

Prime Life Limited

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

About the service;

Chestnut House is a residential care home providing personal and nursing care to people with mental health issues and/or learning difficulties. The service can support up to 33 people, at the time of our inspection 28 people were using the service.

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.

The service was a large home, bigger than most domestic style properties. However there were 7 flats which accommodation up to 14 people. ten people were living in the flats at the time of the inspection and 18 people were living in the main house

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

People lived in a safe environment where they were protected from potential abuse, the risks to their safety were assessed and managed to allow them to remain as independent as possible whilst staying safe.

They were supported by a group of staff who knew their needs and had appropriate training for their roles. People's medicines were well managed and they were protected from the risks of infection. Their nutritional and health needs were well managed and the environment they lived in was well maintained.

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 and their relatives told us the staff group treated them with care and respect, and their views on their care were listened to. Staff showed a good awareness of supporting people's privacy.

People received person centred care in a way of their choosing. Their care plans reflected their needs and staff had a good knowledge of people's needs. People were supported to engage in social activities of their choice, and although people told us they had no complaints, there were processes in place to deal with any should they arise.

The service was well led and the registered manager worked in an open way with people, their relatives, staff and health professionals to provide a good quality of life for people. There were quality monitoring processes in place to monitor practices and maintain good standards of care.

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 Requires Improvement (23 October 2018).

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?

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 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

This inspection was carried out by 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.

Notice of inspection

This inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information helps support our inspections and we used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with five people who used the service, and three relatives about their experience of the care provided. We spoke with two members of support staff, the cook the registered manager and the regional manager

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service, including quality audits.

After the inspection –

We contacted the provider to ask for further information to support our report which they supplied.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People who lived at the service were safe. The systems and processes in place supported staff to keep people safe. All the people we spoke with told us staff ensured their safety.
- Staff had good knowledge of the types of abuse people could be exposed to. They understood how to both protect people, whilst supporting their choices and independence. There was information readily available on how and where to report any issues of concern, and staff had confidence the registered manager would deal with any concerns raised.
- We saw there was learning from events to prevent reoccurrence of risks for people.
- Issues of concern were discussed at staff meetings. One member of staff told us there were detailed and comprehensive handovers for staff each day.

Assessing risk, safety monitoring and management

- The risks to people's safety were clearly assessed. Staff showed a good knowledge of what measures should be in place to mitigate individual risks.
- One person had mobility issues and used a number of aids to support them. Staff were aware of which aids the person required for each situation, to allow them to build their independence whilst still staying safe.
- Environmental risks to people were assessed and regularly monitored. For example, differing needs people had in the event of a fire was documented in the personal emergency evacuation profiles (PEEP's). These were kept both in their care plans and in the fire safety box alongside other fire safety equipment needed in the event of a fire.

Staffing and recruitment

- People were supported by adequate numbers of staff to allow them to undertake their daily activities dependent on their needs. This included supporting some people with personal care or supporting other people to go out into the community.
- People and staff told us they were happy with the staffing levels in place.
- Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the registered manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

Using medicines safely

- The processes in place for supporting people with their medicines were safe.
- Staff received appropriate training for their roles and people received the appropriate level of support they required.

- People received their medicines when they needed them and in a way they chose.
- Medicines were stored safely and in line with manufacturer's instructions. There were regular checks on the environment such as room and fridge temperatures to ensure they were within the safe range for medicines to maintain their effectiveness.

Preventing and controlling infection

- At our last inspection we found some issues with infection prevention and control (IPC), during this visit we found these issues had been addressed.
- The environment people lived in was clean and well maintained. The satellite kitchen area where people made their own drinks had been refurbished since our last visit. The area was well maintained with appropriate crockery and hand washing facilities available.
- Staff received appropriate training for their roles and there were regular checks in place to ensure standards of cleanliness were maintained.
- Staff used personal protective equipment to protect people from acquiring infections.

