

Diamond Care (2000) Limited

The Chantry

Inspection report

46-47 Dean Street
Credton
Devon
EX17 3EN

Tel: 01363777396

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09 May 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The home provides accommodation and personal care for up to sixteen adults with learning disabilities who require help with personal care. The accommodation is located in a Victorian house with an annexe with five bedrooms located across a small courtyard. Staff work across both areas. The home is within walking distance of the town centre.

At the last inspection in November 2014, the service was rated good, although the well-led domain was rated as requiring improvement. This was primarily because there was no registered manager in post.

This comprehensive inspection took place on 9 May 2017 and was unannounced. At this inspection we rated all the domains as good and therefore the service remained Good.

The home had a manager who had registered with the Care Quality Commission in March 2015. 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.

There were quality assurance systems to monitor the running of the home. Records showed that where issues were identified these were addressed.

People risks, needs and preferences were assessed when they came to live at the Chantry. Care plans were developed to address these with the involvement of the person. The plans described what staff needed to do in order to support people to be as independent as possible and lead fulfilled lives to their maximum potential. Plans were reviewed regularly and if the person's requirements altered.

Staff knew people well and showed kindness and compassion when working with them. Staff respected people's right to privacy and ensured they maintained people's dignity.

People were encouraged to do activities of their choice both inside and outside the home. Some people attended local clubs which they said they enjoyed doing. People were able to do some activities on a one to one basis. Staff also encouraged people to develop skills related to daily life, such as cooking, cleaning and laundry.

People were provided with a healthy and varied menu to meet their nutritional needs. People said they liked the food and were given choices of what to eat and drink.

Staff had been trained in the requirements of the Mental Capacity Act (2005) and knew the implications of this when providing care for people.

There were sufficient staff on duty to support people with their assessed needs. The registered manager ensured staffing levels were monitored and adapted to support people both in groups and on a one to one basis.

People received care that met their needs from staff who were recruited safely and trained in their role. Staff received regular supervision and appraisals to ensure they had the support they needed including consideration of their personal development. New staff received induction training which met national guidelines. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns.

Policies and procedures were in place for staff to support people take their medicines safely.

The home was well maintained. People were able to personalise their bedrooms. Friends and family were encouraged to visit without unreasonable restrictions.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service was well-led.

The manager had registered with the Commission. The registered manager was well thought of by staff and people.

The registered manager valued feedback from people, their relatives and staff and used this to improve the care provided.

There were quality assurance systems in place to monitor the safety and quality of the home and services.

The Chantry

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 9 May 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had 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. The provider had completed this in March 2017.

We spoke with two care staff working at the home on the day of inspection, as well as the registered manager.

At the time of this inspection, nine people were living at The Chantry. The registered manager said another person also came for respite stays each weekend and during school holidays. We met all nine people living in the home and spoke to four of them about their experiences. We also spent time observing people undertaking daily activities in the home who were not able to communicate with us formally. After the inspection we spoke with one relative.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three care records, including risk assessments, care plans and two records relating to people taking their medicines. We reviewed two staff records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

After the inspection we contacted three social care professionals. We received one response. We also

contacted the GPs and other health professionals at two local GP surgeries but did not receive a response.

Is the service safe?

Our findings

One person said "I really like living here." Another person nodded and smiled when asked if they liked living in the home. Most people who lived The Chantry were unable to tell us verbally whether they felt safe. We therefore spent time with people, observing their interactions with staff. We saw people smiling and happy. They were seen coming up to staff whilst laughing and looking relaxed. This indicated people felt safe in staff's company. A relative commented "[Person is happy there. If things were not right, I would not let [person] be there."

People were supported to take risks to be independent. For example one person was able to go out independently. The risks to this person were clearly documented in their care record and there was clear information about what staff needed to do to support the person at different times. A social care professional commented '[person] has risk assessments in place for activities, in the home, accessing the community that are reviewed. He accesses the community with appropriate numbers of staff and enjoys these activities.'

People were protected against the risks of potential abuse. Staff were able to describe how to keep people safe. They had an understanding of their responsibility for reporting accidents, incidents or concerns. The registered manager had worked with the local safeguarding team to investigate allegations of abuse.

There were arrangements in place to keep people safe in an emergency. Regular checks on fire safety procedures were carried out to ensure that if necessary people were kept safe in the event of a fire.

There were written procedures for receiving, storing and administering medicines. These described what staff needed to do to ensure people who received medicines were kept safe. The home used a controlled dosage system (CDS) for most routine medicines. These were stored in an orderly way in a locked medicines cabinet. We observed two people having their lunchtime medicines administered by staff. Staff checked what medicines needed to be given, before offering the medicine to the person. The member of staff checked to see that the person had taken the medicine with a drink, before signing to say the person had taken it.

