

Guy Peters

# Chesapeake House

## Inspection report

27-29 Chesapeake Road  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chesapeake House is a residential care home, registered to support 11 adults, in an adapted building over two floors. The property is two houses converted which was registered before the Registering the Right Principles were adopted. Chesapeake House is registered to provide accommodation for persons who require nursing or personal care, for adults with learning disabilities. Personal care was also provided for up to four people who were supported to live more independently in individual flats in supported living settings, which were located on the same site.

At the time of our inspection, 11 people were receiving residential care which included one person living in the individual flats on the same site. A further three people were living in the flats, 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. One person was in receipt of personal care when we visited.

The service had not fully been developed and designed 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. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. However, the size of the service having a negative impact on people was not fully mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were an identifying sign and industrial bin outside to indicate it was a care home.

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

The providers quality monitoring systems were not effective to monitor the quality of care provided and to drive improvement. The provider lacked oversight in reporting all incidents. Risk guidance to keep people safe was not always detailed to ensure staff knew what action to take should a person become unwell. Window restrictors were still not fitted to the windows on the second floor, to prevent accidents. People's safety was not protected by the provider's recruitment practices, as not all pre-employment checks were carried out. Support plans and risk assessments were not always in place to ensure people's needs could be consistently met.

We recommend the provider assesses the environment both internally and externally to ensure there are no hazards for people with limited mobility.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received an induction, ongoing training and support to discuss their work and developmental needs. However, staff had not received training relevant to the needs of the people at the service.

People told us they felt safe at Chesapeake House. Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

People were supported to maintain relationships with people important to them. Staff were caring in their approach and had good relationships with people. Staff treated people with respect and their dignity and privacy was respected. People were supported by staff to maintain their independence.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported to eat and drink enough to maintain a balanced diet. Refreshments were available to people throughout the day. People and their representatives were involved in their care to enable them to receive support in their preferred way. People were supported to access local community facilities to enhance their well-being.

The provider's complaints policy and procedure was accessible to people who used the service and their representatives. Peoples representatives knew how to make a complaint. Relatives and staff felt they could approach the registered manager if they had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

During this inspection, we identified one breach of the Health and Social Care (Regulated Activities) 2014. This was in relation to the governance of the service. A breach of the Care Quality Commission (CQC) (Registration) Regulations 2009 was also identified relating to notifying CQC of incidents.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least Good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Chesapeake 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Chesapeake House consists of two services types in two houses which have been adapted, to provide residential care. The main building is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in four 'supported living' apartments, so that they can live as independently as possible. People's 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 apartments were located at the rear of the care home, accessed via the patio area.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about. We sought feedback from the local authority, who raised concerns about the governance systems. 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.

During the inspection we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people and one relative during the inspection site visit. This was to gain people's views about the care and to check that standards of care were being met. We spent time with the registered manager during the inspection site visit and spoke with the administrator and two support workers. We looked at the care records for two people. We checked that the care they received matched the information in their records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We sought the views of three support workers who we emailed on 15 January 2020.

# 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 now deteriorated to requires improvement. 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.

### Assessing risk, safety monitoring and management

- At our last inspection windows were not restricted in the home, water temperatures were not monitored in one part of the residential home and personal emergency evacuation plans were not in place for all people. Window restrictors had been fitted to the windows on the first floor of the residential home. However, we saw there were no window restrictors fitted to the windows on the second floor. This did not ensure the safety of the people living at Chesapeake House. We discussed this with the registered manager who stated they were not aware window restrictors were required on the second-floor windows. Following the inspection site visit the registered manager confirmed, window restrictors had been ordered, which were planned to be fitted on 17 January 2020.
- Risks to people had been assessed and plans were in place to mitigate the risk identified. Risk assessments were person-centred and addressed people's individual needs such as risk of choking. However a person with diabetes did not have a comprehensive diabetes support plan or risk assessment, to provide signs of low and high blood sugar and instructions for staff to follow should the person become unwell. This was discussed with the registered manager who agreed to address.
- Water temperature checks within the residential home were still not being monitored to check they were within safe limits.
- Personal emergency evacuation plans (PEEP) were now in place for people in the residential home, in an event they had to leave the premises during an emergency. However, for the person who was receiving personal care in the supported living flat there was no PEEP in place, this was completed after this was raised by the inspector.

### Staffing and recruitment

- People's safety was not always protected by the provider's recruitment practices. We looked at two staff recruitment files and neither of the staff files contained full employment histories. There were no application forms, interview notes or CV's on both staff recruitment files. This was discussed with the registered manager who explained this had happened as they had known both staff members prior to commencing employment with the provider.
- There were enough staff to ensure people received the care and support they required. Most people told there were sufficient staff available to support them. However, one person said, "Sometimes staff can be a bit late when they are busy with other things, normally there are enough staff." Staff told us arrangements were in place to cover absences at short notice and felt staffing levels were adequate.