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 requires improvement. At this inspection this key question has now improved to good. 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's needs had been assessed when they were admitted to the service in line with nationally recognised guidelines. The assessments were followed by staff to provide safe care for people.
- People's protected characteristics under the Equality Act were considered. For example, one person was partially sighted. The assessment showed what level of support the person required and what external support was available to them, such as the Blind society, to provide them with any aids they required.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. People we spoke with were complimentary about the way staff supported them.
- Staff told us they felt the training they received was very good. One member of staff who had joined the service a few months previously told us they felt well supported during their induction. The training they received was a mixture of face to face and e-learning. They told us the trainers worked at their pace and there was always someone to go to for support if they didn't understand something.
- Staff were supported with regular supervisions from the registered manager. They told us the sessions were useful, but they also told us the registered manager had an open door policy and they could discuss any issues of practice with them at any time.

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

- When we last visited the service we found one person's nutritional needs were not managed appropriately. At this visit the records showed people's nutritional needs were assessed and when people required support this was provided.
- Mealtimes were well organised and were a sociable event for people. The food on offer was appetising and everyone told us they enjoyed the food. One person told us the cook was brilliant. Two relatives we spoke with told us their family members were supported effectively to enjoy a varied diet. For example, one person was a vegetarian and their needs were catered for. One relative told us the meals were well thought out to ensure a healthy diet.
- The kitchen was well maintained with foods appropriately stored and a comprehensive cleaning schedule in place. The cook showed a good knowledge of people's nutritional needs and preferences, and staff we spoke with were aware of the different diets people required.

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

- People's health needs were well managed and they were encouraged to live healthy lives.
- People's care plans showed any mental and physical health needs they had were regularly monitored and staff worked with health professionals to support people with their health needs.
- People's care plans had written accounts of all contacts with health professionals to ensure advice and guidance were followed. For example, one person was having changes to their medicines and staff monitored the effects to ensure clear information was fed back to help improve the person's health. .
- People were supported to keep active and were provided with healthy eating options. There was a regular exercise class for people to join if they wished.

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

- The service was adapted to meet people's needs. There was an ongoing decoration and refurbishment plan in place. One bathroom in need of redecoration was to have this done in the coming weeks. The regional manager told us the provider had their own facilities team and worked to an ongoing plan to ensure areas were not missed.
- People were able to personalise their own rooms and there were a number of communal areas for people to spend time both inside and outside of the service.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). One person required a DoLS

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We viewed the authorisation, which had no special conditions attached.

- People told us they were able to make their own decisions about their care. Where people required support to make decisions there were assessments in place and people were supported in the least restrictive way.
- Staff showed a good understanding of how to support people with making decisions. All the people at the service had the capacity to make all or some decisions for themselves. Staff worked with people to build on their abilities by using language appropriate for each individual.

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.

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

- People at the service were treated with respect and kindness. One person told us "This is the best place I have been." They told us staff were supportive and caring towards them. One relative told us their family member gave them feedback on their care and told us the person received "1st class care." Another relative said, "[Name] has had nothing but excellent care."
- People interacted well with staff and engaged with them confidently.
- Staff told us they enjoyed working at the service and worked to support people in the way they had chosen. One member of staff said, "I love working with these people."

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

- All the people we spoke with felt they were involved in the decisions about their care and had input in developing their care plans
- No one at the service was using an Advocate, but we saw there was information on notice boards for different agencies people could turn to if they required this support. An advocate is an independent person who supports a person to have their views and wishes heard. The registered manager told us in the past people had used advocacy support and they would always work with people should anyone need these services in the future.

Respecting and promoting people's privacy, dignity and independence

- People were very positive about the way staff supported them to remain independent and protect their privacy. People told us staff spoke respectfully with them. Throughout the day we saw a number of positive interactions between staff and people.
- People were encouraged to be independent. For example, one person liked to clean one of the communal areas. People were encouraged to go out into the community independently.

