

# Healthlinc Individual Care Limited

## Chesterfield House

### Inspection report

411 Newark Road  
North Hykeham  
Lincoln  
LN6 9SP

Tel: 01522 692607

Website: [www.lighthouse-healthcare.co.uk](http://www.lighthouse-healthcare.co.uk)

Date of inspection visit: 2 December 2014

Date of publication: 09/03/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was carried out on 02 December 2014. Our last inspection of the service took place on 3 December 2013 during which we found the service was meeting all the essential standards that we assessed.

Chesterfield House provides care and support for up to six men and women with a learning disability and co-morbid conditions such as personality disorder, mental health and forensic related issues. When we undertook our inspection there were six people living at the service.

There was an established registered manager in post at the time of our inspection. 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

The manager and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At the time of the inspection none of the people who lived at the service had their freedom restricted.

Staff received regular training and had the knowledge and skills needed to support people in ways that were safe and which protected people.

We found people were supported to be safe and were always treated with compassion and dignity. Staff encouraged people to maintain their independence and wherever possible, to feel included in the way the home was run. Staff provided care and support in a warm and caring manner and people received support in the way they wished.

There were arrangements in place for ordering, storing, safely administering and disposing of the medicines people needed to keep them healthy. People also had access to healthcare professionals when they required specialist help.

Staff were responsive to changes in their care needs. Throughout our visit we saw staff supported people in a dignified and respectful way. Staff showed us they knew about people's needs, interests, likes and dislikes.

We also found that sufficient numbers of staff were available to meet people's needs. Staffing levels were flexible to meet the needs of people and could be increased to support people to go out if they preferred to have staff with them.

People were able to raise any issues or concerns with the provider and systems were in place to ensure action would be taken by the manager and the provider to address them.

We found the service was well led and the manager provided consistent leadership. Arrangements were in place to continually assess and monitor the quality and effectiveness of the service. The arrangements in place for monitoring and audit enabled the provider and manager to regularly check on and take appropriate actions to continue to keep developing the quality of the care they provided.

# 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?

The service was safe. Staff were well informed about how to recognise any abuse and also how to respond to any concerns correctly.

There were enough staff available to meet people's needs.

Risks associated with people's care needs were assessed and planned for in advance.

Medicines were stored securely and administered as required.

Good



### Is the service effective?

The service was effective. The manager and staff understood how to apply the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff took appropriate action to ensure people's rights were protected.

People were supported by staff who had received training to carry out their roles. Staff supported people to maximise their independence and arrangements were in place for people to receive appropriate healthcare whenever they needed it.

People had access to a nutritious diet and food and drink was available for people throughout the day and at night.

Good



### Is the service caring?

The service was caring. Staff were caring in their approach and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy.

People were involved in making decisions about their care. They were able to set their own goals in order to identify what they wanted to achieve.

Good



### Is the service responsive?

The service was responsive. People's health and care needs were assessed, planned for and regularly reviewed.

People had access to a range of meaningful social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



### Is the service well-led?

The service was well-led. Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

People who used the service, and staff, were encouraged to express their views and opinions and be involved in the development of the services provided.

Good



# Chesterfield 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 02 December 2014. We gave 48 hours' notice of the inspection was given because the service is small and people who lived at the service were often out of the service undertaking activities with support from staff. We needed to therefore be sure that they would be in when we visited.

The inspection team consisted of an inspector and an expert by experience who was accompanied and supported by a personal assistant. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection visit took place, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. The information they shared with us supported our overall findings.

During our inspection, we spoke with six people who lived at the service, four relatives, five support workers, the deputy manager and the registered manager. We also spoke with a visiting health care consultant and a professional advocate who visited the home to support people with the reviews they had planned. We also observed how care and support was provided to people by staff.

We looked at three people's care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We also checked records related to the running of and the quality of the service such as staff training information, manager audit information, staff duty rotas, team meeting records, complaints and compliments information, and quality surveys undertaken by the provider.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe living at Chesterfield House. One person told us that staff ensured they were safe at all times saying, “I couldn’t feel safer than I do. The staff look after us and keep us all really safe.”

People and staff told us they knew what to do in the event of a fire and we saw there was a personal evacuation plan in place for each person so staff could use the training they had received in regard to fire safety to ensure everyone was able to get out of the home safely if needed.

The provider ensured that risks to people’s safety were identified and managed. When we looked at people’s care plans we saw that any identified risks to people’s safety and wellbeing had been recorded as part of a risk assessment. The risk assessments were used to help people keep safe whilst promoting their independence. For example, people could do their own laundry when they wanted to and enjoyed having control and choice regarding this. We noticed that in the laundry room guides were available for the people to look at and follow for their safety.

Risk assessments had been checked and reviewed on a regular basis. Staff told us this ensured any changes in need would be picked up quickly and addressed to ensure people remained safe.

