

# Grace Specialist Healthcare Limited

# Chaffinch Residential Care Home

## Inspection report

36 Chaffinch Drive  
Bury  
Lancashire  
BL9 6JU

Tel: 01617634579

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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

Chaffinch Residential Care Home (known as Chaffinch) is a residential care home providing personal care to five people with mental health needs. Chaffinch is an adapted home within the community. Each person has their own bedroom and shares the lounge, kitchen and two bathrooms.

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

People and relatives were positive about the changes made at the home and in the staff team since the manager and nominated individual had been the owners of Chaffinch. They said they were involved in their care and support plans and were encouraged to do things for themselves with support.

Staff were also positive about working at the home, saying the manager and nominated individual were supportive and approachable. Staff received the training and support required for their role. Staff were safely recruited and there were enough staff on duty to meet people's needs. Additional staff were available when people needed additional support, for example to attend an appointment.

Person-centred support plans and risk assessments were in place, which were reviewed each month. People received their medicines as prescribed. People were supported to maintain their health and nutrition.

The home was clean throughout and the current government COVID-19 guidelines were being followed. Some of the home had been re-decorated and new furnishings bought. A plan was in place for further work to be completed.

A new quality assurance system had been introduced, with regular audits of the service being completed. Health and social care professionals working with the service said that communication with the manager and nominated individual was good.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 16 April 2018.

### Why we inspected

This was a planned inspection based on the previous rating.

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.

#### 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.

# Chaffinch Residential Care Home

## 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.

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

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

One of the owners had applied to be registered with the Care Quality Commission. The other owner was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the providers and people would be 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 and we sought feedback from the local authority.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the manager, the nominated individual and one support worker. We observed interactions between the staff and people living at the service.

We reviewed a range of records. This included three people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two support workers and four relatives by telephone. We contacted three professionals who have regular contact with the service.

# 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, under the previous provider, 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 received their medicines as prescribed. All staff had completed training and competency checks in the safe administration of medicines.
- Guidance for when medicines prescribed as 'as required' (PRN) was not always detailed enough, for example how the person would communicate they needed the PRN medicine to be administered. We discussed this with the manager and nominated individual, who said they would add the additional information to the PRN guidance document.

### Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- The reasons for a gap in one employee's employment history had not been recorded. We discussed this with the manager and nominated individual, who explained the reasons and said they would ensure the explanation for any gaps in employment would be recorded in future.
- There was one member of support staff on duty at all times. People and staff said this was enough to meet people's needs. They said the manager and nominated individual were available to provide additional support whenever needed, for example if a person needed support to attend an appointment. This included covering at short notice if required.
- Additional staff had been recruited so there were more staff who could cover shifts when needed.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been assessed and appropriate plans developed to manage them. The nominated individual had re-written people's risk assessments in a person-centred way.
- A safety plan outlined how staff could identify if a person's mental health was deteriorating and the actions they should take. Where people could become anxious, guidance was in place for staff on how to de-escalate the situation. A relative told us, "Staff have been able to calm [Name] if he becomes agitated."
- Incident reports were completed as required by the manager. A referral for a review with other professionals had been made for one person following several incidents. Action taken had subsequently reduced the occurrence of the incidents. A professional told us, "My client appears to have presented some challenges over the past 18 months and the events of COVID-19. They appear to have addressed these concerns well in a fair and consistent approach and making sure to keep other relevant agencies up to date."
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the manager or nominated individual.
- Safeguarding policies and procedures were in place and staff had completed training in safeguarding vulnerable adults.

Preventing and controlling infection

- The home was visibly clean throughout. Cleaning schedules were used to ensure all areas were regularly cleaned. Staff wore appropriate PPE and were taking part in weekly COVID-19 testing. People living at the home completed a test every month. People moving to the home had to have a negative test before moving in.
- Visitors to the service followed current government guidance.
- People were advised how to follow government guidelines for social distancing when going out and were given masks to use. Most people had the capacity to make their own decisions and choices when going into their local community.
- The home had recruited additional members of support staff who could cover in the event staff had to self-isolate or caught COVID-19.



# 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, under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. The manager and nominated individual had increased the training available for the staff team.
- New members of staff completed a short induction and shadowed an experienced member of the staff team to get to know people and their support needs.
- Staff had regular supervision and staff meetings, where they were able to raise any issues, discuss people's support and training to be completed. A member of staff said, "We discussed the service users and their support. I learnt information from other staff about what people like to do so we can try to get continuity of their support."

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

- People were supported to maintain their health and wellbeing. Health and psychiatric appointments had continued throughout the COVID-19 pandemic, sometimes via the phone rather than in person. Regular mental health reviews were held with the person's community psychiatric nurse (CPN).
- The home was pro-active in requesting medical referrals and investigations where required. A relative said, "[Name] was treated (for a serious medical condition) within a month due to the new staff and owners recognising the problem."
- Information leaflets for various medical conditions and medicines were available for the staff to refer to, for example diabetes and schizophrenia.

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

- Staff supported people to maintain their diet. People were supported to agree a weekly menu, although alternative meals were also available if people wanted them. People said they enjoyed the food, with one saying, "We're asked about the menu and what things we would like."
- Where people were at risk of losing weight a risk assessment was in place with guidance for staff to support the person with maintaining their diet.
- The manager and nominated individual had introduced a hot drink making facility and fruit for people to help themselves to. People liked this, with one saying, "It's new for me to make my own drinks and I can help myself to fruit. It's good as I don't need to ask all time."