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 has 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 receive personalised care from staff who were knowledgeable about their needs.
- The information in people's care plans reflected the care they required. Where people had specific needs these were clearly documented. For example, one person had seizures. Their care plan gave a clear account of how the condition was treated and how staff should manage the person's needs both at home and when in the community. Staff showed a good understanding of how to support the person.
- Staff worked to ensure people were treated equally taking into account the protected characteristics of the equality act. This included providing staff with guidance on how to support people with disabilities such as speech impediments. No one at the service wished to use sign language but staff worked with people in ways of their choice to support their communication. People told us they were able to communicate their needs to staff.

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 told us they were supported to develop and maintain relationships with other people who lived at the service and their relatives. Some people enjoyed sitting together or going out together.
- People told us they enjoyed a variety of social activities. One person enjoyed daily walks to the local shop or pub. Other people enjoyed going into the nearby town. Staff arranged film nights and there were exercise classes and movement through music classes that people enjoyed attending.
- The service also jointed with other services in the area for trips out or joint events such as a Christmas party. People could use a mini bus three days a week and people told us about how they used this to undertake trips of their choice.
- One person told us they preferred to spend a lot of time in their flat and had different activities of their choice to enjoy. They told us staff encouraged them to join in some activities and they did sometimes choose to do this. A relative told us their family member had a specific hobby and staff made sure they always had the materials they needed to enjoy this.

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 had information supplied to them in ways they could understand. There was pictorial information and the registered manager showed us the last residents meeting which had visual prompts for people.

Improving care quality in response to complaints or concerns

- People and relatives told us they would know who to complain to should they have any concerns, though no one had any complaints. One person said, "If you have any problems you can just talk to staff."
- Staff were aware of their responsibilities to manage complaints or concerns. One staff member told us they would try to sort any problems people had straight away. However they would both record and ensure the registered manager was aware of any complaints made so the complaints procedure could be followed.
- There was a copy of the complaints policy displayed in easy read format.

End of life care and support

- People's end of life needs were not always recorded in their care plans. The registered manager told us this was because people did not always want to discuss this aspect of their care. They accepted that people's preferences in relation to the discussion should be recorded in their care plans. However, we did see evidence of some discussions that had taken place and these gave a good overview of people's advanced wishes.
- The registered manager was also able to tell us they had worked with the family of one person who had died, to ensure their wishes for their funeral were carried out. Staff from the service had attended the person's funeral dressed in the colours the person had asked for as part of their advanced wishes.

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 required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us the registered manager worked to promote a positive person centred culture at the service. One person said, "She [registered manager] has done a lot for this place." This sentiment was echoed by all the people we spoke with. One relative said, "[Registered manager] is good at her job, she rings me to let me know about things."
- Staff told us the registered manager worked consistently for the benefit of the people who lived at the service. One member of staff said, "Things have really improved since [registered manager] started." They gave examples of how the registered manager approach to people's care had resulted in improvement in people's behaviours and how she had ensured staff worked together to encourage and support these changes.

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

- The registered manager was aware of her responsibilities to keep us informed of significant events at the service and we had received statutory notifications showing how different events had been managed.

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

- Systems and arrangements in place to monitor and improve the quality of the service were effective. For example, the environmental audits carried out had produced actions that had been graded in terms of risk, and an action plan was in place to address issues in order of priority.
- However, although there were audits in place for areas such as weights, falls and safeguarding issues, the information on actions carried out or what lessons had been learned were not always clearly documented on the audit tools. We saw actions had been carried out and recorded in people's care plans and staff we spoke with were able to discuss what learning had taken place. We raised this with the registered manager and the regional manager told us they would work with the registered manager to address this issue in the future.

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

- People's views on how the service was run were considered. The provider undertook a yearly survey and

were in the process of collating these at the time of the inspection. We saw feedback from the previous year's survey highlighted people enjoyed trips to seaside towns. This had been acted upon and had resulted in more trips to the seaside.

- People and staff were able to attend regular meetings to discuss aspects of the service. We saw one meeting had highlighted the use of a vending machine that people had requested. Staff told us their views were listened to and they felt valued by the registered manager.

Working in partnership with others

- The staff worked in partnership with others to ensure good outcomes for people. There was evidence in people's care plans to show this. We saw evidence of how different health professionals had been consulted about people's care needs and guidance was clearly followed by staff.