

Diamond Care (2000) Limited

The Chantry

Inspection report

46-47 Dean Street
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Devon
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Date of inspection visit:
16 January 2020

Date of publication:
20 February 2020

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

About the service

The Chantry is a 'care home' registered to provide accommodation and personal care support for up to sixteen people living with a learning disability and/or autistic spectrum disorder. At the time of this inspection 10 people were living there and one person came for regular overnight respite care each week. Services for people with learning disabilities and or autism were supported. The service was larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and other domestic homes of a similar size. There was a separate annexe where some people had bedrooms. This allowed them to develop their independence. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People, their relatives and professionals were very positive about the care and support delivered at the Chantry. Comments about the staff included, "Whenever I arrive they are polite, caring and happy to engage."; "...confident in and happy with the support provided and how any risk factors were managed."; "empower the residents to participate in all aspects of the local community wherever possible and seems to have very positive relationships with them."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 were kept safe by staff who had been trained to meet each person's needs. Staff knew people well spent time supporting them to do activities they enjoyed. This included following interests and hobbies both in the community and in the service. Staff also supported people to develop skills to promote their independence. Staff understood how to communicate with each person using a variety of communication methods, both verbal and non-verbal.

People received their medicines safely and on time. Medicines were stored safely. Risks to each person had been assessed and care plans described how people were supported to minimise these risks while supporting people to live life as fully as possible.

The registered manager understood their role to promote a positive culture which was person-centred and empowering. Staff commented that the registered manager was supportive and open. There was positive feedback from health and social care professionals about the registered manager and the way they worked with them to ensure risks to people were reduced and helped to achieve good outcomes for people. Checks and audits were undertaken to ensure the quality of care and the safety of the service. Where issues were identified, action was taken to make improvements

Rating at last inspection

The last rating for this service was Good (published 15 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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?

Good ●

The service was 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.

The Chantry

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

One inspector carried out the inspection.

Service and service type

The Chantry 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This included notifications about incidents and accidents which the provider is required to inform us about. We used all of this information to plan our inspection.

During the inspection

We met most of the people who live at The Chantry and spoke with two of them about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two care workers

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

After the inspection

We contacted health and social care professionals who have provided support and care to people living at the service. We received responses from four professionals. We also contacted six relatives and received one response.

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.

Preventing and controlling infection

- On the day of inspection, The Chantry was clean and tidy throughout. However, the laundry room was not designed and decorated to ensure risks of infection and cross-contamination were minimised. For example, the floor was not an impermeable surface and there were no clearly designated areas to ensure clean clothes were separated from soiled and dirty clothes. A handwash basin had a bin in front of it which made it difficult for staff to easily wash their hands. This put people at risk of infection. The registered manager took immediate action to address some issues, such as the position of bins. He also stated he would take immediate action to address the layout, flooring and storage facilities in the laundry area.
- Staff demonstrated their understanding of how to prevent and control the spread of any infections and used personal protective equipment (PPE) when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and happy with staff and each other. One person described how they felt safe in the service. They said staff were kind and looked after them well.
- There were systems to ensure people were kept safe from the risks of abuse. Staff were trained to recognise signs of abuse and report concerns appropriately. This included raising concerns with the registered manager.
- The service worked with the local authority to ensure any concerns they had about people being at risk of abuse were investigated. For example, the registered manager had reported incidents and investigated ways to reduce the risks for people. A professional said they had worked with the service when one person had sometimes displayed behaviours that challenged others. The professional commented, "The home reported each incident within good time (same day in most cases) and were proactive in finding strategies to protect other clients. The manager has shared ideas and records and worked to identify solutions. They use the positive behaviour plan from IATT." IATT (Intensive Assessment and Treatment Team) is a team of health and social care professionals who support people living with a learning disability.

