

Elysium Healthcare (Healthlinc) Limited

Chesterfield House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chesterfield House is a care home providing personal and nursing care to six adults under and over 65 years of age with learning disabilities, mental health disorders, or autism.

Chesterfield house accommodates up to six people in one adapted building. The accommodation is arranged over two floors, linked via staircases. The communal areas, including a lounge, dining room and separate sitting room, are on the ground floor along with a kitchen and laundry room. Outside there is an activities/craft room and gardens.

The service has been developed and adapted in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff provided care in a truly person-centred way and they had an excellent and in-depth knowledge and understanding of the diverse needs of the people they cared for. This was evident in the positive relationships staff built with people and the extremely positive outcomes people achieved. People developed much greater independence during their time at the service and were happy and fulfilled.

The services were very flexible and tailored to each individual and their choices. Staff were proactive in identifying new opportunities for people to be involved with and built links with the community. People were encouraged to be socially active and they were involved in local community initiatives and charities. They were supported to maintain their relationships with family and friends. People and their families were fully involved and consulted in such a way that they felt empowered, listened to and valued. People's care plans were fully reflective of their individual needs and their communication care plans were detailed and comprehensive.

People continued to receive a safe service where they were protected from avoidable harm and abuse. People felt safe and staff understood their responsibilities in relation to the people they cared for. Risks to people's health and safety were assessed and interventions were put into place to mitigate those risks. Staffing levels were planned to ensure there were sufficient staff with the right skills and experience to provide safe care that was responsive to people's individual needs. People's medicines were managed safely and people told us they received their medicines regularly.

Staff were supported to deliver effective care and received training to gain and further develop their knowledge and skills. They received regular supervision and appraisal. People were provided with a healthy

and nutritious diet; they told us they were fully involved in deciding the menu and they enjoyed their meals. People were supported to access health services when required and staff sought specialist advice when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People continued to be supported by staff who showed empathy and kindness toward them. They supported people physically and emotionally and gave them confidence to access new experiences and lead fulfilled lives. People's privacy and dignity were respected.

The service was well-led. The registered manager provided good leadership and was respected by staff. The quality and consistency of care was monitored through the use of audits and the views of staff, people using the service and visitors was sought. Improvements were identified from the results of these activities, to facilitate the continuous improvement of the quality of the service provided.

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

Rating at last inspection

The last rating for this service was Good (published June 2017). At this inspection the service remained good.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chesterfield 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Chesterfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a relative about their experience of the care provided. We spoke with a visiting independent advocate who supported people using the service. We spoke with four members of staff including the registered manager, a nurse and two care workers.

We reviewed a range of records. This included two people's care records and all the medication records. A variety of records relating to the management of the service, including staff training, quality audits and minutes of meetings we also reviewed.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff kept them safe. A person said, "The gates are shut and locked at night until the day staff come in. There are always staff here at night if we need them" A relative said, "Oh yes definitely (people are safe). The staff are brilliant."
- Staff understood how to protect people from abuse and avoidable harm. They were aware of the signs of abuse and the action they should take if they identified a concern. They said the registered manager would take action if concerns were reported; although they could contact the local authority safeguarding team if required.
- The registered manager was aware of their responsibilities for making safeguarding referrals and the requirement to notify the CQC. They gave an example of an occasion when they had identified an issue and made a referral, as well as notifying the CQC.

Assessing risk, safety monitoring and management

- Staff provided support in a way that maintained people's safety and welfare, while not unnecessarily restricting them. They completed individual risk assessments to identify risks to people's health and safety and put plans in place to reduce these risks.
- Staff explained how they encouraged people to be as independent as possible, whilst keeping them safe. For example, some people were able to go to the local shops independently after a period of support and assessment by staff, whilst staff supported others when they left the site.
- Staff completed positive behaviour support plans for people who showed behaviours that others might find challenging at times. These contained information of how to recognise early signs the person may be becoming anxious and things the person responded positively to.

Staffing and recruitment

- The registered manager ensured there were sufficient numbers of staff, with the right mix of experience and skills. Staff told us planned staffing levels were normally achieved and when there was unplanned sickness absence, other staff were flexible and filled any gaps. Staff rosters confirmed this.
- People and relatives said there were enough staff on duty to respond to their needs. A person said, "Staff are always there when you need them. You just have to ask for anything you need help with."
- Processes were in place for the safe recruitment of staff. New staff completed a comprehensive induction and were allocated to shadow other staff until the registered manager felt confident they were competent to work independently.

