

Royal Mencap Society

Chestnut House

Inspection report

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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

Chestnut House, is a care home providing accommodation and personal care for up to six people living with a physical, learning disability or autism. At the time of inspection, six people were living at the home.

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 ensured people who lived at the home 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 living at the home received planned and co-ordinated person-centred support that was appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People, their relative and professionals told us people were very safe living at the home. One relative told us their relative received safe care and this was down to the level of detail and attention staff paid to their loved one. Detailed risk assessments were in place to help staff keep people safe, whilst encouraging people to be as independent as they could. Regular safety checks of the building were completed. Only suitable staff were employed. The registered manager used all incidents as a learning opportunity to improve various aspects of the service and care provided.

People's needs were fully assessed before they came to live at the home. People were also encouraged to visit prior to coming to live at the home, to ensure they and other people living there, were happy with arrangements. Staff had appropriate skills to care for people. Staff received regular refresher training. People enjoyed a healthy, fresh and varied diet. People attended regular healthcare appointments. People's bedrooms were unique to each person and had been decorated to reflect each person's individual tastes.

People received care from staff who were caring and committed in their role. Staff were very aware of the importance of maintaining people's dignity and were very keen to support and promote people's independence.

Regular reviews of people's care was completed with emphasis placed upon people achieving their individually set goals. A complaints policy was in place, but no complaints had been received. People had access to documents in a variety of formats to support their understanding and communication. End of life wishes were included in people's care plans.

The service had a registered manager. They managed the service very well and promoted an atmosphere and culture in the home which was both inclusive and empowering for people and staff. The registered manager ensured information was shared with the appropriate authorities. When things had happened, immediate action was taken to address any issues. A service improvement plan was in place which was

reviewed regularly at both local and regional level, and this was used to drive further improvements and outcomes for people and the home. The registered manager and staff worked very closely with various healthcare professionals. People, their relative, staff and visiting professionals were very complimentary about the registered manager.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

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. We checked 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 consisted of one inspector.

Service and service type

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

This inspection was announced. This was because we needed to be sure people would be at home to speak with us.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager, the regional manager, two care staff, and one visiting professional. We also spoke with three people who lived at the home.

We reviewed a range of records. This included one person's care records and two people's medication records. We looked at one staff personnel file and various records related to the management of the service.

After the inspection

We continued to receive information from the registered manager to confirm the inspection findings. We spoke with one relative, one visiting professional and we received written feedback from one other visiting professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely.
- Staff who administered people's medicines had received appropriate training. Staff told us they were confident to administer people's medication and they told us they had regular competency assessments about how safely they managed medicines. One person told us, "Yes, I always get my medication on time."
- The registered manager completed regular monthly audits. These helped the registered manager to identify and address any shortfalls in medicines management and to promote the application of best practice in medicines management by staff.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people and levels were reviewed where a change in people's needs was identified. One member of staff told us, "Staffing levels are fine, yes definitely - especially at weekends when people are out and about."
- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority.
- Staff had received training in safeguarding. Staff told us they were confident to recognise and report any safeguarding issues.
- People told us they felt very safe living at the home. One relative we spoke with told us, "I am very happy with {person's name} care. Staff give [person's name] lots of attention to keep him safe."

Assessing risk, safety monitoring and management

- The registered manager had completed various environmental risk assessments. These were reviewed on a regular basis and updated where necessary. Various health and safety premises checks were completed on a regular basis including, fire alarm tests, emergency lighting and water temperature checks.
- All accidents and incidents were recorded by staff which were then reviewed by the registered manager. Following review, identified actions were shared with staff and then updated into people's care plans to help prevent reoccurrence.
- People's care plans included detailed and appropriate individual risk assessments with emphasis placed upon supporting people to be as independent as possible whilst supporting people to remain safe.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles.
- The home was very clean and free from bad smells
- Staff had access to personal protective equipment including gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager reviewed all incidents as a point of learning. One example included changing the way in which one person was supported to manage the return of their library books. This change meant this person felt more involved in the process which lessened their anxiety.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 needs were fully assessed prior to moving into the home. This was carried out in line with best practice guidance. The assessment process also included people visiting the home on regular occasions prior to their moving in.
- People (where able) and their relatives had been involved in the creation of care plans.
- Care plans contained lots of detailed information which supported staff to care for people in the way they wished to be cared for. Information included people's likes, dislikes, interests and personal goals.