Assessing risk, safety monitoring and management

- Each person had been assessed for any risks to their health, safety and welfare. Where risks had been identified, there were detailed care plans which described how to support the person to reduce the risks. For example, one person had been assessed as at risk of high anxiety when they went somewhere unfamiliar. Staff had developed systems to introduce the person to unfamiliar surroundings using simple instructions including photographs. This had helped the person to go out with staff and with family.
- Environmental risks were assessed and monitored. These included risks from fire, electrical equipment, hot surfaces and water temperatures. Staff were aware of how to minimise risks to people from these dangers. For example, how to evacuate people in an emergency.

Staffing and recruitment

- Staff were recruited safely. Checks were carried out before a member of staff was appointed. These included interviews for potential staff as well as background checks, such as references and Disclosure and Barring Service (DBS) checks. The DBS is a police check which establishes whether people are safe to work with vulnerable people.
- There were enough staff to meet people's needs and wishes. This included supporting people to have opportunities to go out on their own with a member of staff accompanying them. Throughout the inspection, staff worked with individuals as well as groups of people supporting them to do activities of their choice. Staff worked without rushing which helped to ensure each person had opportunities to consider alternatives.

Using medicines safely

- Each person had been assessed as requiring support to receive the correct medicines. There were protocols in place for each person in case they needed homely remedies such as non-prescription pain killers. These had been signed and authorised by the person's GP.
- Staff were trained to administer medicines. Staff were observed before they were allowed to take responsibility for giving out medicines to people. This helped to build their confidence and ensure they were competent.
- Two staff were involved each time a medicine was administered to a person. One member of staff checked the medicine administration record (MAR) while the other confirmed what medicine was to be given. This helped to ensure that medicine errors did not occur.
- MARs were audited daily. Where an error had occurred, staff had undergone retraining to help reduce the risks of the error being repeated. Medicines were stored safely in a locked cabinet which was tidy. Medicines were clearly labelled as to when they had been opened and when they would expire. This ensured the medicine was in date when administered.

Learning lessons when things go wrong

- The registered manager reviewed reports of accidents and incidents. They also analysed the information to see if there were trends or themes that could be identified. They used this information to consider ways to reduce the risks in the future.
- The registered manager described how an incident involving one person had been investigated which had led to changes in the way the person was supported. This had led to improved safety for the person who had then been able to go away with family.

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

- People's physical, mental and social needs were holistically assessed when they first started using the service. Needs were reviewed regularly and reassessed when there was a change in how a person presented. This helped to ensure their care and support was delivered in line with their assessed needs and preferences.
- The registered manager and staff were aware of legislation, standards and evidence-based guidance, including expert professional bodies, to achieve effective outcomes.
- When needed, staff worked with health and social care professionals to consider ways to improve the care and support for the person. A professional commented, "Each person I worked with at The Chantry was approached in a person-centred way with their individual needs and requirements from the home and the staff being catered for. The Chantry are prepared to ask their residents to work towards achieving their full potential and they are prepared to be inventive in order to achieve that."

Staff support: induction, training, skills and experience

- Newly recruited staff undertook an induction programme, which introduced them to the service and to the people living there. Staff who had previously not worked in a care setting also underwent a training programme based on the Care Certificate. The Care Certificate is a set of standards developed by Skills for Care. This helped to ensure staff understood how to support people living with a learning disability and/or autism as well as other health conditions.
- Staff completed and regularly updated training to ensure they were able to support people safely and effectively. Staff were also able to complete nationally recognised qualifications to support their work. This helped to ensure the service had a knowledgeable and experienced workforce who knew how to support people well.
- Staff received regular support and supervision. This provided staff with an opportunity to reflect on what was going well with their work and how they could improve. Staff said the registered manager was always available to provide advice and support if they needed it at any time.