Using medicines safely

- People's medicines were stored safely and processes were in place for the ordering and supply of medicines. Checks we completed indicated that people received their medicines regularly, as prescribed. When people were prescribed medicines to take 'as and when required', information to guide staff on when to administer them was available.
- One person managed and administered their own medicines. A risk assessment had been completed to ensure they could do this safely. They told us staff reminded them when they needed to collect their medicines and said staff checked they had taken them.
- Staff undertaking medicines administration completed medicines update training annually and the registered manager assessed their competence annually.

Preventing and controlling infection

- The home was visibly clean at the time of the inspection and cleaning schedules were completed to ensure and demonstrate all parts of the service were cleaned regularly. People told us they were encouraged to keep their rooms clean with the support of staff.
- Staff completed training in infection prevention and control and food hygiene. They were clear about their responsibilities when a person had an infection or in the event of an outbreak of infection.
- One of the nurses was the infection prevention and control lead for the service and they attended external infection control link nurse meetings regularly. Infection control audits and hand hygiene audits were completed and showed good compliance with the requirements.

Learning lessons when things go wrong

- Staff said they were encouraged to report incidents and accidents. Following incidents the registered manager undertook a de-briefing session with the person using the service and the staff to identify triggers and lessons learned. They felt these were the key to the reduction in incidents as de-escalation and re-direction techniques could be put in place to defuse the issue and prevent escalation.
- Records we reviewed showed reports were consistently completed. The registered manager completed a monthly report for the provider that contained details of accidents and incidents. Actions to reduce the risk of recurrence and themes were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a full assessment of people's care and support needs and developed care plans based on the information gained. They used nationally recognised tools where appropriate.
- The service used 'Outcomes Stars,' an evidence based tool to assess changes in people's well-being and independence over a period of time using a range of scales. This provided an objective assessment of the person's journey towards independence.
- The provider's policies and procedures were up to date and were based on national best practice guidance. Staff also had access to national guidance on relevant issues. For example, staff worked with other professionals in relation to national guidance about over-medication of psychiatric medicines and this resulted in some changes to people's medicines.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to provide safe and effective care and support. Training records indicated staff were mostly up to date with mandatory training and staff we spoke with confirmed this
- . Staff told us they were able to access additional training and their training needs were discussed at their regular supervision. They had an appraisal every six months.
- Nursing staff said they were able to attend external meetings with clinical updates. One of the nurses had attended a course to become a swallowing and oral health and nutrition ambassador and was also a basic life support trainer.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff discussed the menu with them on a weekly basis and they had the opportunity to choose meals for the menu. People said they enjoyed the food; they spoke about their likes and dislikes and said they could choose an alternative if they did not want what was on the menu.
- Staff supported people to successfully manage their weight where necessary. A person said staff supported them to attend a community slimming club and choose healthy options. Staff developed care plans for maintaining people's weight within a healthy range.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to meet people's needs. There was an open plan lounge and dining area. The kitchen had been adapted to provide some worktops at a reduced height for people with difficulties

standing.

