

Flatmead Limited

Chrislyn House

Inspection report

Flatmead Limited
14 Rosemary Road
Clacton On Sea
Essex
CO15 1NX

Tel: 01255428301
Website: www.chrislynhouse.co.uk

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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:

Chrislyn House is a residential care home providing accommodation and personal care to people who have learning disabilities and or mental health needs and were predominantly aged 65 and over at the time of the inspection. The service can support up to 19 people. At the time of this inspection there were 11 people using the service.

People's experience of using this service:

People told us they were happy living at Chrislyn House and were happy with the service they received. People and relatives were positive about the caring nature of staff.

Staff spoke positively about the people they supported. They said they would be happy for their own relatives to live at the service because of the standard of care provided.

Effective systems were in place to ensure people's safety. Safeguarding investigations had been investigated appropriately. Risks were assessed and monitored, sufficient staff were deployed, and safe recruitment procedures were followed.

Health care professionals spoke positively about the service. One health care professional told us, "The staff are lovely here, very responsive, I have no concerns."

A range of activities were organised to help ensure people's social needs were met. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

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.

There was a clear management structure in place. Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.

Rating at last inspection: Good (Inspection report published in December 2016)

Why we inspected: This was a scheduled 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.

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

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.

Chrislyn 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service [older people and those who have a dementia related condition].

Service and service type

Chrislyn House is a care home which is registered to provide accommodation and personal care for up to 19 older people. People in care homes receive accommodation and nursing or personal care. 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 unannounced and took place on 5th June 2019

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The registered manager completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During our inspection visit, we spoke with six people using the service, three support staff, one team leader

one domestic staff member, the activities co-ordinator, deputy manager and registered manager. We observed the support provided throughout the service. We looked at records in relation to people who used the service including four care plans and medication records. We looked at four records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to ensure people were safeguarded from the risk of abuse and staff were aware of their responsibilities to report concerns.
- People using the service said they felt safe at Chrislyn House and relatives told us they felt their family members were safe. One person said, "Yes, I feel safe here, because there are locks on the doors." Another person said, "They are my family and that is why I feel safe here. The staff will do anything for me."
- Where people had raised concerns, the registered manager was aware of these. Action had been taken to reduce the risk of any reoccurrence.
- The registered manager completed the necessary referrals to the local authority and notifications to the CQC when required.

Assessing risk, safety monitoring and management

- Staff completed risk assessments to identify risks to people's health and safety and staff told us of actions they took to reduce risks to people, such as monitoring people at night and when they were smoking. For example, a separate smoking area was available in an external designated area as smoking was not permitted in the main house.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.
- Staff were able to tell us what actions they would take in an emergency. Personal evacuation plans were in place for people to use in case of an emergency.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- People told us staff responded promptly when they needed support and relatives said they felt there were enough staff available. One person told us, "Oh yes there is always enough staff here if you need anything, I would never want to move from here they are so kind. I was at another place and the social worker asked me to give it a try here, and I am glad I did."
- The registered manager assessed staffing requirements according to people's dependency. They told us they would increase staffing levels when required or if people required extra support at busy times. Staff carried out their duties in a calm unhurried manner.
- Staff were recruited using safe recruitment practices.

Using medicines safely

- There was a safe system to receive, store, administer and dispose of medicines. An electronic medicines

management system was in place.

- The registered manager completed regular medicines audits and addressed issues raised to ensure safe standards were maintained. External audits of medicines were also completed.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. The environment was visibly clean, and we observed staff completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) were readily available and we observed staff using it appropriately.

Learning lessons when things go wrong

- Staff reported accidents and incidents and received feedback on things to do differently to prevent similar issues occurring in the future.
- The registered manager collated and analysed information from all accidents and incidents each month to identify trends and learning points.

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

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 care and support needs were assessed prior to their admission to the service, to ensure staff were able to meet their needs and any necessary equipment was obtained.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations. Each person's care records contained information about any long-term health conditions the person had and how this affected them.
- Visiting professionals told us staff followed their advice and the recommendations of other professionals.

