

# Oaklands Support Limited Chestnut House

## Inspection report

65a Friar Gate  
Derby  
DE1 1DJ

Tel: 01332289933

Date of inspection visit:  
07 January 2020  
09 January 2020  
10 January 2020  
16 January 2020

Date of publication:  
04 March 2020

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chestnut House provides personal care in people's own homes and to people living in supported living settings. At the time of the inspection there were six people supported in one supported living setting, and 13 people supported in their own homes. Where people receive care at home, not everyone received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

Reviews of incidents did not evidence all reasonable steps had been taken to reduce risk of recurrence. Care plans did not always evidence how incidents had been reviewed.

Not all statutory notification had been submitted in a timely manner as required. Not all checks and audits had identified shortfalls in the service.

Guidelines to help staff offer 'as and when required' medicines consistently were not in place. Records showed people were offered their medicines as prescribed and staff had been trained and had their competency checked to administer medicines safely.

Systems were in place to help ensure people were protected from the risks of abuse and avoidable harm. Staff had been trained in safeguarding and were knowledgeable about what steps to take to protect people.

People were cared for by sufficient numbers of staff. Recruitment processes checked to help ensure staff employed were suitable for their job role.

Staff were aware of what steps to take to help prevent and control infections. Staff had been trained in areas relevant to people's needs and told us they felt supported by the management team. People's needs were assessed with them and their choices and preferences promoted.

People received care to plan and prepare meals if required; this helped to ensure they received sufficient nutrition and fluids. People were supported to live healthier lives as they were supported to access appropriate healthcare services when required.

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's views and preferences were reflected in their care plans. Staff had been trained to help them understand equality and diversity issues. People's dignity and independence was promoted. People were cared for by friendly staff.

People received personalised and responsive care. People were supported to achieve their goals and pursue activities that supported their independence. Communication needs were assessed, and any needs supported. Processes were in place and followed to ensure any complaints received would be investigated and resolved.

Systems were in place to monitor people's call times and the care provided to people. People and staff were involved in the development of the service. The provider was developing further systems to ensure people, relatives, staff and other stakeholders' views could be gathered and used to develop the service.

The service had a clear aim to provide personalised care and positive outcomes for people; staff demonstrated they were committed to this aim. The service had policies and procedures in place to help ensure the provision of services to people followed recognised practice.

We have made a recommendation about the provider submitting CQC notifications when required to do so.

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

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

#### Rating at last inspection

This is the first inspection of this provider since they registered on 19 February 2019.

#### Why we inspected

This was a scheduled inspection based on the providers registration date.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chestnut House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team included one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support service. The service also operates as a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. This means that the registered managers and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced as we needed to ensure key staff were available for us to speak with.

Inspection activity started on 7 January 2020 and ended on 16 January 2020. We visited the office location on 7 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service from the provider and other agencies since the last inspection. We sought feedback from the local authority and professionals who work with the service. We checked what information Healthwatch had received about the service. Healthwatch are an

independent organisation that represents people using health and social care services. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with both registered managers. We spoke with one registered manager briefly at the start of the inspection, and spoke with the second registered manager throughout the inspection. Shortly after our inspection, one registered manager left the service and the service continued to be managed by the remaining registered manager. We also spoke with the provider's nominated individual and the deputy manager. We reviewed a range of records. This included three people's care records, records relating to staff recruitment and staff training. A variety of records relating to the management of the service, including complaints, were reviewed.

#### After the inspection

We spoke with two people who used the service about their experience of the care provided and two relatives. We spoke with a senior carer and two care staff. We spoke with two social care professionals who had experience of working with the service.

We asked the provider to send us further information, which they did. This included multiple medicines care records and audits, policies and procedures and a further care plan. We continued to seek clarification from the provider to corroborate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated as Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff knew how to report an incident, or an accident and records confirmed this. However, reviews of incidents did not always evidence how the risk of recurrence had been considered and whether any additional steps could be considered to mitigate the risk of recurrence. Not all steps had been taken to learn lessons when things had gone wrong.
- Care plans did not always evidence how they had been reviewed when incidents had occurred. Nor did they reflect risks from recent incidents and what actions staff were to take to minimise those risks. Safety monitoring and management was not always clearly reflected in care plans.
- Following our inspection, the provider told us they had taken action to review care plans, reflect recent incidents and detail what further steps could minimise risks.
- Risk assessments were in place for people's health and care needs.

