

## Chrysalis (Cumbria) Limited

# Chrysalis

### 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** 

#### Overall summary

This announced inspection took place on the 4th March 2015. The provider was given 48 hours' notice of the inspection visit because the location provides personal care and support to people in their own homes. As the people who use this service often accessed community activities we needed to make sure people were available to speak to us. Chrysalis provides personal care to people who have a learning disability or other complex needs.

This was the first visit to this service which was registered by The Care Quality Commission (CQC) in August 2013.

Although the service was registered in 2013 Chrysalis did not start to provide the regulated activity of personal care until April 2014. At the time of our inspection the service provided personal care and support to two people.

There was a registered manager in post on the day of our visit. 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 inspection team consisted of one adult social care inspector.

# Summary of findings

We found that people who used this service were safe. The support workers knew how to protect people from harm. All staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern. There were good systems in place to ensure people knew the staff that supported them. Staff rosters had been discussed with the management team, the support workers and the people who were supported by this agency.

We saw that the provider had robust recruitment policies and procedures which ensured only suitable people were employed to care for vulnerable people with complex needs.

We found that the service worked well with external agencies such as social services, other care providers and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

We saw that medicines were administered safely and all the records were up to date and audited regularly. All staff had completed training in the safe handling of medicines.

We saw people were encouraged to take part in a variety of activities in the community as well as the opportunity to attend the day care service organised by the registered provider.

The service followed the requirements of the Mental Capacity Act 2005 Code of Practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to give consent and make difficult decisions for themselves.

We saw that professional advice from adult care social workers, the learning disability nurse and other health care advisors was accessed as and when necessary.

Personalised care plans were in place in a format that was suitable through pictures and symbols as well as writing.

There was an appropriate internal quality monitoring procedure in place. Checks or audits were completed in respect of, medicines management, care plans health and safety and equality and diversity. These checks ensured people were cared for and supported in the way they chose themselves.

# Summary of findings

## 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 was safe.

The support workers knew how to protect people from harm. There were good systems to ensure people knew the staff that supported them.

There were robust recruitment procedures in place to ensure only suitable people were employed to work in this care agency.

People told us they felt safe at home and in the community. They were encouraged to go out independently, if appropriate. They knew who to contact and what to do if they were worried about anything.

Medicines were handled effectively and safely.

Good



### Is the service effective?

This service is effective.

People received high quality of care. They were supported to lead active lives and to follow a range of activities in their home and in the local community.

There were good systems in place to ensure that people received support from staff that had the training and skills to provide the care they needed.

People received the support they needed to maintain their health and to see their doctor when they needed. External health and social care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Good



### Is the service caring?

The service is caring.

People were treated in a caring and kind way. People were treated with respect and their independence was protected and promoted.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the support people required and their preferences about how they wanted their care to be provided.

Good



### Is the service responsive?

The service is responsive.

Staff took into account the needs and preferences of the people they supported.

People were supported to maintain family and other relationships which were important to them.

There was a good system to receive and handle complaints or concerns.

Good



# Summary of findings

## Is the service well-led?

The service is well-led.

There was a registered manager in place at the time of our inspection. People who used the service and the staff knew the registered manager well and were confident to raise any concerns with them.

Staff told us they received good support from the manager and could approach her at any times to discuss any concerns they may have.

The registered provider had systems in place to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on.

**Good**



# Chrysalis

## 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.

The inspection team consisted of one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources including the local authority and the health care providers. We looked at the information received about the service from notifications sent to the

CQC by the registered manager. Before this inspection visit we received a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

The inspector visited the agency office on the 4th March 2015 to look at records around how people were cared for and supported. We looked at the care plans belonging to the two people currently supported by Chrysalis, four staff recruitment files, staff training records and copies of the policies and procedures. We spoke to the registered manager, the operations manager, the learning and development manager and a member of the support staff who was in the office on the day of our visit. We spoke to another member of staff by telephone, two relatives and one of the people who was supported by Chrysalis.

