

Diamond Care (2000) Limited

The Chantry

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

The Chantry is a residential care home providing accommodation and personal care to up to 16 adults with learning disabilities. At the time of our inspection there were 9 people using the service.

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

Right support: Model of care and setting maximises people's choice, control and Independence;

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People were not able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe. A relative commented, "The management team have been very supportive, will always reach out to me if we need to discuss any issues. I have no concerns whatsoever."

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 lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided.

Medicines were managed as necessary. Infection control measures were in place. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

The number and skills of staff matched the needs of people using the service. There were effective staff recruitment and selection processes in place.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. A person commented, "I love it here, the staff are lovely and look after me." A relative

commented, "[Person's name] has been at The Chantry for a number of years now and is extremely happy there. [Person's name] is in the right place, is loved and his personal level of care is first class."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives;

Staff put people's needs and wishes at the heart of everything they did. The provider's action/improvement plan identified that an area of work was to explore new activities to increase people's access to meaningful occupations. Two health professionals we spoke with as part of the inspection agreed to contact the service and share best practice ideas and suggestions to support this action to increase person-centred care and support.

The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Staff felt respected, supported, and valued by the management team which supported a positive and improvement-driven culture.

Systems were in place to monitor the quality and safety of the service. Our inspection found that these systems needed to be reorganised to ensure they remained effective. As a result, following our inspection the management team contacted the Quality Assurance and Improvement Team (QAiT). Local authority QAiT support services to implement robust systems and processes to ensure people receive appropriate person-centred care and support. A QAiT visit was scheduled for 13 July 2023.

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 5 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Chantry on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Chantry

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Chantry is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chantry is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were currently absent from the service due to personal reasons. The service was being managed by the deputy manager with support from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 members of staff, which included the deputy manager and nominated individual.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 3 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

We sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from 1 relative, and 3 health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People were not able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe.
- A relative commented, "The management team have been very supportive, will always reach out to me if we need to discuss any issues. I have no concerns whatsoever."
- Staff had training on how to recognise and report abuse and they knew how to apply it. The management team recognised that refresher training needed to take place. This formed part of the service's action/improvement plan.
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's wellbeing could be identified and followed up.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- There were comprehensive risk assessments in place covering all aspects of the service and support provided.
- The service worked in partnership with people to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people could participate meaningfully in assessing risks and developing support plans. It created a positive culture where people could participate safely in a range of activities of their choosing.
- Staff were trained to monitor, anticipate, and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Support plans contained clear guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly.
- There were effective systems in place to ensure information about any changes in people's needs was shared across the staff team.
- People were referred for support from external health professionals when this need was identified.
- Regular checks of the building and equipment took place. Checks included, hot water temperatures, fire

safety, window restrictors and equipment to aid people's independence.

- People had individual personal evacuation plans in place to guide staff in the event of a fire.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Staffing and recruitment

- The number and skills of staff matched the needs of people using the service.
- Every person's record contained a clear profile with essential information to ensure that new or temporary staff could see quickly how best to support them.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- Staff made sure people received information about medicines in a way they could understand.

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- The management team were visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- The management team worked directly with people and led by example.
- Staff felt respected, supported, and valued by the management team which supported a positive and improvement-driven culture.
- The provider promoted equality and diversity in all aspects of the running of the service.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- The provider's action/improvement plan identified that an area of work was to explore new activities to increase people's access to meaningful occupations.
- Two health professionals we spoke with as part of the inspection agreed to contact the service and share best practice ideas and suggestions to support this action to increase person-centred care and support.
- Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. A person commented, "I love it here, the staff are lovely and look after me."
- A relative commented, "[Person's name] has been at The Chantry for a number of years now and is extremely happy there. [Person's name] is in the right place, is loved and his personal level of care is first class."

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support and applied duty of candour where appropriate.

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

- The management team had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.

- Systems were in place to monitor the quality and safety of the service. Our inspection found that these systems needed to be reorganised to ensure they remained effective.
- As a result, following our inspection the management team contacted the Quality Assurance and Improvement Team (QAIT). Local authority QAIT support services to implement robust systems and processes to ensure people receive appropriate person-centred care and support. A QAIT visit was scheduled for 13 July 2023.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The management team understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff delivered good quality support consistently.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- The management team and their staff were in regular contact with families, via phone calls, technologies, and visits. The service recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

Continuous learning and improving care

- The management team kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.
- Regular reviews took place to ensure people's current and changing needs were being met.