The manager audited the medicine sheets to check that staff were completing them correctly. Where errors were identified, action was taken to reduce the risk of recurrence. Staff were trained to administer medicines by the dispensing pharmacy. Before staff were allowed to undertake medicines administration, their competency to do so was checked.

The home was well maintained and kept clean to ensure people were protected against the risks of infection. People were supported to keep their bedrooms and communal areas clean and tidy, although care staff were responsible for most of the cleaning. There was a laundry room with two washing machines and two tumble driers. Some people did their own laundry, with support from staff.

The registered manager said that there were normally at least three care workers on duty during the day. They said the number of staff was dependent on what activities people were going to do. In addition they

said they were at the home and spent part of their time working with people. The registered manager said there was two care workers on duty at night, one awake and a second care worker who provided sleeping-in support in the annexe. Staff rotas confirmed this. They said both staff carried walkie-talkies and therefore were able to remain in contact if necessary.

Throughout the day of inspection, we observed staff working in a calm and unrushed manner with people offering support when they needed it.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to work effectively with people living at the Chantry. Records showed staff were supported and trained when they first started working. This included undertaking an induction programme which was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. The registered manager monitored staff's progress during their probationary period. Training included infection control, health and safety, manual handling, first aid, fire safety, safeguarding vulnerable adults, safe handling of medicines and food hygiene. A relative said "The manager and staff are really professional, they know what they are doing."

Staff were supported to refresh training from time to time as well as undertake nationally recognised qualifications in care. One member of staff commented that they were encouraged to do training adding "[Registered Manager] is pretty hot on it." For example four staff were currently working towards a Level two or three qualification in care, while five staff had already gained a qualification. Staff were also supported to attend courses to help them understand particular health issues such as dementia awareness, autism awareness and challenging behaviour. Staff said, and records confirmed that they received supervision every two months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found staff had an understanding of the Mental Capacity (MCA) 2005. Staff supported people to make their own decisions as much as possible. Applications for DoLS had been made for all the people living at the home. The registered manager said that none of them had been authorised yet. We observed people were able to move around the home without restriction and were supported to make decisions about what they did. Where people lacked capacity there was evidence that best interest assessments had involved consultation with family and professionals to help determine what was in the person's best interests. For example there were records of best interest meetings and decisions relating to dental treatment for one person.

Menus were designed with input from people on a seasonal rotation basis. People said they were able to

choose what they had to eat. People also said they could have an alternative if they did not like the meal on offer. A social care professional commented '[Person] has choices over his food and drink and was checked during our meeting that he was able to access these.' Staff prepared meals and were helped by people if they wanted to get involved. For example we observed one person helping to make a pasta and chicken recipe which they said they had chosen for dinner. During the inspection, the kitchen was open and people were able to move freely in and out of it. Some cupboards were locked which we discussed with the registered manager. They explained that because of assessed risks, all the people living at The Chantry needed to be supported to make hot drinks. However they said people could ask for drinks at any time. We observed this happening throughout the day. People's dietary needs were catered for. For example menus took account that one person required a coeliac diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Our findings

People appeared happy and contented. Throughout the inspection we observed people interacting with staff in positive ways, with staff responding in a kind and caring manner. A social care professional commented 'Staff appeared caring and supporting residents with lots of different activities both in the house and the garden, giving choice and flexibility.'

People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, one person said they really liked to help in the kitchen and enjoyed washing up. A social care professional commented 'Staff support [person] with a lot of dignity and respect as he likes to change his clothes and sometimes not to suitable attire, staff have learnt how to empower him to have appropriate clothing on without feeling he has not achieved this initially.' A family member said "The home just feels 'right', the [registered manager] and staff have a fantastic relationship with all the residents and they do lots of activities."

People received care and support from staff who knew them well. For example, staff talked knowledgeably about people's family and friends. Staff also ensured that people's birthdays and other significant dates were celebrated.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knocked on doors before entering people's bedrooms. Some people who were unable to manage a key were supported to keep their bedroom locked by having an electronic key fob which unlocked the door. This meant that they were able to lock and unlock their door independently.

People's records included information about their history and family as well as their likes and dislikes. There was also information about how they wished to be supported. For example care records described how people liked to be supported with bathing and what level of involvement they needed from staff with this.

People were able to personalise their bedroom to their taste. Each bedroom was painted in the person's choice of colour with furniture, pictures and ornaments chosen by them. For example one person had chosen to have bright green walls to complement a particular ornament whilst another person had chosen to have one wall in their bedroom painted red.

