Prime Life Limited

Chestnut House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Chestnut House on 23 November 2016. Our inspection was unannounced.

Chestnut House is located in the village of Marton, which is near to the town of Gainsborough in Lincolnshire. The home provides care for up to 33 people living with mental health difficulties or mild learning disabilities. There are 19 single rooms in the main part of the home and seven two bedroomed self-contained flats in a separate part of the home. There were 33 people living at the home at the time of our inspection.

There was a registered manager in place who had recently stopped working at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. An application for the registered manager to be cancelled was being submitted and a new manager had been appointed by the provider. At the time of this inspection they were in the process of applying to register with us. We refer to this person as the manager throughout this report.

During our inspection visit we found some areas in which improvement was needed to ensure people were provided with safe, effective care and that the provider's regulatory responsibilities were met in full.

The management of people's medicines had not always been conducted safely in line with good practice and national guidance.

People and their relatives were involved in planning how they wished their care to be provided. However, care plan reviews did not give clear enough information about the effectiveness of the care plan or any actions planned or taken after reviews had been completed.

Activities were available for people to take part in. However, the range of available activities in the home did not always support people to be consistently stimulated or maintain and further develop their interests and hobbies.

Although people were invited to comment on the quality of the services provided the arrangements in place for people to give regular feedback about the home were not always effective. We also found that audit and quality monitoring systems were not consistently effective.

In other areas, the provider was meeting people's needs effectively.

Staff knew how to recognise signs of potential abuse and how to report any concerns. People's rights were respected and staff understood how to support people to make decisions and choices in line with legal guidance.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection none of the people who lived at the home were subject to DoLS authorisations.

People had access to a range of healthcare services and were supported to enjoy a varied diet in order to help them stay healthy.

Staff were recruited appropriately in order to ensure they were suitable to work within the home. Staff were also supported and provided with training to develop their knowledge and skills.

There were systems in place for handling and resolving formal complaints and the provider and registered manager took action to address concerns when they were raised with them.

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 always safe.

Medicines were not always managed safely in line with good practice and national guidance.

Staff knew how to take action and report any concerns they had for people's safety.

Staff were recruited appropriately and there were enough suitably deployed staff at the home to ensure people's needs were being met.

Is the service effective?

Good

The service was effective.

Legal safeguards were followed to ensure that people's rights were protected and people's personal records demonstrated when decisions had been taken in their best interests.

People were supported to eat and drink enough to stay healthy and their healthcare needs were consistently met.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring way by staff.

Staff recognised the importance of respecting people's right to privacy so their dignity could be maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives were consulted about the way in which they wished their care to be provided. However, care plan reviews did not give clear enough information about the effectiveness of the care plan or any actions planned or taken following reviews.

The activities provided were not always accessible or meaningful for all of the people lived in the home.

Is the service well-led?

Requires Improvement

The service was well-led.

The systems in place to monitor the quality of the home were not always effective.

Arrangements for receiving feedback direct from people about the way the home was run had not always been consistent or effective.

Staff were supported by the manager and provider to undertake their role.

Chestnut 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.

This inspection took place on 23 November 2016 and was unannounced. The inspection team consisted of a single inspector.

Before we carried out our inspection visit we looked at the information we held about the home such as feedback we had received about the home and notifications. These are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

During our inspection we spoke with ten people who lived in the home and a visiting health care professional. We also looked at four people's care records and spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

In addition we spoke with five care staff, the manager, the cook and two of the provider's operations directors. We looked at three staff recruitment file records, staff training, supervision and appraisal arrangements and duty rotas. We also looked at records and arrangements for managing concerns or complaints and those in place for receiving feedback about the home and for monitoring and maintaining the overall quality of the services provided.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I would say if I didn't feel safe here. It's easy to get around and the facilities here are pretty safe. I'm not scared of anything but if I was they [staff] would be there for me."

We saw that there were arrangements in place to assess and minimise the risks related to any health conditions people had. However, these had not always been checked regularly to make sure they were working. For example, one person who experienced seizures related to their epilepsy had chosen to have an alarm in their room they could use to call for help if they sensed they were going to have a seizure. However, this was not working. We spoke with the manager who undertook immediate action to review the arrangements in place for enabling the person to access help when they were in their room.