# Is the service safe?

## Our findings

We were able to speak to one of the two people supported by Chrysalis to ask if they felt safe when being supported by the staff who worked for this agency. They said, “I really like the staff and always feel safe when they help me when I am at home or out in the community”. We spoke to two relatives and they were very complimentary about the service. They said, “I am so much happier about the care my relative now receives. I am confident they are always safe when they are at home with the support worker, in the day centre or out in the community” and “I have no worries at all about my relative being safe as I have complete confidence in the manager and staff”.

During our visit to Chrysalis we looked at the personalised care plans for the two people currently being supported by this agency. We saw they contained a full assessment of their needs and sufficient information to enable the staff to provide the care and support to meet those needs. Risk assessments had been completed and were regularly reviewed at the same time as the care plans. The risk assessments took into account the time spent in people’s own home and also the times they were taking part in leisure activities in the community.

The staff we spoke to told us that they had completed training in recognising and reporting abuse. They said they had never witnessed any incident that gave them cause for concern and would not tolerate any form of abuse or discrimination. All the staff said they would be confident reporting any concerns to any member of the management team knowing their concerns would be acted upon. One support worker told us, “We have completed training in protecting vulnerable adults and we know to look for any signs at all such as bruising or a change in people’s attitude”.

The registered manager explained that people Chrysalis supported also received care from other providers and explained that the agency worked closely with other social care providers to ensure people received the most appropriate level of support.

The service had a stable staff team who worked to a five week roster, covering Monday to Friday to ensure continuity of care. Care and support at week-ends was provided by other social care providers. The staff rosters had been discussed and agreed with the management team, the support staff and the people supported by the agency. The roster system ensured people knew which support worker was coming each week which gave people the opportunity and time to become familiar with the different members of the support team. The people supported by the agency and the support workers agreed this roster system was the best for all concerned.

We saw that Chrysalis had a robust system in place for the recruitment of staff. All new staff had to be fully checked before their employment was confirmed. We looked at four staff recruitment files and saw that all the checks and information required by law had been obtained before new staff were offered employment in the agency. All staff had a contract of employment and were given a staff handbook outlining their role and responsibilities and other information about their employment such as the disciplinary procedure. New staff had a full induction programme to complete during their probationary period.

The registered manager confirmed that the people who were supported by this agency were part of the team involved in the recruitment of all new staff in line with the policy for the recruitment of new staff.

We looked at the records kept in the care plans in respect of the administration of medicines and found these to be correctly maintained. At the time of our visit medicines were received from the pharmacist in the original bottles and boxes. However the registered manager confirmed that she was looking at a monitored dosage system being introduced as an additional safeguard for people and the staff that administer medicines to people in their homes.

Staff told us they had completed training in safe handling of medicines and this was updated each year.

# Is the service effective?

## Our findings

People and their relatives were very positive about the support provided by Chrysalis. Relatives said, “It has made such a difference to my relative’s life. He is very happy and the support he gets is wonderful. They are helping him with his cooking and his week-end shopping”. One of the people supported by this agency told us, “The support workers are great and unlike carers I used to have they have time to talk to me. They help me to prepare my tea and I go shopping with a support worker on a Saturday”.

When we spoke to the support workers they explained that not all the people they supported were able to communicate verbally. They told us they had learned to communicate through facial expressions and body language. They told us it was very important to ensure people still had choices about how to live their lives and make choices even if verbal communication was difficult.

We spoke to the registered manager and staff about the training and support provided and we also discussed the training programme with the learning and development manager. We were given a copy of the training plan showing the scheduled training for the year 2015/6 and saw that it documented the training to be delivered in each quarter of the year. The training manager explained that three monthly blocks gave realistic goals to be set and achieved rather than looking at the year as a whole.

We learned that not only did staff receive basic training but that they received training that was

specific to the needs of the people they cared for and in line with their roles and responsibilities. Training courses included basic induction for new staff, equality and diversity, autism, specialist communication (Makaton) risk assessment, dementia, mental health, adult protection, specialist medicines such as Midazolam and moving and handling.

Staff told us they could discuss their training needs during their staff supervision meetings with their line manager. The registered manager was putting in place an appraisal system against key performance indicators to enhance the current supervision appraisal processes. Training specific for the management staff and their roles was also being planned and developed.

We saw that staff who worked with people with complex needs had completed training to ensure they had the skills to meet those needs. The systems used to allocate staff to support people ensured staff were only deployed in a property if they had the skills and knowledge to meet the needs of the people who lived there.