Staff we spoke with said that they had received training in how to maintain the safety of people who lived at the service. Staff were clear about who they would report their concerns to and were confident that any concerns about people’s safety would be addressed immediately. Staff told us they knew how to escalate safeguarding concerns to external bodies which included the local authority safeguarding team, the police and the Care Quality Commission. Up to date information and telephone numbers were available in the manager’s office to support the manager and staff to do this.

Staff were also confident about escalating concerns about the provider if they thought they might need to and we saw that information was available for staff to follow in regard to the process they should follow.

We saw the provider had appropriate policies and procedures in place for helping people to take their medicines in a safe way. There were clear arrangements in place for storing medicines and medicine records we looked at showed people received their medicines at the right time and in the right way.

At the time of our inspection none of the people who lived at the service needed to take controlled medication. However, the provider had arrangements in place which ensured national guidance was followed in regard to the storage and administration of controlled medicines.

Staff employed by the service told us they had been through a thorough recruitment process before they started work at the home. We spoke with one staff member who said, “I am the newest staff member here. All the proper checks were completed as part of my appointment and I had a really supportive induction. The manager and staff have assisted with my learning throughout. I feel well-equipped to do my job.”

People and their relatives told us that there were enough staff to meet their needs safely. One person said, “The staff are always here when needed and there is plenty of time to talk to them about things and get help.” A relative told us, “I visit the home regularly and have always felt there are sufficient staff to know and understand [my relative] needs and those of others.”

The manager told us, and records confirmed agency staff were not used within the home. The manager and staff also told us they worked across the established staff team to make sure they were able to fill unexpected staff shortfalls, for example, due to sickness. The manager showed us how they set up staff rotas according to people’s needs and the numbers of staff available during our inspection matched what it stated on the rota.

From looking at staff rotas and talking with people, the manager and staff we found that suitable levels of staffing were being consistently maintained.

# Is the service effective?

## Our findings

People told us that staff knew what they were doing and ensured their care needs were met. Through our observations of the support provided by staff it was clear they knew people well and took action to address people's individual health needs. People also said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. This included services such as GP's, opticians and dentists.

We spoke with a professional health consultant who had visited the home to take part in reviews with the people who lived there. They told us they worked well with the manager and staff team, that communication was always good and that staff worked well with them to ensure care and medicine records were followed and kept fully up to date.

Staff we spoke with were knowledgeable about people's individual needs and had received enough training to meet the needs of the people who lived at the service. We checked the training records for the service and saw established staff had received, and new staff were scheduled to undertake training in a variety of different subjects. These included equality and diversity, risk taking and assessment, infection control, and equality and diversity. We also saw that all staff held or were working toward a nationally recognised care qualification.

Records showed supervision was undertaken regularly with staff and staff told us they felt the systems in place to support them were good. We also saw appraisals had been completed with staff and new appraisals had been planned for completion between January 2015 and March 2015.

We spoke with the manager about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager showed us they had developed a policy and procedure for staff to follow in regard to both DoLS and MCA. Records showed that the manager and staff had received training about the subject and more training had been planned. We found that staff understood what steps needed to be taken to protect people's best interests. In addition, they knew how to apply the procedures to ensure that any restrictions placed on a person's liberty would be lawful.

At the time of the inspection we saw the manager was in the process of undertaking an application to support three people to have their freedom restricted in order to help keep them safe from harm.

Staff told us and care records we looked at showed that assessments had been carried out and kept up to date in relation to people's dietary needs. We saw that measures were in place to ensure that people received a healthy and nutritious diet. Records showed people's food preferences and any specific needs dietary needs they had.

Menus were planned in advance and people had access to food and drink when they wanted it throughout the day. The kitchen area was fully accessible to people and they could access food and drinks at any time they chose to. We observed lunch time was a relaxed occasion and people where people needed any additional support with their meals this was given immediately by staff.

A relative we spoke with told us, "The food here is consistently good. The meal times are a focus for people and when I visit can see that people get the meals they want at the time they want them."

# Is the service caring?

## Our findings

When we arrived at the service we had a warm welcome from all the people who lived at there and the staff team. People welcomed us to “their home” and showed us around.

One person we spoke with told us that staff at the home were, “Very caring and looked after me very well.” The person told us one of the staff members was their keyworker and that they could talk to them at any time if they had any problems with anything and that they trusted staff. The person said, “My keyworker is a member of staff that has been put with me to make sure I have someone I can talk to who I know well and who knows me better.”

The person also commented, “Staff are always very helpful to me and all the people who live here. Staff will often just sit with me and ask her if there is anything I would like to change in my care plans. We talk about me now and my future plans so I know what is written about me.”