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

- People were supported to have food and drink they enjoyed. Resident meetings were used to discuss people's likes and dislikes around food. People also enjoyed times when they ate out at local cafes and pubs.
- People were encouraged to eat healthily by staff. Staff monitored people's weight to ensure they remained healthy.
- Staff were aware of each person's risks around eating and drinking. Where a person was at risk from

consuming too much liquid, their care record contained details about this. This provided staff with information about what they should do to support the person not to have an excess of fluids. The kitchen area was open so people could get involved in choosing meals including breakfast and lunch.

- People were also encouraged to get involved in the preparation of other meals and drinks.

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 to remain healthy and access health services when necessary. Records showed people had appointments with healthcare professionals including their GP and dentist. Other healthcare professionals such as specialist learning disability teams were also contacted and involved when a person needed support.

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

- The service was larger than recommended in registering the right support as it could accommodate 16 people rather than the recommended six people. However, the service had been adapted to support the needs of people living with a learning disability, autism and/or physical disabilities. The main house provided nine bedrooms on two floors; a separate annexe, across an enclosed courtyard, provided four further bedrooms and a communal lounge and kitchen/diner. The registered manager said that although the service was registered to support 16 people, they preferred to keep the number of people to a maximum of 12. This meant people were supported in a homely environment which did not feel large and impersonal.

- Each person had their own bedroom which had been decorated and furnished to support the person's taste. Bedrooms were comfortable and spacious. Some bathrooms had been adapted to include jacuzzi baths which some people enjoyed. These baths were also easy access which helped to ensure people could have a bath even if they had a physical disability.

- There were spacious communal areas including a large dining room, a conservatory and a lounge/sensory room. This meant people could spend time with each other or, if they preferred, in quieter areas of the service.

- Externally there was a large enclosed garden which people could use when they wanted. Some improvements to the garden had been started. This included creating a vegetable garden as well as a sensory garden area.

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.

- DoLS authorisations had been granted for each person living at the Chantry. There were systems to monitor when a DoLS authorisation required renewing so that reapplications were made in a timely way.
- The registered manager and staff understood about the MCA and how this applied to people at the

Chantry. Staff were able to describe how they ensured people were presented with information to enable them to make as many of their own decisions as possible.

- Where best interests' meetings had been held, there was clear information about who had been involved what had been decided to support the person.

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

- People were relaxed in the company of staff and interacted with them positively. One person said they liked staff and the registered manager who they thought were "Good."
- Relatives and professionals were all very positive about the service. A relative commented "Whenever I arrive they [staff] are polite, caring and happy to engage with [family member]. I have total trust that they are given privacy but is also fully supported in anything they do." Comments from professionals included, "I would place a family member at The Chantry" and "Yes it passes the mum's test."
- Staff were trained in supporting equality and diversity and understood how to ensure people's rights with respect to the protected characteristics under the Equality Act 2010. For example, staff supported people to follow a religion of their choice. People from a non-British ethnic background were also supported without bias.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop and maintain skills to support their independence. For example, staff encouraged one person to go shopping and to some activities without staff support. Systems to ensure they had arrived safely and returned within certain times had been established. This helped to promote the person's independence while keeping them safe. A relative commented about staff, "... are approachable and work well with the individual and their families."
- People were encouraged to express their views and make their own choices and decisions. For example, choosing what time they got up or went to bed, where they went, what they wore and what to eat.
- Equipment was provided to support people to remain independent. For example, one person had an electronic fob to open their bedroom door which made it easier for them than a standard key. A professional commented, "I believe that they are respectful of my client's personal space and free time. They support [person] to choose daily activities and are able to respond positively if [person] would like changes within the day. If [person] is in a communal space they are nearby to ensure the wellbeing of other clients but not intrusive".

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 the same. 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

- Care records contained key information about people which helped staff to understand how their background and preferences. This included details about their life history, their families as well as what they liked and disliked.
- Care records were reviewed regularly to ensure they still met people's needs. Staff worked with each person to decide on what they enjoyed doing and how this could be achieved.
- During the inspection, staff worked with people to arrange their day. For example, one person came to the manager's office and photocopied their daily plan so that they had a reminder of what they were doing during each part of the day. The registered manager explained this was very important to the person as otherwise they could get distressed.

