

Voyage 1 Limited

Chestnut Grange

Inspection report

Main Street
Weston
Newark
Nottinghamshire
NG23 6ST

Tel: 01636821438
Website: www.voyagecare.com

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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 ● |

Summary of findings

Overall summary

About the service

Chestnut Grange is a care home that offers care and support for up to 10 people with learning disabilities or autistic spectrum disorder. There were nine people using the service at the time of our visit.

The care service was designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People were given choices and participation within the local community was encouraged.

People's experience of using this service

- People were supported to be safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. Risk was assessed and managed. People's human rights and freedoms were respected within the risk management plan.
- Routine checks and maintenance were carried out on the premises and equipment. There provider had a health and safety team available to provide additional support and training to people and staff.
- There were enough staff to meet people's needs and to spend time with them. Staff were recruited in a safe way.
- People's medicines were managed in a safe way and were reviewed by the prescribing doctor to make sure they remained effective. People had access to the healthcare services they required. Staff referred people promptly and followed the advice and guidance provided by the professional.
- People had enough to eat and drink and were encouraged to follow a healthy diet and maintain a healthy weight.
- The service was spacious and met the needs of people who lived there. People's rooms were personalised. The service was clean and tidy throughout. Staff knew how to reduce risk of cross infection. They had access to the protective equipment and cleaning products they required to achieve this.
- Staff had the training and support required to meet people's needs. Care and support followed best practice up to date guidelines and legislation. Staff had opportunities to learn and develop their skills and qualifications.
- Consent to care and support was always sought in line with legislation and guidance. People were encouraged to make choices and decisions about their care and support and the things they did each day.
- Staff were kind and compassionate. People and staff had developed positive relationships. Staff were

passionate and motivated about improving outcomes for people and increasing people's skills and independence. Privacy and dignity was promoted by all staff.

- Staff knew people extremely well. They knew about the things that were important to people and the things that may cause distress. Staff knew the best way to communicate with people and how to offer support and reassurance when this was required. People led active lives and took part in culturally relevant activities in and outside of the home.
- There was a complaints procedure and any issues were responded to quickly and used as an opportunity to learn and improve. People, relatives and staff were asked for their feedback and their views and opinions were listened to and acted on accordingly.
- There was a clear organisational structure. Staff understood their roles and responsibilities. There was strong leadership and support structures in place. Managers were open, inclusive and accessible. Staff and managers shared a vision based on providing person centred care and support and improving outcomes for people. There were effective systems in place to monitor the quality of the service and to drive improvement.

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

Rating at last inspection

At the last inspection we rated this service Good (report published on 23 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Chestnut Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chestnut Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

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

Notice of inspection

We carried out the inspection visit on 14 March 2019. It was unannounced.

What we did

Before the inspection, the provider completed 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. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Chestnut Grange. We spoke

with seven people who lived there and three people's relatives. We spoke with two support workers; the deputy manager and the registered manager.

We looked at three people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe and to raise concerns if they had any. Staff knew people extremely well and could recognise when people were worried or anxious. Staff had received training and understood their responsibilities. They knew how to report abuse and felt confident action would be taken where needed.
- Staff had taken action to protect people from abuse such as alerting the local authority safeguarding team and using positive support plans to reduce risk for people at the service and out in the community.

Assessing risk, safety monitoring and management

- Risk was assessed and managed. We saw that positive support provided by staff had reduced a person's risky behaviour significantly. This was achieved through staff showing the person how to communicate with others while respecting personal boundaries. The person's freedom and human rights were respected because staff supported the person to increase their interpersonal skills. A member of staff told us, "We don't tell people what to do, we teach them."
- Physical risks were also assessed and managed. For example, risks to nutrition and risk of choking where people had swallowing difficulties. Staff had clear instruction about how to manage the risk in the best way.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff had enough time to spend with people. Staffing numbers and skill mix were calculated according to people's needs. Additional staff were deployed when this was required. For example, if there was an activity or outing.
- Staff were recruited in a safe way. Checks were carried out to make sure as far as possible, only staff with the right characteristics and skills were employed.

