get a say."

Care plans indicated that people and their relatives, where appropriate, were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. This meant people could be assured that their views were taken into account during the care planning process to ensure that the care provided met their personalised needs.

When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was not easily available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. An information guide for people who used the service was also not in place. The registered manager agreed to put these in place.

People told us staff respected their privacy and maintained their dignity. Everyone had their own room and some people had their own independent living room. People living in the home stated that they would spend time in their room if they wanted their own space. A person said, "Yes I use my room for privacy."

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged to be independent if they were able and to ask for help if required. One person told us they were now being encouraged to be more independent. They said, "I've started to sometimes wash my own bedding and clean my own room." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us there was no restriction on when they could receive visitors. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

People told us that they felt they received support that was responsive and personalised to their needs. A person said, "I make my own choices. I choose when I can go to bed."

Some people told us that they preferred support from staff members of a specific gender and that this was respected by staff. A person said, "I prefer a male carer." This person received regular one to one support from a male support worker. Another person said, "I prefer female staff for personal care." This was also being respected by staff.

People's views were positive about the activities that they took part in and they were supported to follow their own hobbies and interests. Everyone spoken with told us that there was enough to do in the house. A person said, "I like football, music, television, jigsaws, crafts, allotment, pool and McDonalds." Another person said, "I like shopping, knitting and tv." A third person said, "Sometimes I leave the home and do what I want to do. I like play writing, Winchester club [a charity which organises holidays, outings and events for people with disabilities], knitting and cooking."

We saw people relaxing, watching television, playing pool and chatting during our inspection. Most people were out during the morning and early afternoon and we were told that people went to dance groups, worked on their allotment and another person worked in a local care home. Other people attended college.

Care plans were in place to provide information on people's care and support needs, including healthcare needs. A summary of people's needs was contained within an "A&E grab sheet". This meant that accessible information was in place in the event of a person needing to attend a hospital in an emergency.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs such as a person with diverse dietary needs. We saw that people were supported to attend religious activities in line with their preferences.

People knew who to approach in the event of a complaint. Everyone also stated that they felt comfortable if they needed to complain. A person said, "I would tell the manager or my [relative]." Another person said they would complain to, "The manager."

No recent complaints had been received. Guidance on how to make a complaint was displayed in the home and easy read complaints information was put in place during our inspection to better support people to understand what to do if they wanted to make a complaint.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

Good

Is the service well-led?

Our findings

People told us that they attended regular meetings and also completed surveys on the quality of care being provided by the service. We saw meetings for people took place where comments and suggestions on the quality of the service were made. Comments were positive. Actions, like arranging coffee mornings were taken in response to comments made by people. We saw completed surveys which were also very positive on the quality of the service being provided. People living in the supported living flats attended the meetings on occasion and completed surveys. Surveys were presented in an easy read format to support people to understand and complete them more easily.

People were involved in the recruitment of new staff. Applicants visited the service and spent time with people using the service in an informal setting where people could ask questions and then provide feedback to the registered manager on their views of the applicant.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. The provider's values and philosophy of care were displayed and staff were observed to act in line with them during our inspection such as treating people as individuals and supporting them with dignity and respect.

People told us that there was a positive atmosphere in the home. A staff member said, "It's a very friendly and nice atmosphere." Another staff member said, "It's a great atmosphere. Everyone gets on really well." We found the home to be relaxed and friendly and people were comfortable speaking with staff and interacting with each other.

People told us that the registered manager were approachable and listened to them. Staff told us that the registered manager was approachable and supportive and they regularly discussed ways of improving the quality of care provided by the service. A staff member said, "[The registered manager] is fabulous, can't fault her. She is very flexible and offers solutions to problems."

We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this. A staff member said, "It's a very friendly environment and everyone works as a team."

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider who visited the home regularly. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. Actions had been taken where issues had been identified by audits or from inspections by external organisations such as improvements to medicines practices following previous CQC inspections.

We saw that regular checks had been completed by the registered manager. The registered manager checked medicines to ensure that they had been given by staff. The registered manager and the registered provider checked the environment to ensure it was well maintained, safe and clean.

The registered manager worked closely with another staff member on producing care plans to ensure they remained accurate and up to date. However, audit documentation was generally limited and the registered manager agreed to look into using more structured audit tools to ensure that all areas of the service were being fully monitored.

The provider was regularly present in the home, speaking with people who used the service and staff, but did not formally record any of their checks of the service. The registered manager agreed to discuss this issue with the provider.