Staff demonstrated that they understood how to identify risks to people's safety and welfare. Identified risks had been planned for within people's care plans. Examples of the risks highlighted were people going out on their own, going out without the appropriate clothing for the weather and behaviours related to the misuse of alcohol. We observed that staff followed people's risk management plans when they supported them. One example of this was when staff supported one person by reminding them to wear a high visibility jacket when they went out walking. One staff member told us when the person was reminded to wear their high visibility jacket they sometimes took it off after they went out or chose not to take it. We discussed this with the manager as we could see the person would be at greater risk if they did not wear the jacket when they went out particularly at night when walking along country roads. The manager confirmed the person had capacity to make their own decisions but recognised the need to explore any other options for further minimising the risk. Following our discussion the manager undertook to arrange a wider review together with the person and any other appropriate professionals so they could continue to support them safely and manage the risk. The manager also confirmed they were undertaking reviews related to the risks associated with two other people who lived at the home.

During our inspection we also reviewed the arrangements for the administration of medicines together with the manager and saw that overall these were in line with good practice and national guidance. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times systems and records were in place to show how the support was given. The records were checked by senior staff to make sure they were up to date and when issues had been identified, such as any gaps in the records these had been followed up to make sure people were not at risk and that they were not repeated. We saw five people had chosen to have control over their own medicines and staff told us that they kept their medication in their rooms inside lockable drawers. However, when we looked at the arrangements for the people to do this we saw four of the five sets of locks on the drawers were not working and although they kept them in their room the other person did not have a lockable facility for securely storing their medicine. We discussed our concerns with the manager and the area manager confirmed immediate action was being taken to replace or repair the drawers so people could store their medicines safely.

There was information displayed around the home about how to help people stay safe. The information was available in easy to read formats so they were accessible to people with varying reading abilities. People knew where the information was and that there were contact details for external agencies that would be able to help them. One person said, "I have the number for the police. If I have any issues I know how to call them and make any reports I want to."

Staff told us they received training about how to keep people safe and this was reflected in staff training records. They knew how to contact external agencies such as the local authority safeguarding teams and were aware of the provider's procedures for reporting any concerns they had. Where issues had been identified the provider had taken action to respond to make sure people were supported safely. The provider had appropriately notified us regarding any actions they had taken to protect people from harm.

People told us what they would do if there was an emergency in the home such as a fire. Care records included personal evacuation plans which detailed the support each person needed in order to leave the home safely in an emergency. One person showed us where people would gather in the event of a fire saying, "We have drills and are clear they are done to help keep us safe." Another person told us about the emergency evacuation plans that were recorded in their care record. The person said, "I need reminding about safety but they keep me up to date and check I know what I am doing in an emergency."

The provider had safe recruitment systems in place, which they followed when they employed new staff. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home.

Staff told us there were enough staff on duty to ensure people's needs and wishes were met. We saw that staff were effectively deployed around the home based on the numbers and skill mix required by people who lived there. The manager also told us that when it was needed they had access to a small team of bank staff who they employed to cover any staff absences to ensure staffing levels could be maintained at the level they had identified as being needed. The rota information we looked at showed staff with a combination of experience and care skills were available over each shift, including during the night.

The manager told us the provider employed a maintenance person who was available to respond to any issues which related to the environmental safety in the home. The acting manager told us there was a maintenance book which staff recorded any issues which needed to be addressed immediately, for example replacing light bulbs. They also said they had recently undertaken an environmental audit and identified a number of areas which they and the provider were responding to. This included the overall maintenance of the main building, the redecoration of communal areas and individual rooms and the purchase of new bedding and pillows for people. People told us as part of this process they had been involved in choosing the décor in the home and their own rooms. The manager also confirmed they had arranged to fill in some of the pot holes on homes entrance driveway to make it easier for visitors to access the home.

The manager told us people received support in managing their overall finances either individually or through the arrangements they had in place with their families. The manager did however confirm they supported some people in holding day to day money for them so that it was safe. Where this was the case consent had been given by people and records maintained to show how much money was being held for each person. We saw people collected the money they wanted by visiting the manager's office. A record book was used to confirm how much people had chosen to take and this was signed by people and the staff

member who gave it to them with a record kept of each action taken to support people to access their money.

Good

Is the service effective?

Our findings

People told us the staff had the skills and knowledge they needed to care for them. One person said, "I know the staff really well. They know me and if I ever get upset they know how to help me get calm." Another person said, "The main thing is I am cared for in the right way. I feel well looked after and happy."