Using medicines safely

- Staff managed people's medicines in a safe way. Each person had a support plan about how they liked to have their medicines administered.
- Staff received training and had their competency assessed. Medicines were stored securely. Records were accurate and up to date. This meant that staff could check the amount of medicines received into the service and check they had been given correctly and at the right time.
- People had their medicines reviewed by the prescribing doctor to make sure they were still required and remained effective.
- Staff were aware of and working to the principles of a national initiative to stop over medication of people

(STOMP). This meant that people would only be given prescribed psychotropic medicines once all other options had been explored first. Records showed that usage of this type of medicine was very low at this service.

Preventing and controlling infection

- The service was very clean and tidy throughout. People were involved in cleaning their own rooms where they could be.
- Staff received training about infection control and effective practices. They understood their responsibilities and knew how to protect people from the spread of infection.
- Daily cleaning schedules were in place and checks were carried out to make sure these were followed.
- Staff had all the personal protective equipment such as gloves and aprons that they required.

Learning lessons when things go wrong

- There were systems in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. This included incidents that had occurred in the wider organisation and sector.
- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- Staff had been trained about managing actual or potential aggression. They knew how to de-escalate a situation without the need for restraint. However, if restraint was used, then an analysis would be carried out to check how the incident could have been handled better.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the service. Assessments included people's physical, mental health and social needs. They took the needs of people already living at the home into account, to make sure staff could meet everyone's needs.
- Care and support was provided in line with legislation, standards and evidence-based guidance. Staff kept up to date with current legislation through healthcare professionals and support networks within the organisation.

Staff skills, knowledge and experience

- There was an ongoing staff training programme. New staff had induction training to make sure they knew about the skills and behaviours expected of them.
- A relative described the staff as 'fantastic'. All the staff we spoke with knew how to meet people's needs. They told us they had all the training and support they required to meet people's needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink and to follow a healthy diet.
- Healthy diets were encouraged and people were involved in planning the menus.
- People had their nutritional needs met assessed and met. Healthcare professionals such as dieticians or speech and language therapists were involved where this was required and staff supported people to follow their guidelines. Some people had managed to achieve a healthier weight and BMI since moving to the service.
- People and staff ate their lunch together. There was a relaxed and social atmosphere and people and staff chatted together.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs, for example if a person had to go to hospital. Each person had a 'hospital passport'. This contained important information to inform hospital staff about how best to support the person.
- When people went into hospital or attended appointments they were supported by a staff member from the service.

Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan to record their health needs and to instruct staff about how to meet these.
- People had access to healthcare professionals as soon as this was required. They were supported to attend

health reviews such as well woman clinics.

- Staff knew people well and quickly recognised when they were unwell and needed medical attention.
- One person was attending a health initiative about diet and health at a gym.

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

- The environment was spacious and met people's needs. There was a choice of communal areas people could use and a dining room.
- People's rooms were personalised and decorated to suit the person's needs and tastes.
- One person was having their room re decorated. This person spent a lot of time in their room so the space was being completely re designed to meet their needs and preferences. They showed us the plan and designs and were clearly looking forward to it.
- There was a shower and walk-in bath which was accessible to people with disabilities.
- There was a communal sensory room with lights and music where people could spend time relaxing.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were following the principles of the MCA.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. We observed staff offering people choices and respecting their decisions.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People were treated with kindness and compassion. We observed staff spending time with people. Interactions were positive. People were relaxed and at ease, they had fun chatting with each other and with staff.
- People entered the office and approached staff often and with confidence. It was clear they felt relaxed with and respected by the staff.
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support.
- They knew how to offer people reassurance and about the things that would cause each person distress. For example. One person became anxious before events such as family visits or medical appointments. Staff did not tell the person about an event until just before it occurred. This had been agreed with the person and was part of their care plan. This significantly reduced anxiety for this person.
- Staff knew how to recognise changes in behaviour which indicated people may become distressed.
- Some people used pictures to express how they were feeling. They were shown pictures of faces expressing different emotions and asked which one applied to them. This helped people to express their emotions and communicate with staff.
- People sent gifts and cards to their family members on special occasions. People were supported to meet their emotional needs in relation to bereavement of family members and friends. Staff were sensitive to people who had lost their Mother's during 'Mothers day'. People were supported to release a helium balloon with a message attached.