The registered manager, the operations manager and the learning and development manager showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. They had a good understanding of the Mental Capacity Act 2005, (MCA 2005) and the Code of practice. At the time of our inspection training in the MCA 2005 had been scheduled and we were told all staff will have completed this training by May 2015. Meetings had been held with appropriate people to ensure decisions made were in the best interest of the person concerned. The manager told us lines of communication between the provider and external health and social care professionals were very good. This ensured people were supported in the most appropriate way to make life style decisions in the way they wanted.

People received support to maintain good health and healthcare needs were met by their GP.

Hospital visits were recorded and staff accompanied people to their appointments. We asked staff about obtaining consent to care and treatment when people’s verbal communication was limited.

Each care plan contained a hospital passport that was in a format that was easily understood. This detailed how people communicated and what was important to them in their care and their lives. The individual could take this with them if they had to go to hospital or attend an outpatient appointment. This helped to ensure that the hospital staff had up to date information to help them communicate with the person and to provide care in line with their wishes.

Advice from district nurses, social workers and the community learning disability nurse was accessed when required. This ensured all health care and psychological needs were met in the most applicable way.

# Is the service caring?

## Our findings

As this service provided care and support to people in their own homes we contacted one person by telephone to ask their opinion about the care they received. Their replies were all positive and included, “They are great. I cannot do without them. I live by myself and the short visit I receive is great as I have time for a chat while they are here”. Families told us, “I cannot fault the care and support of Chrysalis. The care they provide is wonderful and my relative is very fond of the support workers” and “The support workers know my relative well and the care is outstanding. I could not manage without the support we both receive”.

Prior to our inspection visit we contacted external health and social care professionals asking for their comments about Chrysalis. They were very positive and complimentary about the agency. Comments included, “Families also seem to value the input they offer to the people that they work with, and the service is spoken of with great fondness by service users” and “Anecdotally, parents and family members who I regularly come in contact with, have nothing but glowing praise for Chrysalis – both their day service and in particular, their domiciliary and outreach provision”.

Staff we spoke to confirmed they knew the people and their preferences they supported well as they always worked with the same group of people. They were knowledgeable about their assessed needs and what they had to do to

meet these needs. This gave a consistency of service that ensured people became familiar with the group of staff that supported them. Prior to the current staff roster system being implemented proposals were discussed with the management team, the support workers and the people the agency were supporting. Support staff worked on a five week roster so the people they supported got to know them well and this was appreciated by people and their families. When cover was required for holidays or sickness other people within the staff team provided this so people were familiar with those providing the support.

We saw, from the care plans we looked at, people received care when they needed it and in a way that took account of their expressed wishes and preferences. The staff undertook one visit each day but care went into the planning of the visits to ensure people chose exactly the level and type of support they wanted. People who could speak to us confirmed that their support was always provided in a caring, dignified and respectful way

There was on-going training in place for person centred approach to caring for vulnerable people with a variety of needs. The registered manager had plans in place to develop and train dignity in care champions to lead in the provision of high quality care.

The management team was in the process of providing further guidance for staff and managers with regards to advanced decision making and planning processes associated with end of life care.



# Is the service responsive?

## Our findings

People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice. People told us that they were very happy with the care they received and said this supported them to live in and be a part of the local community. They told us that they enjoyed going to the local shops at the week-end and taking part in activities in the day centre and the community. One of the people we spoke to said, “My support workers are helping me with preparing my evening meal. I like this better than meals from a microwave”. Relatives told us, “Chrysalis and the staff are wonderful. They respond well to my relation and are helping him to become as independent as possible. I can contact the manager at any time and there is always someone around when I ring. They keep me up to date with everything that is going on”.

We saw that Chrysalis referred people to external health and social care providers when this was necessary. An easy read document that emphasised health care needs was being discussed and planned with people the agency supported. The registered manager said this would encourage people to have more control and involvement in their health care and the referrals that needed to be made to external professionals.

The service worked well with external health and social care providers to ensure there was a seamless provision of care that met people’s needs in the most appropriate way. We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities.