### Using medicines safely

- People were supported to take their medicines in a safe way. We observed a member of staff

administering medicines. They stayed with the person until they had taken their medicines.

- Staff received medicines training and their competency to administer medicines was assessed.
- We saw for one person who was living in the supported living flat their medication administration record (MAR) had been hand written. This had not been checked to ensure the information had been transferred across accurately. We discussed this with the registered manager who explained there had been an oversight and that usually another staff member checked the information had been recorded accurately.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Chesapeake House and the care and support they received from the staff. A relative confirmed their family member was safe they said, "[name] is safe here, there are always staff around and, in the night, they check on [name]."
- Staff were aware of safeguarding issues and knew what to do if they had any concerns about people's safety. Records showed staff had received training in safeguarding.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection. Staff had access to personal protective equipment which included disposable gloves and aprons.
- We saw a person at the service had designed a poster, 'Bug family' which was to remind people to wash their hands.
- People told us their bedrooms and the communal areas were kept cleaned.

Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents or accidents. During discussions the registered manager demonstrated they understood their responsibilities to ensure accidents or incidents were reviewed and appropriate action taken as needed.

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager told us the provider was completing a program of refurbishment within the residential home, which included redecorating the communal areas, bedrooms and having an open plan kitchen and dining area. We saw the conservatory roof had been replaced as well as the fascia to the front of the residential house.
- There were private spaces available for people to speak to with their visitors.
- There was a patio area to the rear of the property, which was accessed via steep steps. The registered manager told us the provider was working on plans to improve accessibility to the patio area for people with limited mobility, there was no date for when this would be completed by. A person within the residential home required a walking frame to support them with their mobility. However, they had to negotiate an uneven surface between the lounge and the conservatory.

We recommend the provider assesses the environment ensuring there are no risks to people with limited mobility.

Staff support: induction, training, skills and experience

- People felt staff had the necessary skills and knowledge to meet their needs. Staff confirmed they completed the providers induction training and received a range of training which helped them support people. Training records showed some staff had not had training in all areas, the registered manager confirmed staff would be booked onto outstanding training immediately.
- At the last inspection the registered manager agreed to review the range of training attended by staff to consider including learning disability and autism training, which were relevant to the needs of the people at the service. The registered manager confirmed a member of staff would be completing autism training and if this was successful they planned to roll this out to other staff.
- Staff received ongoing support through supervision and appraisal, which provided an opportunity for staff to discuss their training and development requirements.

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

- People's needs were assessed prior to moving into the service to ensure their needs could be met and this was the right type of environment for them. Assessments included information such as the individual's healthcare and social support needs. However, we found for one person who was living in the supported living flat, the provider had not completed an assessment. We did see there was an assessment of this persons needs from the local authority.

- People were involved in discussions about their preferences and wishes.

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

- The provider ensured people were supported by staff to maintain good nutrition and hydration and had the support they needed to eat and drink. We saw people were provided with refreshments throughout the day.
- People were encouraged to make healthy meal choices and were involved in menu planning. A person said, "I have gluten free food which includes biscuits and yogurt." The person who was living in the supported living flat, had their meals and refreshments prepared for by staff in the residential home.
- People's nutritional needs had been assessed and their food choices were documented in their care plans. For example, one person required a specialist diet to manage their health condition. This person's relative felt staff managed their family members health condition well through their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. They had access to a range of health care professionals which included the GP, district nurses, dentist and opticians. One person said, "I was ill recently and had to stop in bed, staff checked on me and the GP came. I go to the dentist and optician. The chiropodist comes in each month."
- People told us they were supported to maintain their oral health and were able to visit the dentist regularly which they were supported by staff or their relatives. One person said, "There is no problem seeing the dentist, I had tooth pain and they sorted it out."
- Three people attended 'Livewell,' which was a program in the community supporting people to lose weight and get fitter.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager confirmed currently no one in the residential home required an application under the DoLS. An application had not been submitted for the person who was living in the supported living flat. The registered manager told us they would be submitting an application.
- Staff understood how to support people with decisions and the principles of least restrictive practice. Staff sought people's consent before supporting them. A staff member said, "I provide people with as much information as I can, explaining the pros and cons to them to make their own decision."

# 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 good. 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

- People and a relative told us the staff were kind and caring. One person said, "Yes, definitely the staff are kind and caring." Another person stated, "They [staff] treat me well."
- We saw people had developed good relationships with staff, as well as other people using the service. We observed people and staff were laughing and having friendly conversations.
- The service was supported by a small staff group, some of whom had been working at the service for a number of years. We saw staff sat with people, communicating effectively with them. For example, after one person had returned to the home from attending a healthy lifestyle club. We observed a staff member listening to the person, regarding how they got on and they provided the person with reassurance.
- Staff understood the importance of treating people equally and recognised their individual needs. For example, one person attended a local church, whilst a minister came to the home to deliver holy communion to another person.