Using medicines safely

- Policies and procedures were in place for the safe management and administration of medicines. However, specific guidelines to help ensure consistent care for medicines that were offered 'as and when required' (prn) were not in place. The deputy manager told us these had not yet been written. This meant there was a risk these medicines may not be offered consistently. Following our inspection, the provider sent us evidence to show they had acted to write guidance for medicines given 'as and when required.'
- Records showed people were offered their medicines as prescribed and staff recorded if medicines were taken, not required or refused. Staff told us medicines were stored safely.
- Staff told us, and records confirmed they had been trained in medicines administration and had had their competency in medicines management assessed.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe using the service and with the staff that provided their care. One person told us, "Yes, I feel safe with them."
- Staff told us, and records confirmed they had completed safeguarding training. Staff we spoke with were knowledgeable on how to identify potential signs of abuse and how to report their concerns under safeguarding procedures.
- Records showed staff had supported people to develop awareness of their own personal safety.

Staffing and recruitment

- People were supported by sufficient numbers of staff. People told us staff were always available, attended their calls on time and stayed for full duration of their care call. Staff told us they would cover any gaps in staffing between them; however, they said gaps in staffing did not often occur.
- The provider followed their staff recruitment policies and procedures. This meant staff had pre-employment checks completed and helped the provider make safer recruitment decisions.

#### Preventing and controlling infection

- Records showed staff had completed training in infection control and told us they had access to protective personal equipment, such as gloves to help prevent and control infection.
- People and their relatives told us steps were taken to ensure people lived in a clean environment. Staff told us how they supported people with cleaning to help prevent and control infection.



# 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 this inspection this key question has been rated as Good.

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

Staff support: induction, training, skills and experience

- Records showed staff had been trained in areas relevant to people's needs, for example, in medicines management and challenging behaviour. One member of staff told us they had not previously had experience of working with people with mental health or learning disability needs and they had not had any training in these areas. They told us, "The training in mental health and learning disability, this was cancelled; it's very important, I hope it is re-scheduled."
- The registered manager told us these areas of training were covered in induction training and sent us some information on what staff covered in the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.
- Following our inspection, the provider sent us further information on staff training. The provider's view was that they sourced training for staff to understand the specific people they supported. They sent us evidence that some staff had attended training specific to individual people's needs. The provider was also of the view that staff skills and knowledge was developed by working with other professionals in a multi-disciplinary way. The provider also sent confirmation of further training booked for all staff to cover mental health awareness, challenging behaviour, and other areas relevant to people's needs, as well as details of what other training they were attempting to secure. This meant the provider had put in place a training plan to ensure training to all staff would be provided in areas relevant to people's needs.
- Staff told us they had meetings with their manager to reflect on their job role and performance. They told us this was helpful. Staff told us they felt supported.

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

- People's needs were assessed with people, so care could be planned. Assessments often included input from other health and social care professionals who had knowledge of the person's needs. Social care professionals we spoke with told us this worked well.
- People's choices were promoted, and their views and preferences reflected in assessments. This helped to ensure care was effective.

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

- If people required care to help them with their meals and drinks, staff provided this. Records showed staff received training in food hygiene practices. Staff told us shopping lists and meal plans were discussed with people. Records of meetings with people showed how food choices were discussed.
- Information on people's dietary needs, including any food intolerances and food preferences had been

included in their care plans. This included any involvement of relevant health care professionals, such as speech and language therapists. Records showed health eating plans were discussed with people.

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

- Social care professionals told us staff communicated with them well and involved them when necessary to ensure people received effective care. One person told us they could access support if they started to feel low.
- Care plans included details of other healthcare services involved in people's care. For example, people's GP's, dentists and mental health care professionals. Records showed other health and social care professionals had been involved when needed to help ensure people received effective care.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- At the time of the inspection restrictions had been made by the Court of Protection. Records were in place to reflect the decisions made and staff we spoke with understood these.
- Staff had been trained in the MCA and understood the principles of the Act and when they should be applied.

# 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 this inspection this key question has been rated as Good.

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

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

- People we spoke with told us they were able to express their views about their care. One person told us, "Yes I have been involved in my care plan, yes definitely."
- Records of care plans showed how people's views about their care had been discussed with them and how these had informed care plans. Meeting minutes showed people had regular meetings with staff and discussed a range of subjects about their care.