- People could leave the building freely during the day and had keys to their room when they wished. People's bedrooms contained personal possessions and were individually decorated.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people had seen their GP when necessary and they received annual health reviews.
 - Staff were alert to signs of ill-health and when vital signs observations were undertaken, the national early warning score was used to identify any early signs of deterioration and when medical advice was needed.
 - People told us they attended hearing checks and eye tests. A person told us they had a cataract in one eye and staff ensured they accessed regular checks for this. The person said, "They are keeping an eye on it."
- Supporting people to live healthier lives, access healthcare services and support.
- People were encouraged to participate in exercise and mobility sessions. Two people had moved from smoking cigarettes to electronic cigarettes.
 - An external visitor had been attending regularly to teach yoga. This brought benefits for people in terms of posture, balance and flexibility, and included a relaxation/meditation period at the end of each session.
 - The service recognised the importance of oral health care and people had regular access to a dentist. Each person's care plan contained a full oral health assessment and care plan.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found the appropriate applications had been submitted and authorisations gained. There were no conditions on the authorisations.
- Staff described how they provided care in the least restrictive way. We saw evidence of the involvement of professionals in decision making to ensure decisions were made in the person's best interests. An independent advocate attended the service regularly to provide support and advocate for people.
- Mental capacity assessments were completed when people could not make decisions for themselves and when restrictions were in place to maintain people's safety these were supported by risk assessments and care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we talked with gave us positive feedback about the caring nature of the service, the quality of care provided and the kindness and thoughtfulness of staff. A person said, "Staff look after me properly, they keep my spirits up and keep me smiling."
- Staff we spoke with acknowledged and respected each person, as an individual with diverse needs. We saw several examples of instances where staff were advocating for people to ensure they had full access to healthcare treatment and were not subject to any discrimination.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided the support people needed to make decisions for themselves, or to participate in decision making. People said their care plans were discussed with them regularly and a family member said they were invited to six monthly reviews. In addition, they were contacted about any changes or developments between reviews.
- People told us they were asked for their views and had regular residents meetings. Notes from meetings showed a range of topics were discussed and that people contributed their views. The service also used surveys to gather people's views which they completed individually or with support.
- People told us staff listened to them and they clearly felt able to contribute their views. They said if they had an issue or difficulty understanding something they could talk with staff or the registered manager about it and they explained and supported them and resolved any issues.

Respecting and promoting people's privacy, dignity and independence

- People said they could spend time on their own and their bedroom was their own private space. They said their privacy was respected by staff.
- Staff knocked on people's doors before entering and ensured they protected the person's privacy when supporting them with personal care. We noted everyone's clothing was well looked after and they took pride in their appearance.
- People were encouraged to be as independent as possible and to engage in activities around the service. Two of the people we spoke with were proud of their contribution to the service and of their increasing independence. One person said, "I like to do the hoovering, I keep my own room clean myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs and preferences were central to the planning and delivery of the service which was tailored to them. Staff delivered the service flexibly, provided choice as well as an exceptional continuity of care. Staff involved people and their families in their care and support plans, so they felt consulted, empowered, listened to and valued.
- A relative commented on how staff had promoted a person's independence. They said, "I have seen them [my relative] start to take control of their life and it's lovely to see the change in them."
- Staff understood people's needs and life history exceptionally well. They used this knowledge to promote people's independence and assist them to lead fulfilled and happy lives. Staff had recently supported another person to move nearer to their family, in a supported living environment, by developing their confidence and independent living skills.
- A person had moved to the service who had previously lived only in secure hospitals. Staff had supported them to adjust to the increased freedom and different opportunities available. They had become developed their independent living skills and were supported in going into the community. They said, "I am so happy here and I've started going out."
- A professional visitor confirmed staff had a very strong focus on providing support tailored to each person's individual needs and achieved exceptional outcomes. They spoke about positive changes to individuals' well being, independence and relationships. Some people had frequently shown behaviours others might find challenging when they first came to the service and these had greatly reduced, thus enabling them to lead fuller lives. One visitor said, "The consistency in staffing contributes to such a positive environment for people."
- People's care plans were comprehensive and provided details of the person's individual preferences and choices in relation to their care. They contained individualised information in relation to how risks to the person were to be managed and the support each person required in managing aspects of daily living, such as their personal finances.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service went over and above the requirements of the accessible information standard. Each person had a detailed communication care plan covering all aspects of communication and the person's ability to understand. For example, a person's care plan stated they were able to tell the time and recognised colours and numbers, although they couldn't read and a picture chart was sometimes helpful for them. The care plan provided details of how the person communicated they felt unwell.
- Staff told us of a person who had a hearing impairment and the steps they had taken to ensure they were medically assessed and a number of different hearing aid options had been tried to minimise the impact of this.