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

- People were involved in developing their care and support plans. The way they preferred to receive support was respected and consistently applied by all staff.
 - House meetings were held each month and people were able to discuss any activities they would like to take and to express their views about their day to day experience.
- Where appropriate, people's relatives were involved in decision making. A relative said, "We attend reviews and have copies of care plans, staff keep me up to date about anything medical."
- Staff had considered each person's support needs about making decisions. For example, staff knew that one person must not be given too many choices at one time and must be given time to process information.
 - Staff told us how they involved people in making decisions. A staff member told us, "People make decisions about all aspects of their lives, for example, menus, holidays and Christmas lists."
 - We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
 - People had access to advocacy services to support people to make decisions that were in their best

interests.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. They had received training and some staff had become 'dignity champions'. Dignity champions supported people and staff to be aware of dignity in all aspects of the service.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- People were encouraged to increase their skills and become as independent as possible. 'Active support' training was used so that people were involved in day to day activities like keeping their room clean. The purpose of this was to increase independence and self-esteem.
- People were supported to avoid risks in the community so they could become more independent. One person was working towards moving from the service to live independently.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was person centred. People were involved in developing their support plans. Reviews were held at least every six months. Action plans were developed according to the person's needs, aspirations and preferences.
- People's physical, emotional, mental and social needs were met. People had grown in confidence and increased their skills and abilities since moving to the service.
- Staff knew how to communicate with people effectively. Communication support guidance was available for each person.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. 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.
- People were supported to keep in touch with their friends and families and with the wider community. They told us about the important people in their lives and knew when they would be seeing them or speaking to them next.
- Relatives told us they were made welcome when they visited. A relative said, "It's a good experience, we visit regularly."
- During our inspection visit, people were baking cakes for 'red nose day' and were running a cake sale in the village hall nearby. People in the local community had been invited to attend.
- People led busy and active lives. People were supported to follow their interests and take part in activities and holidays that were socially and culturally relevant. Some people attended day services to support their independent living skills. There were a variety of activities available to people inside and outside of the home. There were two vehicles available and people were encouraged to use public transport.
- People attended their chosen place of worship.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the registered manager or one of the senior care staff if they had any concerns.
- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken.
- Staff told us they took complaints seriously. All complaints were over-seen by a senior manager.
- Any lessons learned were shared within the organisation so improvements could be made.

End of life care and support

- People had opportunities to discuss their end-of-life wishes where this was appropriate.
- Staff had received training about end of life care. They had access to relevant professionals should they require support and advice.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's relatives and staff all made very positive comments about the service. A relative said about the service, "It's amazing, staff are so good, such good care, can't speak highly enough."
- A member of staff told us, "It's all about the people who live here."
- Managers and staff had shared vision and values and were aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- Managers and staff had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager provided very strong leadership and everyone we spoke with told us how visible they were and how well they knew each of the people living at the service.
- Staff were happy and proud to be working at Chestnut Grange, they said they would recommend the service. They also felt supported by the organisation. They received supervision from their managers and had access to a counselling service which they could use for work related, or personal issues.
- There was a clear organisational structure and support network.
- The registered manager understood their legal duties and sent notifications to CQC as required.
- There was effective quality monitoring. Checks and audits were carried out internally and by the providers quality assurance team. This meant any shortfalls could be identified and resolved quickly and used to learn and improve.
- Clear action plans with time scales were developed as a result of checks and audits.

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

- People, relatives and staff were engaged and involved.
- Meetings were held for people and staff so they could give their feedback, views and ideas.
- People were also involved and engaged through care reviews and speaking to staff and managers whenever they needed to. People were confident to approach staff with their views and opinions and staff listened to them.
- Staff feedback was used to develop the service. For example, staff had asked for improvements to the cleaning rota to improve consistency and this was actioned.
- Surveys were sent to relatives and stakeholders to ask for further feedback and the results were included in the annual development plan.

Continuous learning and improving care

- There was a development plan to support the service and staff to learn and improve.
- Staff had opportunities to attend further training and gain further qualifications. They were encouraged to develop professionally.

Working in partnership with others

- Staff and the management team worked alongside external agencies and professionals sharing information to ensure that people received the right support and good outcomes.