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

- Staff involved people in making decisions about their daily routines. We observed people being given choices, for example what they wanted to eat or how they wished to spend their time.
- A relative told us they and their family member had been involved in care planning.
- The registered manager told us if required they would provide people with information on how to access advocacy services. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's privacy, dignity and independent was maintained. Staff treated people with dignity and respect, when supporting them with personal care and their daily routines. A staff member said, "Its about being respectful and understanding or peoples wishes." People felt staff respected their privacy and dignity.
- People's independence was promoted. Staff supported people to clean the kitchen and encouraged people to complete as much as possible while remaining safe. For example, we saw a person who made their own drink and prepared their breakfast.
- Records were stored securely in the office and were only accessible to staff. Staff were aware of the importance of maintaining confidentiality.

# 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 remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff had a good understanding of people's care and support needs and their personal preferences. This enabled people to be provided with personalised care tailored to their individual needs.
- People's support plans were individualised and contained information about their health needs. A relative told us they had been involved in reviewing the support plan for their family member. One person said, "My relative and I are involved in the review with the social worker and the manager. They would make any changes needed."

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 provider had started to make information available for people in formats they could understand, this included pictorial format and easy read.
- The registered manager told us they would further develop AIS within the service. Following the inspection visit the registered manager submitted a five-step guide for staff to follow, ensuring people who used the service were able to access and understand information which would be kept under review.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships which were important to them. People told us they received visitors at the service or they stayed overnight with family and went out with them. During the inspection visit we saw one person had a visitor, whilst another was going to stay overnight with their family. A relative told us they could visit at any time and were made to feel welcome by staff.
- People were supported to spend their time in ways they enjoyed. For example, we saw one person completing a jigsaw. Another person was painting, we saw some of their art work on display in the residential home. There was a coffee morning which was held in the residential home to raise money for a charity. One person said, "We had a Macmillan coffee morning we raised £200 and we did a walk for dementia."
- People were supported to pursue interests and activities outside of the service. One person carried out volunteer work in the community, some people attended a dance club and a club to support them to become fitter and lose weight. One person stated, "I have a bus pass and go shopping on my own."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy. People had access to an easy read complaints policy to show them how they could raise concerns if they were unhappy, which was on display.
- People told us they had not needed to raise concerns and that they would speak with the registered manager or staff if they had any issues. One person said, "All is okay, but would I speak to the registered manager, staff or my family members." A relative us they had no concerns and were happy with the support and care their family member was receiving.
- The registered manager confirmed no complaints had been received in the past 12 months. Staff knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the registered manager.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Care plans contained a section in relation to care people required at the end of their life. This had been completed with one person, which included where the person wished to be cared for towards the end of their life, funeral arrangements and where their belongings should go to. However, the registered manager explained end of life care was a sensitive area, which most people had refused to discuss.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found the leadership relating to the day to day management of Chesapeake House was not effective. As well as the lack of oversight by the provider due to the failure in not having had identified the shortfalls we found at this inspection.
- Due to the lack of oversight by management it had not been identified that despite the initial respite period having passed for one person, no risk assessments or care plan had been completed for them.
- Not all the issues highlighted at the previous inspection had been addressed. For example, there was still no business continuity plan to ensure people would continue to receive care and support in the event of incidents which could affect the running of the service. Water temperatures had not been monitored to ensure they were in safe limits.
- We found there were ineffective systems and processes in place to enable the management team to monitor the service and drive improvements as required. The registered manager told us they audited the medication administration records (MAR), which were the only audits taking place. However, we saw MAR's had not been audited since December 2019.

This was a breach of Regulation 17, (1), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 provider did not always ensure they notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken. During the inspection visit we found, on two occasions notifications had not been submitted to CQC. We discussed this with the registered manager who told us they would submit the relevant notifications. However, these were not submitted following the inspection.
- We saw the provider had displayed the last inspection rating within the service as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager and the support they received. A staff member said, "I view the management of the service highly, it's a great team and the residents are happy."
- Staff had a good understanding of whistle-blowing and knew how and who to raise concerns with to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had been given the opportunity to comment of the service provided at Chesapeake House. Regular 'resident meetings' took place, people were given updates in staffing and had the opportunity to make suggestions on the menu, any activities they wished to carry out and staffing. One person said, "We have a residents meeting to plan activities." The registered manager recognised they needed to improve feedback from relatives and professionals and that they would explore this area further.
- Records we looked at showed staff meetings were held regularly, which gave staff and management the opportunity to discuss relevant issues.
- The registered manager had developed links with local health and social care professionals and the local community to ensure people had the support they needed.
- People were provided with opportunities to develop links with the local community. For example, they went to the library and shops. The service also had an allotment and received complimentary panto tickets from a local amateur dramatics group. This ensured people were part of the local community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Personal care	The provider had not notified the Care Quality Commission of events as they are required to.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	There were ineffective systems and processes in place to enable the management team to monitor the service and drive improvements as required.

### **The enforcement action we took:**

Issued a warning notice.