People told us that staff respected their wishes and. One person commented that staff, “Give us the best care to meet our needs.” All of the other people we spoke with told us that they were very happy with the care they received from the staff team .Throughout our visit we observed staff taking time out to sit and talk with people and listen to them.

When the provider arranged reviews of people’s care they planned it in a way that considered their needs and views. The manager told us they ensured that in addition to regular monthly reviews, annual reviews were held to ensure everyone who needed to be involved in the persons care plan were kept up to date and had the opportunity to provide input.

Some reviews were being undertaken during our inspection. One person needed reassurance regarding the arrangements in place for their review which had been scheduled for later in the day. Staff talked with the person about the timings for the review and reminded the person that their relative would also be attending. The person became much calmer and sat with us saying, “I feel much better knowing things are organised. I like it that staff care enough to remind me about things.”

We met and spoke with a professional advocate who helped facilitate the reviews. They told us the processes in

place helped people to be actively involved in making decisions about their care and support. The advocate commented that, “The staff are pro-active in supporting the advocacy role. Staff are quick to ensure any health related and social issues people raise are picked up on quickly. The manager and staff listen to people so they don’t make assumptions about what they think might be best for the residents here.”

Staff provided help and support in a way that showed they knew people well. For example, people and staff always spoke with each other using their preferred names and only when it was needed, staff responded sensitively and provided additional assurance when people needed help or just wanted to talk about their lives and plans for living.

The manager and some of the staff team had received privacy, dignity and respect training and they used this learning when undertaking their roles. One staff member told us, “We share our learning across the team at team meetings. It’s not just about what we do but how we do it. In order to care you need to listen and follow the wishes of the person. This is very important when respecting the rights and privacy needs of people.”

The manager told us that individual empowerment was at the centre of the care plans they had in place and staff were supported to empower people through the use of a “My plan and life star” system. Records showed people had started to use the life star system to identify and record their individual aims and goals and how staff should support them to reach these. One person had recorded the support they wanted to help maintain their interests and hobbies. Two other people were being supported to consider their future living arrangements and in the future said they hoped to move out of the home to live more independently in the community.

Relatives and people we spoke with told us that the staff were caring and compassionate. One relative told us, “The staff know [my relative] really well. Staff understand how to care and I always find they apply this to the work they do in every way, with care, sensitivity and understanding for [my relative].

People told us they could choose where they spent their time. There were several communal areas within the home

## Is the service caring?

and people also had their own bedrooms. People have said they liked their bedrooms and that they had always been encouraged to bring in their own items to personalise them.



# Is the service responsive?

## Our findings

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. Everyone who lived at the home had a care plan that was personal to them. The care plans contained information about people's health and personal care needs and their likes and dislikes.

People's interests and hobbies had been recorded as part of the overall plan and we saw staff respected and promoted these. People we spoke with confirmed that the social and daily activities they undertook suited them and met their individual needs.

People told us they enjoyed going bowling and swimming with one person saying, "We all go swimming every week unless we choose not to go. It's great and we all enjoy it." Everyone we spoke with told us all the staff team supported them to do what they wanted and that they could make their own decisions about what they wanted to do.

Two people told us about the holidays they and all of the people who lived at the service chose and one person said, "We always look forward to regular holidays and our staff team come with us to make sure we get there safe and look after us."

People also told us that they had an art therapist who visited the home twice a week and they really enjoyed working with them. When people showed us around the home they were happy to show us their art room where they said a lot of the art and craft sessions took place. We saw people had been involved in clay modelling and making Christmas decorations. A range of paintings and pictures were also displayed around the home on the walls that people at the service told us they had done themselves.

Each person also had a personalised art book, which recorded the craft sessions and art work they had completed. People showed us their books together as a group and while we sat with them people made comments which ranged from, "We love to keep our books because it shows people who we are" to "It's a record to look and remember what we have done. I like my book a lot."

People also told us they had weekly meetings with staff in order to plan their menu choices. We sat in on a meeting

with a staff member and people as part of the menu planning for the week. One person said, "We have a meeting at the start of each week to talk about the food we like." Another person said, "We meet like this and it's great because we choose our favourite food and we all get the choices we want."

We observed the meeting was well led by the staff member who listened carefully to what people said without rushing them. The staff member then added each individual's choice and preferences them to the menu sheet.

One person could not join the meeting as they were attending a review. The manager and the staff member told us how the person also needed additional support in order to communicate their needs and described how the person was supported to have their choices met using individual basic sign language communication methods and observations. The professional advocate we spoke with confirmed the communication methods staff used helped ensure the person had a voice. This meant everyone had an equal choice regarding meal options.

At lunch time we spoke with one person who assisted a staff member in preparing lunch. The person said, "I love helping with the meals. We all get involved. It's our food and we have chosen what we wanted so why not make it?" We saw the person was supported to make the meal using the menu choices people had chosen.