Staff we spoke with said they had received an induction when they started to work at the home and one new staff member said, "I got to shadow staff who were experienced in the job and I found this helpful to learn about the role and also about the people who live here." The manager told us that all new staff were signed up to undertake the national Care Certificate. This sets out common induction standards for social care staff. However one staff member who had been working at the home for some time had not fully completed their certificate as they were waiting for their work to be reviewed by the previous manager. The manager confirmed they would be following this up to support the staff member to ensure the records were completed and signed off.

The manager showed us records to confirm they had a training programme in place for them and staff to refer to. This was based on the needs of the people who lived at the home and it was checked and updated in line with the learning needs of staff. Established staff we spoke with told us that on-going refresher training ensured their skills and knowledge were kept up to date and they were able to develop new skills where required. Training provided and planned included, fire safety, infection control, mental health awareness, moving and handling, and nutrition. When it was needed additional training was identified to help support people with their individual needs. For example, one person who had lived at the home for some time had developed memory difficulties and was living with dementia. The provider told us how they had planned additional training to help all of the staff team support the person with their changing needs. In advance of this five of the current staff team, including the manager had received training in this area so all staff could get any additional advice regarding the support the person needed.

Staff training also included courses which helped staff to understand and follow legal guidance when supporting people with making decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding during our inspection. We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. People's support records showed the level of support they needed to make decisions for themselves. Where people needed additional support to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

In addition, the manager and staff were clear in their understanding of what constituted a restriction to a person's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although none of the people who lived at the home were subject to a DoLS authorisation the manager understood when they would need to submit an application for authorisation for any of the people who lived at the home in order to help keep

them safe.

People we spoke with told us overall they were supported to maintain their nutrition and hydration needs and that there was a menu they could access to inform them about the choices available for their main meal. We saw there were facilities available for people to make their own drinks at any time and people told us they had access to fluids when they wanted them.

The cook showed us four weekly rolling menus were produced with a choice of three main meal options for their evening meal. The cook told us they kept a record of people's dietary choices and needs so that they could make sure people had access to the food they wanted and needed. For example, one person was a vegetarian and the cook had made sure they were supported to maintain this. Another person needed to have meals which were reduced in sugar. The cook told us how they helped the person to maintain a balance with their meals so their need was met. People told us breakfast cereals and toast was available in the morning which people could help themselves to. There was a sandwich option at lunch times and people told us if they wanted to they could make their own sandwiches with or without support from staff. Some people told us they cooked their meals in their own flats and that they enjoyed the independence this gave them. One person said. "I do all my own food shopping so I can make anything I want."

When we spoke with people about the food people said that on the whole they enjoyed it. However some people also said they would like to have more choice and that they had not been consulted for some time about the options available. One person said, "We did choose the things on the menu but that was ages ago. The choices for the main meal could do with a revamp and a rethink. It would be good to have a change in choice." We spoke with the cook and the manager about this and the manager took action to arrange a meeting with people so they could check on people's meal preferences and update the menus.

People said they were confident that if any external health or social care professionals were needed they could access them either independently or with support from staff. During our visit we spoke with a visiting community nurse who told us they and the local doctor had a good working relationship with the home. They said, "The staff are very good at communicating any issues and we work together for the benefit of the residents. They how to get hold of us and they are organised in terms of making sure they remind people when they need to see us."

Good

Is the service caring?

Our findings

People told us they thought staff were caring. One person said, "The staff have been here for a long time so there have been just a few changes. This has helped us get to know each other better. I think the staff care very much because they know me as a person. Not just a number on a door." Another person said, "I have lived in some right doss holes in my time and this is the best. The staff are the best and they really care about me. I feel like I have a value and that counts for something doesn't it?"

When undertaking support or tasks and speaking with individual people it was clear staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received help from them. One staff member described the support they had given to one person during a shopping trip they had just returned from. The person experienced a seizure whilst they were out and the staff member remained with them, supporting them to stay calm and to allow them time to recover. They said they ensured they were helped to maintain their dignity by gently reassuring them and ensuring they were appropriately positioned during the process. They also said that members of the public had offered support and commented on how well they had managed the support they gave.

The manager told us about the importance of staff developing professional and caring relationships with people and that she was introducing a key worker system. They said the role of the keyworker would be to take a more focussed interest in the person they had been assigned to support, developing opportunities and activities with them in line with their care plan. The manager also said this would help support people receive more consistent approach to meeting their individual needs. The manager told us they had planned a meeting together with people to discuss the plans and so people could choose the staff they would like to work with. After we completed our inspection visit the manager told us the meeting had been completed and that people were very happy to have been assigned a key worker.