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

- People's dietary needs were catered for via a variety of fresh and healthy, home-cooked meals. People were very involved with the menu planning which supported people's choice of food offered. Where able, people accessed the kitchen themselves and obtained snacks independently. One person told us, "The food is lovely, and I can get snacks whenever want."
- Where needed, people's weights were monitored. Any concerns identified, were referred to the appropriate healthcare professionals for their input and guidance.

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

- The registered manager and staff worked very closely with various healthcare professionals and external services to ensure people's care was consistent and appropriate to their needs. One visiting professional we spoke with told us, "I am here today as [registered manager] contacted our duty team and asked us to come in to review the work they are doing and how we can link in and support with it."
- Staff knew people very well and were quick to recognise if people were poorly and required medical assistance. One relative told us, "Yes, [person's name] goes to medical appointments and staff always keep me up-to-date with what has happened."

Staff support: induction, training, skills and experience.

- Staff had the appropriate level of skills and experience to care for people.
- Staff told us they received regular refresher training as well as the opportunity to request additional training in order to support their own development. New staff attended an induction programme.
- Staff had the right level of skills and experience to care for people safely. One visiting professional told us, "People are supported by well trained staff and staff training is completed to an high standard."
- Staff received regular supervision sessions and staff we spoke with confirmed this.

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

- The design of the home supported and worked well for the people who lived there. Certain adaptations had been made for people without compromising the layout or atmosphere of the home.
- The home had been decorated and furnished to a high standard and it was clear people enjoyed living in such an environment.
- People were very proud of their personal bedrooms and were very keen to show us how their bedrooms had been furnished and decorated to suit their own style and preference.
- The home had an outside garden for people to access and enjoy. The registered manager shared with us their potential plans to keep chickens in the garden as this had been a request from people living at the home.

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, 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.

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.

- DoLS applications had been made when needed. Where DoLS included conditions, action had been taken to ensure those conditions were implemented.
- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff had a very good understanding of the MCA and applied this in their work.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was embedded into the culture of the home and staff promoted and upheld this important element of people's care. One visiting professional told us, "The people living at Chestnut House live meaningful lives that include control, choice, and independence in a safe way. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive to them."
- Staff were keen for people to attain their utmost level of independence and continually assessed various situations to identify where people's dignity and independence could be further promoted. One person had never been able to make their own bed. However, the registered manager told us how proud they were when one member of staff had identified ways in which one person could be involved in this task.
- Staff were proud of the care they provided. One member of staff told us, "I love working here. I love active support and increasing people's independence. I love watching people learn and then stepping back and let them get on."

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

- People received care and support which was a direct reflection of the provider's own vision statement which included, 'Our vision is a world where people with a learning disability are valued equally, listened to and included.' One person told us, "The staff here are brilliant, absolutely brilliant! The staff spend time with me, they help me, and they listen to me."
- The registered manager and staff explored ways in which to enhance the level of support they provided. The registered manager had supported one person to successfully apply for their own disability vehicle.
- The home had an environment which supported a culture of nurturing sincere and caring relationships between both people and staff. One person told us, "I make [person's name] a coffee all the time. I call them Lady Penelope and they call me Parker!" A review of house meeting notes included a comment from one person which stated, "I gave my shorts to my friend {person's name}, they had gotten too tight for me, so I gave them to her."

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

- People and their relative were involved in decisions regarding their care. One relative told us, "The staff encourage us to be involved in [person's name] care, they encourage us as a family to interact."
- Care plans included lots of information regarding people's likes and dislikes.
- Information regarding advocacy services was available for people or their relatives to access. Information and various documents were available in various easy read format to meet people's needs .