One person told us they wanted to smoke and were supported to do this by staff. The manager showed us that they had a covered area in the garden area of the home, which we noted since our last inspection had been fitted with a heater to enable the person to use the area even when the weather was cold.

People showed us the garden area and that part of this had been set aside for them to grow their own vegetables. One person said, "We grow our own stuff and eat it."

People also told us about their plans to decorate the home for Christmas and that they were being supported to buy a Christmas tree. One person said, "We are all going out to choose one together tomorrow."

With the range of activities in mind we found staff rotas were kept flexible and arranged to enable staff to support people in different ways in addition to their care needs.

For example, people told us they were supported to maintain strong links with their families and relatives. One

## Is the service responsive?

person told us they had planned to go to London to see their family before Christmas and was very much looking forward to it. The person said they were being supported by their key worker to travel down to London just for the day. People told us that staff did listen to them and would always ensure that the choices and preferences that they had made did happen.

The manager undertook an annual survey to check if people were happy with the service provided. The survey was sent out to people, their relatives, staff and professionals. The results of the last survey, which was completed in March 2014 and June 2014 and analysed by the provider, showed that overall people were satisfied with the quality of service provision.

We saw there was a clear list of the names of staff who were available and working displayed in the home so people and visitors knew who they could speak with if they needed to.

We saw there was a complaints policy and procedure in place. This was displayed in the main hallway of the home together with the home statement of purpose. This was also available in easy read format so people could access it and use it themselves if they wanted to.

All of the people and relatives we spoke with told us that they would be happy to go to the manager if they had a concern. One person said, "They [staff] listen but if I ever had any worries and no one listened I would actually ring the police to report my concerns." People also said they felt concerns were addressed quickly by the manager. The manager told us there had been no formal complaints in the last twelve months.

# Is the service well-led?

## Our findings

The service had an established registered manager in post who told us they were supported by a deputy manager to do their job. We saw that people and staff were comfortable and relaxed with the manager and deputy manager. Both demonstrated a good knowledge of all aspects of the service, the people who lived at the service and the staff team.

People told us they got on well with the manager and throughout our inspection we observed the manager interacted with people really well.

When the manager spoke with us about the support each person required it was clear they understood how to meet their needs. The manager told us they were very proud to be the manager of the service and to have a good consistent team that always worked to ensure the people who used the service received good quality care. The manager also told us about the strong links they had with other professionals and agencies. We saw this was the case when the reviews being undertaken involved a number of external professionals.

Staff told us they enjoyed working for the provider and that it was a good place to work. Staff also said they worked well together as a team and it was good that the team had stayed consistent. One staff member commented, "The communication here is excellent. It helps ensure all of the residents are safe and we all know what is going on." Staff also told us they felt they had a very good manager who also was very supportive and had access to regular training when they needed it.

Staff also said they thought the manager was supportive to them and was available to discuss any issues or concerns they had whenever they needed to. One staff member said, "The manager has been here for a long time. He is experienced and we learn from him. We trust in his judgement and he is a very good manager."

In addition to the structured supervision provided for staff the manager also confirmed they received regular supervision from their area manager and that this helped them to reflect on and keep developing their manager role.

Records also showed that staff meetings were held regularly and covered topics such as people's needs, staff rotas and deployment, specific roles and tasks, and training and development.

People, relatives and staff we spoke with said the manager was very approachable and that the managers door was always open for them to discuss any issues direct. Staff also said they were supported to submit ideas for developing the service either direct with the manager or with the provider through the area manager who they said undertook regular monitoring visits to the home.

The provider had effective systems in place to assess and monitor the quality of service people received. The manager showed us they submitted a regular report to their senior manager which monitored the home's performance and highlighted any risk identified. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the home had an approach towards a culture of continuous improvement in the quality of care provided.

Audits undertaken by the manager were also checked through regular support visits undertaken by a regional manager and an independent assessor the provider employed. The manager told us during these visits policies and procedures were regularly reviewed and updated to make sure they matched the needs of the people who lived at the service.

Audit checks also included incidents, accidents and care plans. The manager told us this process had further helped to identify any changes needed in care plans to help reduce the risk of incidents, for example, those related to changes in behaviour or falls.

In addition to these checks we saw people, their families and representatives and staff were regularly consulted with. People told us they had house meetings to discuss their care and any issues or ideas they may have for developing services. The last two meetings held in September 2014 and October 2014 showed people had open discussion about plans for holidays, meals and activities.

We saw there was an up to date business contingency plan in place. This was to be used in the event that there was a failure of essential utilities or other unforeseen events, such

## Is the service well-led?

as fire or flooding. We saw this was kept under constant review and was last formally checked in October 2014. This meant the provider had arrangements in place to deal with any unforeseen emergencies.