Guy Peters

# Chesapeake House

**Inspection report**

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Chaddesden, Derby
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## Ratings

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|---|---|
| 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 |

## Overall summary

This inspection took place on 29 October 2015 and was unannounced.

We last inspected this service in July 2014 and found some breaches of legal requirements. These were in respect of consent to care and treatment and also assessing and monitoring the quality of service providers; associated with unsafe premises. During this inspection we found that some improvements had been made to meet these requirements. This included improvements in obtaining people's consent to care and treatment, and also the suitability and safety of the premises.

Chesapeake House is registered to provide accommodation and personal care for up to 14 adults with physical and/or learning disabilities.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We saw that people living at the service felt safe. The registered manager and staff had a good awareness of abuse and had received appropriate training in order to provide care and support in a safe manner.

There were sufficient staff to meet the people's individual needs, however people's safety was not always maintained during the night as they were no regular checks and people had limited means to get the attention of the member of staff who was supporting them.

People living at the service were happy and well cared for. The service had an atmosphere that was warm, friendly, inclusive and supportive. We saw staff positively engaging with people living at the service.

There were daily outings and activities for people living at the service.

We saw that medication was administered in a safe and timely manner by staff who were trained to administer medication. Some of the people living at the service were able to self medicate and appropriate risk assessments were in place. However there was no evidence of any medication audits. There were no protocols or risk assessments in place for homely remedies, (non-prescription drugs that are available over the counter in community pharmacies). Since the inspection the provider has informed us that these risk assessments are now in place.

We saw risk assessments were completed and people's plans of care showed the measures to minimise risk and promote people's safety.

We saw that consent was obtained and documented in people's plans of care, however we saw that the Mental Capacity Act 2005 (MCA) had not always been followed to ensure that people's consent was obtained when staff considered that a restriction to a person's freedom may be needed to keep them safe. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

Plans of care were individualised and included information about people's life histories, as well as their care and support needs, interests, and likes and dislikes.

This provided staff with sufficient information to enable them to provide care effectively.

People took part in a wide range of activities which they were able to choose themselves, of which some were in the local community.

People were referred to relevant health professionals in a timely manner to meet their health needs.

The building was well maintained and checks of the building were up to date to ensure people's safety.

There was no evidence that the registered manager or provider undertook regular checks of the quality and safety of people's care as there were no audit systems in place for these checks.

Staff were happy and felt well supported. They understood their roles and responsibilities and the service aims and values for people's care and rights.

The registered manager encouraged an open, inclusive and empowering culture for the people living at the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The service was not consistently safe.

People living at the service felt safe, however people's safety was not always maintained during the night .

Staff had a good awareness of abuse and how to report concerns,

There were sufficient staff to meet people's needs.

Risks to people had been appropriately assessed, independence was promoted.

People received their medication in a safe and timely manner and risk assessments were in place for people who were able to self administer their medication, however the medication policy was out of date and there was no evidence of any medication audits.

**Is the service effective?**

Requires improvement

The service was not consistently effective.

Staff had received appropriate training to enable them to provide the care and support people required.

The Mental Capacity Act 2005 (MCA) had not always been followed to ensure that people's consent was obtained when staff considered that a restriction to a person's freedom may be needed to keep them safe.

People's choices and decisions were respected and consent to care and treatment was sought.

People's dietary requirements were met and their preferences and choices were taken into consideration.

People were referred to health care professionals in a timely manner.

**Is the service caring?**

Good

The service was caring.

People were treated with kindness, dignity and respect.

People living at the service had developed a positive relationship with staff and the registered manager.

People were encouraged to make choices and decisions for themselves.

**Is the service responsive?**

Good

The service was responsive.

Plans of care were individualised to meet the people's care and support needs.

# Summary of findings

People took part in a wide range of activities which they were able to choose themselves, some of which were in the local community.

People knew how to complain, and were confident that complaints would be acted upon.

**Is the service well-led?**

**Requires improvement** 

The service was not consistently well led.