People and staff we spoke with confirmed there was no restriction on visiting the home. People said they went out to meet friends and that their families and friends could come to the home at any time to see them. Throughout our inspection we saw people coming and going undertaking their own activities in the community or spending time with staff or with each other in the home. Some people liked to smoke tobacco and a separate covered facility was available outside to enable people to meet and smoke safely when they chose to. People said they enjoyed each other's company but that if they wanted quiet time this would always be respected. One person told us they had a place they liked to sit in the local village and staff supported them to do this. The person said, "When I need some time out I have a special place under a tree I like to go and sit. It helps me relax and the staff know where to find me when I go there."

The manager and staff told us about the importance of respecting personal information that people had shared with them. We saw people's personal records were stored securely, including those on computer systems. Passwords were used to protect any information held on computers so that only people who needed to see the records had access to them.

During our inspection we saw senior staff supported people to access their money. One person said, "I am

happy its pay day. I am going Christmas shopping." Another person said, "I get my money today." We asked people about the arrangements in place for them to access their money and they told us they collected it on a Wednesday and that the time to do this was between 10.00am and 12.30pm. People said that if they didn't get their money they would need to wait till the following week. One person said, "We never miss the times and look forward to getting our money." We observed people queuing to get their money outside the manager's office. People were laughing and talking together with each other and staff while they waited. Whilst there was no indication that the arrangement was having a significant impact on people we discussed this process and our concerns in relation to supporting people's privacy and dignity when they were accessing their money. The manager confirmed they would be changing these arrangements to make the process more personalised, individual and flexible.

The registered manager understood the role lay and professional advocates undertook and that they knew how to access the information people may need in order to make contact with these services. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. Information was available for people about these services so they could access them independently if they wanted to.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they knew they had a care plan record in place which highlighted their needs and how they should be met and that they were consulted about their care needs. One person said, "I know I have a care record because I see the staff updating information about the daily care I have." Staff said they had access to the records and completed daily notes so that the records could be kept up to date. People said they had the opportunity to talk to staff about the arrangements for support. However, people also said they had not fully been involved in regular reviews of their care and were not always aware of any changes or updates made following the reviews. The review records showed that they had been evaluated regularly but not who had been involved in the review. We spoke with the manager and senior staff member responsible for updating the reviews and they confirmed they would take action to ensure they clearly recorded any changes made as part of the review and who had been involved in the process.

Some of the people who lived in their own flats told us how they had been supported to learn the skills they would need in order to move into the community and live independently. One person told us how they had developed their cooking skills and that other people were encouraged to take part in training sessions to help learn how to keep themselves safe and healthy. The sessions included those related to food hygiene and nutrition.

The manager confirmed that all of the staff assisted people to take part in activities as part of their day to day roles both in the home and the community. Three people were interested in art and the manager told us how the relative of one of the people brought art equipment into the home to help them maintain their interest. Another person told us they attended local art classes and showed us their paintings saying, "This is my real interest. I love art and I like doing something I feel I am good at."

People we spoke with said although they enjoyed the activities provided they also felt these were sometimes rushed because staff needed to undertake other care type tasks. One person said they wanted more one to one time with staff so they could go out more to do the things they liked. The manager told us that when they started in their role they had identified some of the people who needed one to one support when they undertook activities were not getting all of time which had been identified as needed. They told us as soon as they had started in their role they had reviewed the arrangements in place and that all of the people now had access to their full one to one time with staff.

People told us they had access to some games and we saw some people playing a board game together which they enjoyed. However, people also said they would like more options than the current range of indoor games and activities. They also said they felt there was no planned structure in place to confirm which activities might be available in the home for people to take part in. A staff member showed us a notice board with some activities advertised. These included a pantomime trip and a disco which had been arranged for December 2016. However, there were no other records in place to identify activities previously undertaken or those planned with people.

Although there was evidence people were supported to pursue their community hobbies and interests there

were no structured and planned activities in the home for people which would help to further motivate and stimulate them. We spoke with the manager about this and they said they had recognised activities as an area they needed to develop further and that they had planned to work together with people and staff to review and improve the range of person centred activities available. The manager said this would also include the development of research into more therapeutic one to one activities within the home.

People we spoke with told us they did not have any complaints or concerns at this time but that if they did they would speak with staff or the manager if there was anything they felt was not being addressed. There was a complaints policy and procedure in place which was readily available for people and any visitors to the home to access. This was available in different formats and provided clear information about how to raise any concerns they might have. The manager said any issues raised by people were followed up as quickly as possible and that any actions needed would be reviewed for themes and learning for them and staff. The manager told us there were no outstanding complaints from the period before they started in their role and that at the time of this inspection they had had received no new concerns.