Staff support: induction, training, skills and experience

- Staff a clear understanding of their role and what was expected of them.
- Staff received a comprehensive induction and supervision. All staff completed, or were in the process of completing, the care certificate. The care certificate is based on an identified set of standards for health and social care workers to follow, to give the public confidence they have the introductory knowledge, skills and behaviours to provide good quality care.
- Staff told us they completed mandatory training and had good access to additional training. Staff had a good understanding of people's individual health issues and how they affected them.

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

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The staff had a good understanding of people's individual preferences. Choices were offered for each meal and alternatives were available if people preferred another option.
- Meals were delivered externally from Wiltshire foods and people enjoyed the meals. One person said, "The food is very good here and you are often offered more. The staff are very good if you need help with anything."
- Staff monitored people's weight and told us they involved other professionals, such as a dietitian or speech and language therapist, when they identified a concern with a person's eating or drinking.
- Staff provided people with good support to ensure they ate and drank enough, and it was nutritionally balanced.

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

- The registered manager told us they had good relationships with external healthcare professionals, who communicated well and worked effectively with them, to provide effective and timely care.
- Staff supported people to access healthcare services and receive ongoing healthcare support. People had access to a range of general and specialist care professionals to ensure they received consistent care.

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

- The design and décor of the building met people's needs. There was clear signage for the communal areas and bathroom facilities.
- The communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had received training about the MCA and DoLS and offered people information in a way they could understand, to help them make their own choices and gain their consent. Staff understood and worked within the principles of the MCA and DoLS.
- Mental capacity assessments were completed. When a person did not have capacity to make a decision, staff consulted them, their families and relevant professionals to ensure decisions were made in the person's best interests.
- Consent to care was sought in line with relevant legislation and guidance.
- The registered manager had submitted DoLS applications to the local authority for review and approval.

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

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 were treated as individuals. Our conversations with staff showed they were committed to ensuring people who lived in the service were central to every decision made. People were treated with kindness, compassion and dignity.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.
- Staff supported people to maintain relationships with family and friends.
- People told us staff were kind and caring towards them. We observed friendly and caring exchanges between staff and people using the service. One person said, "They [staff] are very caring here, I come down in the night and staff will always make me a coffee and have a chat."
- We saw staff kneeling to be at eye level with people when speaking and before fully interacting or supporting them. They stated who was speaking and explained who else was in the room, to orientate the person. There was a relaxed and cheerful atmosphere in the service. One person said, "Staff are so kind here, they always ask do I need any help, and they knock on your door before coming in. Staff know I like to help with odd jobs, so they let me, and when I went to stay away for a while they said we have missed you."
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the service because of the standard of care provided. One member of staff said, "I can tell you all the residents likes and dislikes here and their hobbies, I like to spend time with them when I can."

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

- People were involved in their care. Care plans evidenced they had been written in consultation with the person and their representative, where appropriate.
- Whilst staff were working they involved people in their activities. For example, if they were updating paperwork.
- Staff gained people's permission before supporting them. We heard staff ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Staff knew people well. One staff member said, "When I clean the resident's room I can see what they like by their personal items in there, so I talk and find out what they like to do. Me cleaning the rooms is a way I get to know them, and they will always talk to me."
- Staff were passionate about the standard of care provided and adapting to the individual needs of people. One staff member told us, "I love this place. Residents needs change and you have to adapt with them."
- Nobody was using an advocate at the time of our inspection. An advocate is someone who supports a person, so their views are heard, and their rights are upheld. Information on advocacy service was available. Notes of meetings held with people using the service, showed people were encouraged to express their

views on the service provided and things that affected them individually.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said people's privacy and dignity was promoted. One person said, "My privacy is respected. I dress myself but if I need any help staff are around to help me."
- The values of Chrislyn House centred on providing privacy, dignity, independence, choice, rights and fulfilment of people's aspirations. Staff explained how they provided privacy and dignity for the people they cared for and during the inspection we observed staff treated people with dignity and respect.
- The registered manager told us, "Dignity and privacy is very important here. We promote it as part of our person-centred care."
- The registered manager and deputy worked alongside staff to observe working practices to ensure the support provided was caring, respectful, discreet and promoted individual choice and independence.
- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.