There was no evidence that the registered manager or provider undertook regular checks of the quality and safety of people's care as there were no audit systems in place for these checks.

The registered manager worked collaboratively with other professionals.

The registered manager encouraged an open, inclusive and empowering culture for the people who lived at the service.

# Chesapeake House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 October and was unannounced.

The inspection was carried out by two inspectors.

Prior to the inspection we contacted commissioners for social care, responsible for funding people that live at the service, and asked them for their views about the service.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We spoke with five people living at the service and three members of staff. We reviewed the records of five people, which included plans of care, risk assessments and medicine plans.

We also looked at recruitment files of two members of staff, policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Requires improvement

# Is the service safe?

## Our findings

One person we spoke with said, "Yes I feel safe here, it's my home", another person said, "I always feel safe as there are people to look after me when I need them". Another person living at the service said, "I am happy here, staff help me and I feel safe".

Comments from relatives surveys included, "My mind is fully at ease with the way things are run and how my relative is cared for".

Staff had an awareness and understanding of potential abuse and had received training in safeguarding and protecting vulnerable adults from abuse. Members of staff told us they would report concerns to the manager immediately if they saw signs of abuse as they knew it would be acted on. This meant that people living at the service could be confident that their safety and welfare were promoted.

One member of staff told us that they supported people to take risks under supervision. For example, one person living at the service regularly helps in the kitchen by peeling potatoes. The member of staff ensured they are safe by prompting them to use a safety peeler but otherwise encouraged them to complete the task independently.

Plans of care included risk assessments associated to people's health, wellbeing and safety. This included the risks related to specific health conditions, such as diabetes and high cholesterol, and also risks from behaviours that could potentially challenge. Risk assessments identified the risk and need to offer support but did not always identify the support required to manage the risk. The registered manager and staff were able to describe techniques such as distraction and stimulation but these were not always reflected in people's plans of care.

Plans of care included a 'resident missing sheet' which had details about what to do and who to contact in the event that a person living at the service went missing, it also included a description and a photograph of the person. This was to ensure that prompt and effective action would be taken to ensure the person's safety should this situation occur.

It was identified in the plans of care who people would like to support them with their finances, this was to safeguard against potential financial abuse.

There were effective systems in place for the maintenance of the building and there were records and certificates to confirm this. This meant that people living at the service were accommodated in a well maintained building that was checked for its safety.

There were sufficient staff to meet the needs of the people living at the service which took into account their level of dependency, and the support required in order to maintain their safety. At night there was a member of staff who slept in. When we asked the registered manager how his member of staff would know if a person required support as there were no call bells, they informed us that as it was a small home people only had to shout and the staff would wake up. This meant that people's safety was not always maintained during the night as they were no regular checks and people had limited means to get the attention of the member of staff.

We found that staff recruitment procedures operated by the provider were safe. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service. The registered manager told us that most of the staff had worked at the service for several years and they never had to employ agency staff. This meant the people living at the service were supported by people that they were familiar with, and that understood their care and support needs.

Staff knew how to respond in an emergency. One member of staff told us, "I will always ring 111or 999 if I'm not sure if someone is unwell, it's better to be safe than sorry". There was an accident book in place which recorded and detailed how any accidents had happened.

We looked at people's medicine records and saw that medication was administered safely. However we did see that eye drops kept in the fridge did not have a date on for when they were opened, this meant that there was a risk these eye drops could continue to be administered after their use by date. We raised this with the registered manager who confirmed the date which the eye drops had been opened and wrote this on them straight away.

We were told that some people living at the service had homely remedies (non-prescription drugs that are available over the counter in community pharmacies), such as pain

Requires improvement

# Is the service safe?

relieving gel, however there were no records or risk assessments to support this practice. Since the inspection the provider has informed us that risk assessments are now in place.

The service had the local authority's medicines management policy within the service, they also had their own medicines policy and procedure which was not available for us to look at on the day of the inspection. There was no evidence of any medication audits at the service.