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

- A programme of re-decoration and refurbishment was underway at the home. New furniture had been

purchased, bathrooms refurbished and some bedrooms had been re-decorated. Other parts of the building looked tired. The manager and nominated individual had plans for further work to be carried out over the next two years.

- People said they liked their rooms and they were able to personalise them how they wanted.

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

- Initial information about a new person's needs was provided by the community psychiatric nurse, local authority social worker and their previous support provider. Staff said they had been able to read this information before the person moved in to Chaffinch. The person had also visited Chaffinch before moving in and had met some of the staff team.
- After an initial agreed trial period, the placement was reviewed with the person, their relatives and relevant professionals and care plans agreed.

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).

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.

- The service was working within the principles of the MCA. DoLS were in place where required. Most people living at Chaffinch had the capacity to make their own decisions.
- When people moved to the service, the community mental health team assessed their capacity to make this decision as part of their Care Act assessment. Any changes in people's capacity to consent to their care and support was referred to the CPN for review.

# 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, under the previous provider, 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

- Staff knew people and their needs well. We observed kind and positive interactions between people and staff. People were positive about the staff team following recent changes in the staff at the home. One person said, "The staff are a lot better now; they listen to you more if you have any problems" and a relative told us, "Staff at the home know [Name] and how to support him, he seems calmer now than before."
- Relatives felt people were well supported at Chaffinch. One told us, "[Name] seems comfortable now. Before the current people took over [Name] had issues with a member of staff who's now left. Since then [Name] seems calm and content."
- Support plans included information about people's preferences, hobbies and cultural beliefs.

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

- The nominated individual had discussed people's care and support plans with them when they were being re-written.
- People were supported to give their views on the service through resident meetings, for example on what they wanted on the menu. People had asked for a brunch at a weekend, which was now available.
- Where required, people were supported to have an advocate, who is an independent person who ensures decisions made on people's behalf are in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well, including the support they needed and their daily routines. Staff were able to explain how they maintained people's privacy and dignity whilst supporting them. One relative said, "All the care workers have a good knowledge of what [Name] likes"
- People were now being encouraged to be involved in their care and prompted to complete things for themselves where possible. For example, making their own drinks and doing their own laundry. One person said, "I like to do my own laundry myself now. The staff showed me how to use the washer and dryer."

# Is the service responsive?

## Our findings

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

At the last inspection, under the previous provider, 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; End of life care and support

- The nominated individual had re-written people's care and support plans in a person-centred way. These captured people's needs and provided guidance for staff in how to meet these identified needs. The care plans were reviewed each month. People living at Chaffinch and their relatives had been involved in the care plans. One relative said, "The new owners discussed [Name's] needs with me."
- A monthly summary of people's support, health appointments, activities and incidents was written. This made it easier to track any changes over several months.
- People's care records recorded any end of life or advanced care wishes people had. Most people had not wanted to discuss their end of life wishes. If required, people's relatives would also be involved in end of life decisions.

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 meet their relatives, following current government guidelines for COVID-19.
- Most people were able to access their local community independently. Advice was provided about COVID-19 guidelines and masks were provided for people to use. People we spoke with said they did not go out as much as they used to due to the COVID-19 pandemic. One person said, "I stay in at the moment due to COVID-19. I hope to get out more in the future."
- Games and puzzles had been bought for people to use within the house or garden. Film and bingo nights had been held.
- People's interests and what they liked to do was recorded in their care files. We saw people had been encouraged to return to activities they had done previously now that more activities, for example gyms, were re-opening.

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 recorded in their care files. At the time of our inspection everyone living at Chaffinch was able to communicate verbally. Guidance was provided for staff in the support people needed to understand any information provided. For example, reading letters for a person and explaining in simple sentences what it means.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. A complaints book was available in the dining room for anyone to make any comments or raise any issues. No complaints had been made at the time of our inspection.

# 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, under the previous provider, this key question was rated as good. At this inspection this key question has 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.

### Continuous learning and improving care

- The manager and nominated individual had introduced new quality assurance audits, for example health and safety, medicines and the premises. An external audit had been commissioned in December 2020 to provide an overview of the service. Changes had been made as a result of this audit. The manager and nominated individual reviewed all the care plans each month and made updates where required.
- The daily records had been improved, with additional records being made of the support provided for people each day and scheduled tasks for the staff to complete.
- People were now encouraged to be more independent, now making their own drinks and doing their own laundry with support. One person said, "I like the fruit bowl being out and I can help myself to juice now. It's new since the new owners took over and it's for the better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were all positive about the manager and nominated individual and the changes they had made at the home. All said they were approachable and were contactable by telephone at any time if needed. One staff member said, "I can discuss any issues and see the owners regularly; they are always on the end of the phone if I need to speak with them."
- Relatives said there was good communication with the home and they felt able to phone the staff or manager. One relative said, "They (the staff team) let me know everything and I can phone the home at any time if I have any concerns."
- Staff said they felt involved in the service. Staff meetings had been held to discuss people's support needs and ongoing changes at the home and staff attended people's reviews. One member of staff said, "Whenever there is a meeting, like with the community psychiatric nurses (CPNs), staff attend as well as management, so we pick up on what is said."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The manager and nominated individual knew their regulatory roles and the improvements they wanted to make at Chaffinch.
- A key working system was being introduced at the home to promote more staff involvement in the running of the home. This would involve staff having a monthly meeting with people and reviewing their support files, which would then be checked by the manager.

- Professionals working with Chaffinch said they had good communication with the home. One said, "I have found [manager and nominated individual] to be excellent communicators who will regularly update us if there are any concerns or changes in residents behaviour or general health."

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 the types of incidents that needed to be notified to the CQC. Due to the nature of the service, few notifications had been made.