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.

- Most people living at The Chantry had limited or no verbal communication. There were details in each person's care plan about how they communicated, using methods such as PECS which uses pictures, photos and symbols as aids. For example, one person had a series of short social stories which included photos of landmarks. This had helped the person to understand what they would see when they went out on walks. The walks had improved the person's confidence, so they had gradually been able to go further afield.
- A professional commented, "A communication system was developed using PECS, with the client identifying their activities for the day. This has been very effective. Additional staff were provided to manage risk while additional assessment was being carried out." PECS is a system of communication which uses pictures and photos to support understanding.
- Staff explained issues to people clearly and used non-verbal communication techniques to help convey meanings. This meant that people could make more informed choices and decisions.

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 supported to follow their hobbies and interests and take an active part in their local community. People were members of clubs and social groups where they did activities, met friends and enjoyed a social life

- People were also able to do activities they enjoyed within the home. For example, there were music and craft sessions which people could join in with.

- People told us they were supported to maintain relationships with their family and friends.

A professional commented, "I have worked well with the Manager there, he has always had extremely good knowledge of the residents and encouraged independence as much as possible. He seeks to empower the residents to participate in all aspects of the local community wherever possible and seems to have very positive relationships with them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was displayed for people and visitors to use if they needed to. People were supported to understand how to complain as there were easy read versions of the complaints policy.

- The registered manager told us no complaints had been received since the last inspection.

- A relative commented "I have never needed to make a complaint, I would feel able to go to [registered manager] direct if I felt the need, but anything I need to say we discuss in person which I feel happier about."

End of life care and support

- No-one who lived at The Chantry required end of life care at the time of the inspection.

- The registered manager and staff had considered the subject of end of life care. Plans were in place to support people to record their wishes when they were ready to discuss them

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

- There was very positive feedback about the way the service was managed. The registered manager was a key figure around the service and well known to people, families and staff. This helped the manager to monitor the care and support provided to people.
- Staff said the registered manager was supportive and open in their approach, so they felt they were able to ask for advice and guidance whenever needed. Staff said the registered manager respected their views and listened to their opinions. A professional commented, "The manager advocated that the client needed Learning disability IATT and psychiatry review, which led to a change/ trial in medication. This was in addition to new behaviour strategies. The provider was person centred through-out and wanted to continue to support the client to the best of their ability. This worked for the client as the risk was significantly reduced due to their responsiveness and change of interventions."

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

- The registered manager had systems to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager understood their responsibilities to send information to the Care Quality Commission about certain events. For example, they sent us the required information about incidents and accidents when necessary.
- Quality assurance audits were undertaken to help drive improvements in the service. The registered manager took action when necessary to address any shortfalls identified by audits. For example, where maintenance issues around the service were identified.
- Staff were aware of the registered provider's whistleblowing policy and said they would not hesitate to use it if they had concerns which were not being addressed.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and learning culture in the home. Staff were supported to feedback what was going well and look at ways to improve systems. For example, changes had been made to the way medicines were administered to reduce the risks of errors occurring.

- The registered manager attended meetings and events to ensure they remained up to date with best practice and shared learning across organisations.
- The registered manager and staff had positive working relationships with staff from agencies who were involved in the lives of people living at The Chantry. This included staff from health services and the local authority.
- A professional commented, "The manager advocated that the client needed Learning disability IATT and psychiatry review, which led to a change/ trial in medication. This was in addition to new behaviour strategies. The provider was person centred through-out and wanted to continue to support the client to the best of their ability. This worked for the client as the risk was significantly reduced due to their responsiveness and change of interventions." Another commented that the registered manager had, "Worked alongside the other professionals to ensure that the resident had a smooth transition as possible."