We saw that some of the people living at the service were able to self administer their medication. We saw that there were risk assessments in those people's plans of care. These were up to date and detailed the level of support required, for example, a verbal prompt. People had lockable cupboards in their rooms to store their medicines safely.

Requires improvement

# Is the service effective?

## Our findings

One member of staff told us, "We get good training". The registered manager informed us that they try to source different types of training as well as the mandatory training in order to improve skills, knowledge and confidence. This included topics such as peg feeding, oral suction, diabetes and dementia.

Records showed that staff had accessed training that was specific to the needs of the people living at the service. All staff received the same induction and the same training, so that workers shared the same knowledge and skills in order to provide effective care and support.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions.

We found that there were no mental capacity assessments completed for people living at the service, however we saw that plans of care had been developed with people's involvement and were all signed by the person. Consent had been gained when developing the plans of care. For example we saw a care plan where the person had signed a statement giving permission for the registered manager to deal with their medical information. In another person's care plan we saw that the person had signed to say they did not wish to self medicate.

The registered manager informed us that all the people living at the service were deemed to have capacity as they had a low level of dependency. We did, however see that two people were unable to leave the service unless they were supervised. The registered manager informed us that this was because they became anxious as, prior to living at Chesapeake House, they had never gone out alone. We found that a DoLS had not been considered and that there were no assessments of people's capacity to make decisions about the level of supervision they required. This meant that people who may be able to, may not have been given the opportunity to agree to the level of supervision they received. The DoLS process is one by which the provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

One person living at the service told us, "We can have whatever we want to eat, we just tell [registered manager] and they buy it from the shops". Another person told us, "We have lots of nice food but I'm trying to lose weight and so I eat a healthy diet".

We saw that people were able to prepare food and drink as they required. One person living at the service told us that they enjoyed cooking and so would often prepare meals for everyone. The registered manager informed us that as quite a lot of people went out during the day they had their main meal at night when they were all together.

We saw that menus were planned and recorded for people who had diabetes and as a service the staff encouraged healthy eating and a balanced diet. We saw that people were weighed on a regular basis and dietary advice was sought when needed.

People had their health needs assessed and health action plans put into place to meet their needs.

People who used the service had access to healthcare services, one person living at the service told us they had a problem with a sore eye and staff arranged for them to see their GP at the earliest opportunity. There was documented evidence in the plans of care that detailed appointments with the dentist, optician, speech and language therapist and the GP. Staff were aware of how to refer people to the relevant services if necessary. This meant that staff understood how to support people to remain as healthy as possible

Good

# Is the service caring?

## Our findings

One person living at the service told us, “I love it here, it’s my home”, another person said, “All the staff are lovely, they’re my friends”.

People living at the service appeared happy, they were smiling, laughing and talkative throughout our visit. We saw staff spending time with people and encouraging them to express their views.

We saw the registered manager and staff speaking with people living at the service with kindness and respect. They spoke in a reassuring manner using a gentle approach. We saw that there was joking and laughter between the staff and people living at the service.

Staff had a good background knowledge of people living at the service, including their communication skills, abilities and preferences. This was documented in their plans of care. For example, it was documented that one person always spoke about themselves in the third person.

Staff were knowledgeable about all aspects of people’s care and through conversation displayed a commitment to promoting people’s health and welfare.

Staff worked closely with people living at the service to develop and maintain their independence to its optimum level. For example one person had come to live at the service who had rarely been out of their previous home. Staff were working with the person to go on local outings, supported by two staff, to ease anxiety whilst also encouraging independence.

People’s choices were respected and supported, for example one person living at the service told us they had wanted to go out to work, they were supported to find a voluntary position in a charity shop and were very happy working there. Another person told us that they liked to spend time alone and therefore the registered manager had supported and assisted them to move to a larger room which was self contained and therefore more comfortable to spend long periods of time in.

Everyone had their own bedroom which were decorated and furnished to the individuals preference. People did not enter bedrooms without seeking consent first to ensure that privacy and dignity were respected. There were several communal areas for those living at the service which afforded people choice and privacy in their day to day lives.