There was a range of ways used to make sure people were able to say how they felt about the service. People's views were sought through individual discussions and resident meetings. Staff had a good understanding of people's preferred communication methods and ensured that everyone was able to contribute ideas that were important to them. For example one person led a member of staff by the hand to show him something when he wished to make himself understood. Staff picked up on the signals and were able to communicate with the person about what they were shown.

Quality assurance surveys were undertaken annually. These were in an easy-read format to ensure people were able to complete them. There was evidence that suggested improvements were undertaken, for example changes to menus.

Incidents and accidents were monitored by the registered manager and actions taken described ways in which the risks could be reduced.

Is the service responsive?

Our findings

People's needs, risks and preferences were assessed before and after arriving at The Chantry. Each person had a care plan which had been developed with their involvement and was designed to meet their individual needs. Care plans were updated on a regular basis. This meant staff had detailed up-to-date information about the individualised support needed for the person. There was evidence in records which showed that where there was a concern, the person's care plan was reviewed and updated as necessary.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People were able to attend activities both inside and outside the home. We observed people enjoying an art session using pastels run by a visiting artist. Later in the day, a visiting therapist provided individual aromatherapy sessions for people. Staff described how some activities were scheduled on a weekly or fortnightly basis, for example there were regular music sessions as well as the art and aromatherapy sessions. Other activities were planned on a more ad hoc basis depending on what people wanted to do. For example, people were encouraged to decide on trips out in the home's own transport. Recent trips included a visit to the museum in Exeter and trips to North Devon. A relative commented "There is always lots going on, they do an art workshop, coffee mornings and are encouraged to take part in things that interest them."

One person said how they enjoyed attending a weekly coffee morning where they helped out. They also said they went to a regular 'knit and natter' session at a local venue. They described how they were being supported to apply for a voluntary post in a local company, which they were very keen to do. Staff also supported people to develop and maintain life skills such as managing personal finances, washing, cooking and cleaning.

There was a complaints procedure in place which people and their families had access to. There had been no complaints since our last inspection. The registered manager understood their responsibilities to investigate complaints should they arise.

People were able to access independent advocates if they needed to. A social care professional commented '[Person] has an advocate involved if needed to make sure that he is supported and his best interest is noted.'

Is the service well-led?

Our findings

At the last inspection, there was manager in post who had been newly appointed and was not, at that point, registered with the Care Quality Commission. In March 2015, the manager was registered with the Commission.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The service had a positive culture that was person-centred, open, inclusive and empowering. It has a well-developed understanding of equality, diversity and human rights and put these into practice. The Chantry's statement of purpose described how they 'keep resident's skill base as accomplished as possible, whilst meeting the needs of the individual...provision that respects and protects the dignity, individualisation and equality of the residents...' The registered manager and staff were able to describe these aims and how they supported people to achieve them. A social care professional commented 'The manager has contacted me on a couple of occasions regarding concerns ...- following confidentiality and risk protocol, this reassures me that the leadership is serious about safety and protecting people in their home.' A family member said "[Registered manager is fantastic, he has a really good relationship with all the residents."

People were encouraged to get involved in the local community, for example through local groups and events. The registered manager had also spoken with a local organisation to help with employment opportunities.

Regular staff meetings were held. These helped to keep staff informed about changes and also allow them an opportunity to make suggestions for improvements.

The registered manager stayed abreast of current legislation and practice. They attended meetings with staff from other providers including other registered managers.

The manager was very visible around the home working with people and staff, and demonstrating positive behaviours and attitudes. The registered manager valued feedback and acted on suggestions from people, visitors and staff. Staff said they found the registered manager was very approachable and positive. One member of staff said "[RM] has made a huge difference – we are supported to make decisions, if we make suggestions he will act on them." They described how they had been enabled to do training to support people with autism and communications. These had helped staff understand how people communicated in non-verbal ways. A relative commented "[Registered manager] has really involved me and asked my opinion."

The registered manager said they worked with the provider and other senior staff in the provider's organisation to ensure the quality of the service and consider how they could improve it. They had introduced new systems for paperwork, which had cut down duplication. They said this had led to improvements in the quality of the records. Senior staff from the provider organisation visited the home

regularly to provide supervision for the registered manager.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. This included regular audits and completion of a monthly performance monitoring system by the registered manager. Checks included fire equipment, water temperature and quality, medicines audits and environmental audits. The registered manager had a matrix for staff training and for staff supervision which they used to monitor that staff were up to date with supervision and training.