Supporting people to develop and maintain relationships to avoid social isolation;

- The service played an active role in the local community. Staff went the extra mile to provide opportunities for them to follow their interests.
- People helped to maintain local community planters at the entrance to new housing estates in the area on an ongoing basis. Whilst doing this, they chatted with passers by and showed a pride in their achievements. They were part of the Hykeham in Bloom competition and attended the judging, speaking with the Mayor and judges.
- People were engaged in supporting two local animal charities. They were very involved with the charities they were supporting and spoke enthusiastically about the work the charities did and the animals being cared for. One person said, "I am making blankets for the horses and I go to the rescue centre to see them, they are lovely."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in a wide range of activities on a regular and ad-hoc basis. There was a schedule of planned activities for the week displayed on the wall and staff provided support for people to engage in unplanned activities.
- People enjoyed participating in activities in the local community and going for days out. They spoke about regularly going swimming and bowling, having meals out and shopping. Each person had a scrapbook which they filled with photos of activities, days out and holidays. A person said, "I like going out in the van, we sometimes get fish, chips and peas; that's my favourite." We went to the garden centre yesterday, I enjoyed that too.
- The service had a large garden with a greenhouse and a section was used to grow fruit and vegetables. Staff said people enjoyed helping to look after the garden and eating the fruits of their labour. A person told us they liked to help in the garden and spoke about the fruit and vegetables that were grown and others told us about how the produce was used.

Improving care quality in response to complaints or concerns

- People knew how to make a complaints and had confidence any complaints would be addressed. A relative told us they were given written information about how to make a complaint, although they had never had to use it. They said anything they mentioned was addressed immediately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection and there was no one with a do not attempt cardiopulmonary resuscitation order in place. However, people's wishes for the end of their life had been discussed with them and documented in their care records.
- Some staff had completed training in end of life care. The registered manager said they had signed up to the local clinical commissioning group project to introduce ReSPECT forms for future advanced care planning. ReSPECT is a recommended summary plan for emergency care and treatment. It is a process to encourage people to have an individual plan for their clinical care in a future emergency in which they are

unable to make or express choices.

- Staff supported a person following a family bereavement who became withdrawn and lost interest in day to day activities. Staff identified their love of animals and after discussion with the individual, it was agreed that they would like to have a cat to they would look after and care for. The person spoke enthusiastically about their pet and staff told us it had made a big difference to their recovery from their grief.

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 good. At this inspection this key question has remained the same.

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.

- There was a positive and open culture in the service. It provided people with a happy and homely atmosphere, where they were empowered to express their opinions and their well being was the central focus for staff.
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. One member of staff said, "(People using the service) have such a good life here and they know they have things to look forward to." They went on to say the continuity of staffing brought significant benefits for people using the service.

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 registered manager explained they were always open and honest when things went wrong and had a full discussion with the person affected and their families (with the person's permission). They were committed to completing a full investigation to identify learning and prevent recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home benefited from strong and capable leadership and a staff team that worked together effectively and had shared values. The registered manager had a good overview of the service and gave staff responsibilities to lead on specific areas within their own roles. This gave them ownership and they felt recognised and valued for their contribution.
- People using the service and visitors said they could speak to the registered manager at any time, they listened and addressed any issues and concerns. A visitor said, "The manager and staff are quick to act on any issues, the service is very well led."
- The registered manager conducted a range of quality audits and they showed us additional audits or more in-depth audits they were developing. They provided a monthly report to the provider and the provider completed compliance audits. Actions from the audits were identified and addressed. The provider held monthly clinical governance meetings that the registered manager attended. Issues from these were cascaded to staff at the meetings within the service.

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

- People were encouraged to give their views about the service and through surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including, the menus, activities and outings, care plan reviews and the environment.
- The registered manager said people using the service attended and participated in the service clinical governance meetings and gave their views at these.
- People using the service and staff said that everyone was treated equally and fairly. They had the opportunity to discuss their diverse needs and these were catered for.

Continuous learning and improving care.

- The registered manager attended monthly clinical governance meetings held by the provider. These provided the opportunity to discuss developments in different service and consider new ways of working.
- The provider also had a lead senior nurse to provide advice and leadership in relationship to clinical care. The registered manager also attended the clinical commissioning group network meeting and was a member of the skills for care group.

Working in partnership with others

- Staff worked well with other organisations and had good relationships with other care providers such as local GPs, a local dentist and opticians. They collaborated with them to achieve good outcomes for people.
- The service provided placements for students from the local college who were undertaking health and social care courses. The registered manager said they received good feedback from students in relation to this.