

Oaklands Support Limited Chestnut House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chestnut House is a supported living service for people living with a range of care needs, including mental health and learning disability needs. It operates two shared houses where people have access to their own flat and share communal areas. Other people were supported in individual homes. The service was supporting 22 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People had not always been protected from the risks of infection as staff had not always worn facemasks in line with government guidelines. On occasion, people were not always compatible when sharing accommodation together. Where people's behaviours had a negative impact on others, the provider took action to resolve any issues. The provider took steps to promote people's safety and reduce known risks.

Steps were taken to promote staff safety. Staff were suitable for the role they were employed in and there were sufficient staff to care for people safely. Staff felt well-supported by the management team. Staff were trained to administer medicines safely where people required this.

Safeguarding processes were followed when needed to promote people's safety, and staff were knowledgeable on these. Any accidents and incidents were reviewed to help identify lessons learnt and these were shared with staff.

The registered manager led with an open and inclusive management style and this helped set a positive and person-centred culture where people were supported to achieve positive outcomes. Arrangements were in place to check and monitor the quality and safety of services. Views of people, staff, relatives and other professionals were gathered to help improve the service. The service worked well with a range of other health, social care and criminal justice professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 March 2020).

Why we inspected

This was a focussed inspection. The inspection was prompted in part due to concerns received about risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chestnut House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection to look at specific concerns we had around risk management.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a specialist professional advisor whose area of specialism was in psychiatry and learning disabilities, and an assistant inspector.

Service and service type

Chestnut House provides care and support to people living in a number of 'supported living' settings so they can live as independently as possible. Peoples care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice so arrangements could be made for the inspectors to visit the office location and work in a COVID-19 safe way.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nominated individual, service manager and four support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five professionals who worked with people who used the service. They were from health, social care and criminal justice professions. We continued to review records remotely. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rota's, policies and quality assurance records. We contacted Healthwatch for feedback on the service, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had no feedback recorded for this service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. This was because staff practice did not reflect the government guidelines to wear face masks in all relevant settings. We made the registered manager aware and shortly after our inspection they confirmed the guidelines for staff to wear facemasks were being followed.
- Staff received training in preventing the spread of infection and there were policies and procedures in place to support staff knowledge.

Assessing risk, safety monitoring and management

- The provider sought information to assess people prior to them moving to the service. However, comprehensive information on people's needs had not always been available, despite the provider's attempts to obtain this. This had a negative impact on the provider's ability to ensure safe care and to ensure risks were mitigated.
- There had been two recent occasions following people newly admitted to the service when the provider had either given notice or advised other professionals the current accommodation was not suitable. This was because the provider had identified further risks and had concluded people's needs could not be met.
- Sometimes people who lived in shared houses together had behaviours that had negatively impacted on others. We saw the provider had raised concerns with the local authority to arrange alternative arrangements and so minimise any negative impacts on others.
- The provider worked well to implement decisions made by external health care professionals at joint meetings. However, following the inspection we contacted the local safeguarding team due to concerns about the time taken for health care professionals to assess people's mental capacity. This had a negative impact on the providers ability to keep people safe.

Staffing and recruitment

- People received care from sufficient numbers of suitable staff. Where people's care required two staff members, records showed this was provided.
- Recruitment processes were in place and followed. This meant pre-employment checks were made to help the provider appoint staff who were suitable for the job role.
- Staff were supported with their training and development to help ensure they could meet people's needs.

Using medicines safely

- Medicines were managed safely. Administration records (MARs) were completed when staff were involved in administering medicines.
- Staff had received training in medicines administration and care plans contained information on people's medicines and any side effects. One staff member told us, "I shadowed managers, did medicines training on site and managers talked me through the MARs. I was then supervised until I felt competent."
- Medicines administration records were audited regularly. This helped to ensure any errors could be quickly addressed and help to check people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider followed safeguarding processes to raise any concerns about people's safety. Staff had received training about how to protect people from abuse.
- The provider took action when they were concerned for people's safety. For example, when a vulnerable person did not return home as expected, the provider had alerted the local police and the professionals involved in their care.

Learning lessons when things go wrong

- The registered manager reviewed all events and incidents so that action could be taken to reduce the chance of re-occurrence.
- Staff knew how to report and respond to incidents and accidents. Actions had been taken to review lessons learnt from a recent serious incident and to implement further safety measures. One staff member told us, "If there is an incident or accident on the unit we would sort as much as we can. We will then have a debrief to see if we can identify what led to the incident. There will be outcomes on the management form. We are looking and learning all the time. The debrief works very well, it makes everyone feel supported."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was led by a registered manager who was committed to promoting people's rights. They were supported by a service manager and a quality assurance lead.
- Staff and other professionals we spoke with provided examples of how people were working towards achieving their goals; this helped to show how people were supported by staff towards achieving good outcomes. One person told us staff helped them in this way, they said, "[Staff help me] definitely. Cleaning, cooking, everyday life, things like trying to get a job."
- Investigations into incidents were open and transparent. The registered manager promoted an open and blame free learning environment for staff to review and learn from incidents. Staff spoke highly of the management team. One staff member said, "Honestly, the management team with this company has got to be the best out of all the places I have worked at."
- Staff had access to personal alarms; these had been introduced following a recent serious incident. This helped to promote staff safety. Staff we spoke with told us they felt safe at work. Lone worker risk assessments were in place to further reduce risks to staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Policies and procedures were in place and followed.
- The registered manager was clear about their role and responsibilities. They had submitted statutory notifications as required.
- Audits were completed to help inform on the quality and safety of services. Any actions from audits were clearly identified.
- Time was given to reflect and review scenarios to help the service continually learn and improve care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's equality and diversity needs were respected and supported.
- People's views were used to inform their care plans and support.
- There were further opportunities for people who used the service and their representatives to share their views about the quality of the service provided. These responses were reviewed by the provider to identify if any further improvements could be made.

Working in partnership with others

- Other professionals we spoke with as part of this inspection were all positive in their views about the service, staff and the outcomes for people.
- We saw referrals had been made for people to a wide range of health and social care teams. This showed active engagement and effective partnership working.
- The provider told us of several initiatives where they worked successfully with other professionals. These included relationships with the local University to support students on placement. In addition, the provider worked with a range of other agencies to help provide meaningful opportunities for people to gain life, social and work experiences in their local communities.