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 person-centred care which was unique to them. One visiting professional told us, "The registered manager is keen and passionate for the support to be delivered in the least restrictive way."
- All staff were proud of the people living at the home and this came across very clearly during conversations with staff. Comments included, "We pride ourselves on delivering person centred care. We have a very happy atmosphere here. Staff strive to do what people want. We are hosting a Christmas party and people have decided who they wanted to invite- it's their party, their home."
- People were encouraged to think of goals they would like to achieve in their life and these were reviewed and renewed on a regular basis.
- Care plans were reviewed and updated on a regular basis with people or their relatives/advocates where they could not partake in this process themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to preserve and develop relationships which were important to them.
- One person in receipt of care from the service had a very long-standing friendship with a person who they used to live with, but who now lived at another home. We spoke with this person using their adopted style of communication. They were very animated when telling us how much they enjoyed seeing and speaking to their friend regularly on the phone, and how important and how much this meant to them.
- Emphasis was placed upon people having access to a host of activities including both social and physical activities. These activities included accessing the local community, attending day centres and attending concerts both locally and elsewhere in the country.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since the last inspection.
- People and their relative told us they had not raised any concerns or complaints. They said they would be confident to do so, and they knew who to speak to if needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were captured as part of pre-admission assessments.

- People's opinions were vital, and staff worked well to find the most suitable way they could to communicate with people. This approach allowed staff to explore and understand how people were feeling, what they would like to do.
- Various documents were available in varying formats to support people with their understanding and communication.

End of life care and support

- Care plans included basic information regarding people's end of life care. We spoke to the registered manager regarding this and they agreed to review this area of people's care plans to ensure more information was recorded (where possible).
- At the time of inspection, no one was receiving end of life care. The registered manager told us if in the future there was a need for this training, staff would be enrolled to ensure they had the necessary skills.

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 the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager had a good knowledge and understanding of their role requirements and they led by example across all aspects of their role.
- The registered manager used a variety of tools and methods to ensure a consistent level of care was provided. Audits seen had identified where improvements were required and actions were seen to have been recorded and signed off as completed.
- Without exception every member of staff we spoke with told us how much they enjoyed, indeed loved, working at the home and how they had worked there for a long period of time. One member of staff told us they had recently submitted an essay for their university course and how they had been able to transfer this learning into their care role, which in turn, had resulted in positive outcomes for people.
- The registered manager had notified the Care Quality Commission of incidents in line with regulations and their legal responsibilities.
- People, their relative, staff, managerial staff and visiting professionals spoke very highly of the registered manager. One visiting professional shared with us, "The standard in all areas is attributable to the registered manager setting the culture and the staff ethos. This evidenced passionate and committed staff with an excellent retention. Staff are happy in their work and they are passionate about the client group."
- The registered manager used a wide range of information, feedback and audit outcomes to drive continuous improvement within the service.

Working in partnership with others

- The registered manager worked in close partnership with other professionals, including social workers, occupational health, local day services and the local community. They also shared with us how they had been approached to provide mentorship for other services in the borough and this was down to the way in which the home was run under their leadership. One visiting professional shared with us, "The registered manager in particular provides a benchmark that I am attempting to replicate into lesser services in the Borough."

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

- People received care which was which was very person-centred. The culture within the home was one of inclusivity for people and for the staff who cared for them. The registered manager told us their aim was to make sure people lived the best possible lives they could.

- The registered manager reviewed any matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- People and relatives were well informed. Staff were open and honest if things had gone wrong which included offering appropriate apologies.

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

- The registered manager sent out regular surveys to relatives. Feedback received had been very positive. One completed relative questionnaire included, "We are very happy with [person's name] care, they have learnt lots of new things and is always happy and smiling which makes us happy."
- Regular house meetings were held where everyone was encouraged to contribute and have their say.
- The registered manager held regular team meetings. Staff confirmed this. They told us they felt listened to, were encouraged to share ideas for improvements to the home and they felt their opinions were valued.