Is the service responsive?

Our findings

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

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

- People received personalised care which was responsive to their needs.
- People's social needs were met. An activities coordinator was employed, and activities were organised which were based upon people's needs and preferences.
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.
- People told us they could choose how they wished to spend their day and staff respected their wishes.
- The service was fully compliant with The Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's individual communication needs were identified. Staff were receptive to non-verbal signs and identified people with more complex means of communicating.
- Guidance included identifying actions on how to respond, was available to staff to meet the person's need. Staff were instructed to ensure they know how each person communicated.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise.
- Each person had an activity plan with their individual interests. Examples included, going out with relatives, having nails done, creative crafts, attending a cooking club, watching TV and one person told us about a fish and chip supper they recently enjoyed. One person told us, "We go on outings here regularly, and then different things happen here to join in. I love wrestling and once a year three of us from here go to the theatre down the road to watch it."
- When people's needs changed, the registered manager contacted relevant professionals to re-assess the person for example to provide specialist equipment and services to meet their increased need.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. The provider had a policy for the management of complaints and key information was available for people who used the service
- Information about complaints was recorded together with the actions taken to resolve the concerns people had raised.

End of life care and support

- No-one living at Chrislyn House was receiving end of life care at the time of our inspection. The service had end of life care plans developed to record people's last wishes, funeral arrangements and decisions on where to receive care.
- Staff received training in end of life care and told us how they supported people at the end of their life to

ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

- The registered manager told us staff would be able to provide competent and compassionate end of life care if required. They liaised well with other professionals and sought advice where necessary.
- Staff explained the importance of remembering and respecting people after they had died. They told us it was important to share memories and support people's friends and families.

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

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

- The registered manager had good oversight of the service, and staff showed a commitment to providing high standards of care and continuously improving the service provided.
- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.
- All regulatory requirements were met. The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations. They were open and honest with people and followed the requirements of the duty of candour.
- The staff we talked with spoke highly of their managers and the support they received. They were proud of the standard of care they provided to people and how well the team worked together.

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

- There was a clear management structure in place. The registered manager was supported by a deputy manager who were in the service daily and a visible presence for staff support.
- We received positive feedback about the registered manager from people, relatives and staff. One staff member said, "The manager's door is always open, and she will always make time for you. I wouldn't work anywhere else."
- Staff felt valued and enjoyed working at the service. One member of staff told us, "I love working here, and the freedom the residents have, I used to work nights but now on days, we work well as a team and all get on. We can talk to manager at any time. If I felt a resident was upset I would take them to a private area and talk to them and try to get them open up about what was wrong with them." And another staff member said, "The manager is very caring towards her staff, and will always ask how I am managing with my [health condition]. We have regular team meeting with the manager and if any concerns are raised we meet with her and she listens."
- Care was well organised, and people were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff said they helped each other out when needed.

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

- Meetings were held with staff and staff were given the opportunity to fully discuss issues and give their views.
- People were consulted on the re-decoration of the communal areas and their bedrooms.

- Systems were in place to ensure people, relatives and staff were engaged and involved in the service.
- The service actively sought feedback from people and their relatives. We saw thank you cards and letters and relatives we spoke with gave very positive feedback about the service.
- Meetings and surveys were organised for people and relatives to obtain their feedback. The registered manager told us relatives' meetings were not well attended so she documented any direct communications to ensure engagement was acknowledged.

Continuous learning and improving care

- Supervision sessions and staff meetings also helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.

Working in partnership with others

- The service worked with the local authority and health and social care professionals to make sure people received joined up care. We saw where referrals were needed for specialist advice this was done in a timely manner to support people remain well. Their good working relationship meant they could liaise with specialist nurses regularly which provided good outcomes for people's health and treatment.
- The registered manager attended external manager meetings to share knowledge and to keep up to date with best practice techniques.