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

- People were well-treated. One person told us, "Staff are very friendly; I can't fault them; I'm very happy." Staff provided examples of how they provided a caring service. One staff member told us they planned some pampering time for a person to help them feel special.
- Steps had been taken to ensure people's rights, including those relating to their gender were understood and respected.
- Staff had been trained in equality and diversity and the provider had policies in place to promote good practice in this area.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy, dignity and independence were respected and promoted. One person told us, "Staff are respectful of my privacy and dignity."
- Care plans identified and supported areas where people wanted to develop their independent living skills. People told us how staff helped them to achieve this. One person said, "Staff help me prepare my own meal." We saw people were supported to pursue educational achievements.
- Staff we spoke with provided examples of how they respected people's privacy and dignity and promoted their independence. For example, one staff member told us, "We ask people what they would like and what outcomes they would like to see." The registered manager sent us information on how they intended to further support the promotion of people's dignity in the service.

# Is the service responsive?

## Our findings

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

At this inspection this key question has been rated as Good.

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

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

- People received responsive care. One person told us, "I can choose what I like; I can pick myself what I want to do." People's views and preferences were included in their care plans. This helped to ensure people's care was personalised and met their needs.
- Care plans identified how staff could support people to reduce social isolation. This included people's views on new ideas to try. Records of meetings with people showed a variety of activities were discussed and planned with people to meet their individual needs.
- Staff told us the management team would listen and respond if people's needs changed. Staff provided us with examples of when the management team had supported changes to people's care arrangements to help keep them safe. Staff told us they were confident the management team took actions to help support people to receive responsive care.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments were in place to identify any communication needs people had. Staff told us how they used alternative methods of communication with a person and supported them to increase their language confidence. Written information was available in different formats to aid people's understanding.

Improving care quality in response to complaints or concerns

- A complaints process in place to help ensure investigation of and response to any complaints raised.
- We reviewed one complaint that had been received. This had been investigated and responded to and the original complainant involved in the resolution.
- People knew how to make a complaint and they were confident about complaining should they need to. One person told us, "Yes I could complain if I wanted to."

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care. However, the registered manager told us they would work with other healthcare professionals should a person require

care at the end of their life.

# 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 this inspection this key question has been rated as Requires improvement.

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

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

- Systems and processes to review accidents and incidents were not always effective. This was because reviews had not identified where insufficient detail had been recorded to provide assurances that satisfactory steps had been taken to reduce recurrence or mitigate risks.
- Records were not always complete. This was because care plans did not always reflect the occurrence of incidents as and when they occurred.
- Checks had been made to help ensure medicines were managed safely, however these systems and processes had not ensured individual protocols to guide staff on the consistent administration of 'prn' medicines were in place as required.
- Whilst the service had notified us of most relevant incidents and events as required, one incident had not been notified as required. We discussed this with the registered manager who submitted the required notification shortly after the inspection.

We recommend the provider reviews their knowledge on the legal requirements to submit statutory notifications to CQC.

- The provider told us they used information gathered from people's call times and reports on activities completed with people to check people were getting their planned care at the right times. People we spoke with told us they were satisfied staff adhered to call times and provided the care they required.
- Following the inspection, the provider sent us a full audit of their service. This included some changes to the systems and processes they used to ensure they had taken action to respond to our inspection findings. They also included plans on how they planned to strengthen their governance processes going forward.

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

- We saw people had opportunities to contribute their views on their experience on day to day care through their care plans and meetings with staff. The provider told us one person had been involved in the recruitment processes for staff. This is an example of how a person had been involved in developing the service.
- Staff told us they could contribute their views at team meetings as well as at meetings with their managers.

- The provider had not yet developed a survey type system to gather and analyse views on the quality and safety of services to help inform and develop the service from people, relatives and staff. They told us this was because of the length of time the service had been operating for. They told us this was in development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; 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

- Staff demonstrated a commitment to providing person-centred care to help promote people's independence and well-being. The provider's statement of purpose clearly stated these aims.
- People told us they knew either the registered manager or the staff that provided their care; they told us they told us they were able to talk with them. Staff told us the management team were approachable and helpful.
- Social care professionals we spoke with told us they felt the provider worked well with them to achieve positive outcomes for people. The provider had developed partnerships with the local university and to offer local students work experience opportunities. The provider had plans to develop further opportunities for people using the service through a partnership approach with other agencies. For example, the provider told us they were looking to develop paid work opportunities for people using the service.
- The provider had policies in place on the duty of candour. This helped to ensure any improvements could be identified when something went wrong.