Requires Improvement

Is the service well-led?

Our findings

The provider had recently informed us that the registered manager was no longer employed by them and that a new manager had been appointed who started in their role on 7 November 2016. The manager was supported by two senior care staff to manage the home. The new manager and the provider told us they were in the process of applying to register with us.

People told us they liked the new manager. One person said, "She is already making a difference for us and checking everything through." Another person said, "The new manager met with us all on day one and was really supportive in telling us who she was and she asked us about our thoughts which I think was great."

We saw that people were comfortable and relaxed in their interactions with the manager and senior staff and we saw that the manager supported staff with the provision of care as well as maintaining a management overview of the home. During our inspection we noticed there was a lock on the manager's door and the door was kept locked. People told us they needed to knock and wait for it to be answered before they could speak with the manager. We discussed this with the manager who confirmed this arrangement had already been in place when they started in their role and that they were reviewing it as they wanted to make sure they were accessible to people at any time they needed to speak with her. After we completed our inspection visit the manager confirmed they had started to keep their office unlocked, thus allowing people to be able to enter the office instead of having to wait until the manager or a member of staff opened the door for them. The manager told us that the result of taking this action had increased communication between them and people and staff and that people were happier with this arrangement.

Staff told us they felt well supported by the manager. One staff member said, "We are feeling really well supported by the new manager. They are easy to speak with and take the time to see how we work so we can develop any changes together rather than making any massive changes straight away." Staff said they felt able to express their views which were listened to and respected by the manager. They told us they were confident about raising any concerns they had with the manager and the provider and felt that any issues they raised would be addressed in the right way. Staff also told us they were all aware of the provider's whistleblowing procedures and said they would use them if any concerns raised were not addressed internally.

Staff told us that prior to the new manager starting in their role arrangements were in place for staff to receive formal supervision. Staff said they felt well supported but that during the last year they had not always been receiving direct one to one supervision from the previous manager. The manager confirmed supervision sessions were now being undertaken for all staff going forward and records were being completed for each session. We also saw that appraisals had been scheduled for all staff so that they could review and plan their future training needs together.

Staff also told us they had recently had a staff meeting but that before the new manager started they had not had a meeting for some time. The manager confirmed they had not been able to locate any previous team meeting records to confirm when the last meeting was held. The manager showed us that following

their appointment they had taken immediate action. We saw the record for the last team meeting held on 21 November 2016 and that the manager had scheduled further meetings with staff which were planned to be held regularly.

People and their relatives were asked for their views about the services provided through the day to day contact they had with the manager and staff and through the use of formal annual survey questionnaires. We saw the last survey had been carried out between February and April 2015. The overall results for this survey were positive. However, some people had also commented they would like to see activities and the quality of meals improved. We could not see that action had been taken to follow up on this feedback and people told us that they had not seen any improvement in these areas.

People also told us they used to have meetings together with the previous manager to enable them to give feedback on the quality and development of the service but until the new manager started they had not had a meeting for some time. The manager told us they had looked for records for the previous meetings held with people but could not locate any. The manager showed us they had taken immediate action and had held a meeting on the first day she had started in her role. They had also scheduled a further meeting with people for 25 November 2016. After we completed our inspection visit the manager sent us a copy of this meeting record. Areas discussed included the introduction of keyworkers, changes to the menus people said they had wanted, activities, changes to the manager's office to make it more accessible to people and changes to the arrangements in place for people to store their medicines more securely.

In addition the manager had ensured the meeting records were available for people to read and they told us that following the last meeting they had been identifying the best times for people to meet in line with the other arrangements they had so that all people would have the opportunity to attend.

The manager and provider confirmed they were also preparing to send out their next formal survey questionnaire's which would also include visiting professionals. Following our inspection the manager confirmed the survey had been sent out.

The provider confirmed that the manager was supported by a regional director who undertook monthly quality assurance visits to the home. The audits covered a range of key areas including infection control, medication, the environment, health and safety, support for staff and the delivery of care to people. However, although the results of the audits undertaken by the provider had identified some of the issues we had found during this inspection it was not clear what action had been planned or was being taken to begin to address these. We discussed this with the manager and two of the provider's regional directors who took immediate action to produce an action plan which they sent to us. The plan included initial regular weekly area manager support visits to the manager to help them in their new role and to address all the issues identified as needing action in order to keep improving the services they provided.