Good

# Is the service responsive?

## Our findings

People living at the service told us they were involved with the planning of their care. One person told us, "I like the staff, they all help me and let me choose what I want to do, and when". Another person said, "I can help with the meals if I want to but I don't have to if I don't feel like it".

We saw a signed statement on each person's plan of care which informed the person of the purpose of the care plan, how it would be used, who would be able to access it and how they would be involved in any decisions. These statements were signed by both the person and the registered manager.

Each person had a profile in their plan of care which included what was important to the person, their life history, preferred routines, and current skills and interests. Key life events were recorded. For example, one person had always shown a key interest in local football and their plan of care showed that staff supported them to be a season ticket holder and attend home matches. This meant that people received care that was personalised and met their needs.

People's plans of care contained up to date information about their needs. Plans of care had been updated to reflect changes in needs, and staff were aware of the care that people required. For example, one person's plan of care showed that they required support to follow a low fat diet. The person was able to tell us that staff had supported them with the changes that needed to be made and they now received healthy, nutritious meals in line with the dietary advice which had been given. This was also reflected on the menus that we viewed.

People's plans of care included information about their preferences. For example, what time people liked to get up and whether they preferred a shower or a bath. Throughout the visit we observed people making choices about when they ate meals, when they had a shower, and when they got dressed, or went out. Staff were aware of what people liked. For example, people told us that staff made sure their food and drink preferences were put on the weekly shopping list. This showed us that people were able to control their care to ensure it reflected their wishes.

People living at the service told us there were plenty of activities they could do. Examples of activities we saw recorded in people's plans of care included; arts and crafts, knitting and sewing, gardening at their allotment, swimming, pottery, going shopping, going into the local town, attending church, going to the gym, coffee mornings, going to college and also volunteer work.

People living at the service told us they knew how to complain if they had a problem. One person told us, "I will go to [registered manager] if I have a problem, they will always sort it for me". Another person said, "I go to the manager and they sort things out for me".

The complaints procedure was on display in the entrance so that visitors as well as people living at the service would be aware of how to make a complaint if necessary.

We saw that the registered manager sent out satisfaction surveys to relatives of people living at the service and the response was positive. One relative had written, "All the staff are very professional but they are also loving, caring and compassionate".

Requires improvement

# Is the service well-led?

## Our findings

People living at the service told us they had a good relationship with the registered manager, one person said, “They are lovely, my best friend”.

Staff told us they enjoyed working at Chesapeake House, one member of staff said, “It isn’t like coming to work, it’s like coming to my second home”.

We saw that the registered manager was available to speak with staff and people living at the service throughout the day. They had a visible presence at the service and we saw people approach them comfortably. The registered manager informed us that staff working at the service shared similar values to their own, which were to treat people living at the service with compassion, dignity and respect. They achieved this by ensuring staff had undertaken appropriate training and were well supported.

Staff received regular appraisals and topics for discussion included career development and standards of work, there was also an action plan to outline actions to be taken following the appraisal.

The registered manager informed us that they felt supported by the provider and saw them on a regular basis. The provider was quick to action maintenance requests and requests for resources. The registered manager told us that they worked in partnership to make sure that the service was well maintained and took into account people’s individual choices and preferences.

We saw that meetings were held every three months for people living at the service, topics for discussion included how to keep money safe and activities people would like to try. We saw that all involved would agree outcomes and actions to be taken.

The registered manager told us they carried out regular checks of the quality and safety of people’s care, however we were unable to see any evidence of this as there were no quality assurance audits completed. The registered manager told us that this would be discussed with the provider in order to obtain them. We also saw that the policies and procedures file was out of date though the registered manger informed us that the provider had a new one which had not been left on the premises.

The registered manager was able to tell us of improvements that had been made and these included additional training for staff to enable them to continue to meet people’s changing needs and also proposed changes to people’s plans of care to encourage involvement, choice and independence.

Feedback had been sought from health professionals in the form of questionnaires, and one comment read, "The home is very warm and welcoming”. The registered manager informed us that they worked closely with the local authority to support care provision and service development.