Chrysalis had an in-depth policy and procedure for dealing with complaints and concerns, a copy of which was given to people when they started to receive support. It was discussed with people who used the service and their family if this was appropriate. There was a complaints log in place but there had only been one minor complaint to deal with some time ago which was settled within the timescale set out in the policy. The registered manager told us it had been a ‘learning curve’ although it was only a minor concern at the time. Family members told us, “I have no complaints at all but if I had I can call any of the managers at any time and they will listen and sort the problem out.

We looked at the two care plans in place when we visited the office, a copy of which was kept in people’s own home as well as the office. We saw that where necessary care plans were in a format suitable for the person concerned. We saw that each person’s needs had been assessed before they were offered support by the service. The initial assessment was completed by the registered manager. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. Each care and support plan was reviewed regularly and was updated immediately if there was a change to the assessed needs. We saw that some care plans were in a format that was easily understood with pictures and symbols.

At the time of our inspection people received care and support from other providers as well as Chrysalis. The registered manager and the operations manager confirmed that communication between all the agencies was good and informative.

# Is the service well-led?

## Our findings

A registered manager was in post at the service. People who could speak to us and also the support workers told us that they thought this service was well managed. People told us that they knew how to contact the agency office if they needed to although they said, “If I need anything at all I only have to speak to the manager or one of the other seniors and I can do this at any time”. Relatives told us, “This agency is excellent and nothing is too much trouble for the registered manager. She always makes herself available but if she is out or away any one of the other managers is available” and another said, “The manager is absolutely wonderful. I can’t speak highly enough of her and the way she runs the agency”.

Comments we received from support workers about the management of the service were all very positive. They appreciated the support they received from the registered manager, the operations manager and the training and development manager. They also told us that the registered manager had a very open style of management and that she was approachable and willing to listen to any suggestions about how the support was provided.

We asked external health care professionals for their comments regarding Chrysalis and were told, “On no occasion have I had any concerns with any element of the care provision on behalf of Chrysalis. Communication channels and reaction to clinical input and advice are also first rate and is generally cascaded down from various management tiers, who if I may add are all exceptionally professional, trustworthy and amenable”.

We saw that staff supervision was completed regularly and this gave the staff opportunities to discuss their training needs and the running of the service. Annual appraisals were also in place.

All the staff we spoke to said that they would be confident to speak to the registered manager or any other senior person in the organisation if they had any concerns about another staff member anything else about the agency. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.

The registered manager had put a good and supportive management structure in place. This ensured the agency provided support for people that used the service, their relatives and the staff providing the care and support.

The service had formal systems to assess the quality of the support provided to people. People who used the service were given opportunities to share their views about the care they received. Relatives told us that lines of communication with the registered manager were very good and they were always asked for their comments about the support provided. Questionnaires were sent to people who used the service and their replies were analysed and a report sent to the Board of Trustees. Quality audits covering all aspects of the service were completed each month.

Senior managers met monthly and team leaders met every two weeks to discuss the results of the audits. The Board of Trustees met every two months to discuss the running of the service with the registered manager and members of the senior management team. The registered manager confirmed they had monthly supervision meetings with two of the trustees. These meetings were a forum to discuss their personal and professional development as well as discussions about the strategic and operational plans in place for the future of the service provision.

As part of the quality monitoring of the service the registered manager and other senior staff carried out regular checks on the quality of records held in the service office and in people’s homes. These checks helped to ensure that records were up to date and gave staff the information they needed to support people.

We saw that the management team worked closely with the local authority and other external agencies to provide holistic and seamless support and care. We were told by a social care professional, “I only have positive experiences of how proactive and thorough Chrysalis management and staff are in securing the best possible service for people”.

We found, throughout our visit, the culture in the service was open and relaxed. Staff told us they had regular staff meetings when opportunities were given to make suggestions or raise concerns. The staff we spoke to were confident they would be listened to.

## Is the service well-led?

The registered manager told us that the quality of the care provided was central to their aims for the service. The staff we spoke to told us that the management team in the agency set high standards which they were expected to meet.

We found that Chrysalis had a strong vision which was to enrich the lives of people with disabilities and the values that underpinned the work of the agency were to uphold choice and control, dignity and respect, integrity, innovation, creativity and involvement.