

Kitcare Limited

Chesapeake House

Inspection report

27 - 29 Chesapeake Road
Chaddesden
Derby
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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

Chesapeake House is a residential care home, registered to support 11 adults, in an adapted building over two floors. The property is two houses converted which was registered before the Registering the Right Principles were adopted. Chesapeake House is registered to provide accommodation for persons who require nursing or personal care, for adults with learning disabilities. Personal care was also provided for up to four people who were supported to live more independently in individual flats in supported living settings, which were located on the same site. At the time of our inspection, 10 people were receiving residential care which included one person living in one of the individual flats on the same site. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Four people were in receipt of personal care at the time of the inspection.

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

Right Support

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.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Systems and processes were in place to help people receive safe care and protect them from harm. Trained staff administered medicines safely and checks were done to ensure people received their medicines as prescribed.

Recruitment checks were in place and followed to ensure the staff appointed were suitable. Enough staff were available to ensure people received safe care. Risks were assessed and actions to reduce identified risks were followed by staff. Infection prevention and control practices were followed to help prevent infection transmission, including those from COVID-19.

Right care

People's health and care needs were assessed, and care plans and risk assessments were kept up to date. Staff received training and updates to help them support people effectively. New staff completed an induction programme, which included learning from more experienced staff.

Where staff supported people with their meals and drinks, their dietary preferences and choices were known and respected. Other health and social care professionals were involved in people's care when needed.

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.

Right Culture

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had not fully been 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.

Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people. The building design fitted into the residential area where there were other large domestic homes of a similar size. Mitigating measures had been taken to ensure there was nothing outside the home, to indicate it was a care home.

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

Rating at last inspection

This service was registered with us on 16 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was Requires Improvement (published on 28 February 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, 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.

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.

Chesapeake 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 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

Chesapeake House consists of two services types in two houses which have been adapted, to provide residential care. The main building 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. This service also provides care and support to people living in four 'supported living' apartments, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The apartments were located at the rear of the care home, accessed via the patio area.

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.

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 notify us about. We sought feedback from the local authority. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people that were using the service and one person's relative. We spent time with the registered manager during the inspection and spoke with three care staff. We looked at the care records for two people. We checked that the care they received matched the information in their records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care and support they received from the staff. One person told us, "The staff here are nice." People told us they would tell the staff if they were unhappy about anything and everyone knew who the manager was. One person said about the manager, "She is lovely." A relative confirmed their family member was safe they said, "If I had any concerns, I would speak to the manager, but I am confident that [Name] is safe here."
- Information was provided to people on safeguarding and how they could raise any concerns and receive any help. This included discussions within house meetings about a variety of topics. One was 'say no to abuse' where safeguarding was discussed with people using the service and they talked about what abuse could be and who they would tell.
- Staff understood how to report any accidents and incidents. Staff confirmed and records showed staff had received training in safeguarding.

Assessing risk, safety monitoring and management

- People's health and support needs were assessed, and support plans were in place to provide guidance to staff on how to support people effectively. Risk assessments were completed to help ensure support was provided in a way that reduced risks to the person and staff.
- Discussions with staff about people's support needs, reflected information held in their support plan and risk assessment. This demonstrated that staff had the correct information to provide people with safe care.

Staffing and recruitment

- Recruitment processes were followed, and checks made on staff to help the provider make judgements on the suitability of staff to work in care.
- Staff confirmed people using the service were involved in the recruitment process and had put together some questions to be asked at interview.
- People and staff confirmed there were enough staff to ensure people received the support they required. Arrangements were in place to cover absences at short notice and an on call was available to support staff if needed, during weekends and evenings.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed in a safe way. We saw and staff confirmed they had received training and their competency to administer medicines was assessed.
- We observed a member of staff administering medicines to a person. They stayed with the person until

they had taken their medicines and then recorded that the medicine had been administered. This demonstrated that safe practices were undertaken.

- The registered manager told us that in the past there had been gaps in the recordings of medication administration records (MAR's) when audits were completed. This was when staff had administered medication but then forgot to go back and sign to show they had been given. The registered manager had implemented a 'double check' of MAR's each day and told us that since this has been in place it had greatly reduced recording errors.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- The Government has changed the legal requirement for vaccination in care homes, but the service was meeting the requirement that was in place at the time of the inspection. This was to ensure non-exempt staff and visiting professionals were vaccinated against 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's abilities and the support they required was assessed prior to moving into the service. This was to ensure they could be supported safely, and ensure the environment was appropriate for them.
- Assessments were in place for people's health and support needs and these were kept under review and updated to reflect any changes.
- People were supported to access a range of health care professionals such as doctors, including specialists, dentists and chiropodist. The registered manager confirmed annual health checks were completed with people over the phone last year due to the pandemic. People had been booked for this year's health checks and were due to commence the week after this inspection.
- Where people had specific health needs and required some support, detailed plans were in place and followed by staff. For example, one person needed some support to manage their health condition and staff had clear guidance in place on how to keep the person safe and we saw this was followed.
- People were supported to maintain their oral health and were able to visit the dentist regularly and were supported by staff or their relatives.
- Some people attended a group in the community which supported them to lose weight and increase their fitness levels.

Staff support: induction, training, skills and experience

- Records seen and staff confirmed that they completed the providers induction training and received a range of training which helped them support people. The provider's induction covered the standards set out in the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We saw all staff had completed learning disability and autism training. This was an area of training that was outstanding at our last inspection under the previous provider. This training was relevant to the people using the service and enhanced staff's awareness and understanding.
- Staff confirmed they received ongoing support through supervision and appraisal. This provided staff with an opportunity to discuss their training and development requirements. One member of staff said about the manager, "She is on top of training and is always looking to source new training and keeps everyone up to date."

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

- People were supported by staff to follow a healthy diet were supported as needed to prepare meals and drinks. People had access to refreshments throughout the day.
- People confirmed they were involved in menu planning and told us that on Thursday's was the day different meals from around the globe were tried, and discussed what they had tried so far. One person told us that they hadn't really tried different meals from other countries before and said that they were enjoying the experience.
- People's nutritional requirements and preferences had been assessed and their food choices were documented in their care plans. For example, some people had specific dietary requirements and staff supported them to follow these diets.

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

- A program of refurbishment was ongoing. Overall, the home was spacious with sufficient communal areas to enable people some privacy if they wanted to spend time alone or with a visitor.
- The kitchen was limited in space and staff confirmed it was difficult if everyone accessed the kitchen at the same time. Plans were in place to renovate this area and create an open plan kitchen and dining area. This would create enough space for everyone to use.
- There was a patio area to the rear of the property, with a ramp from the patio doors in the conservatory down to the garden area. This made the outdoor space accessible for everyone.

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 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 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.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- People and their representatives were consulted and involved in their care and treatment. Everyone using the service was able to make day to day decisions regarding the support they received. The registered manager confirmed that if anyone needed to make a complex decision, such as regarding their health or finances, they would be supported to do this by the staff and their representatives.
- Staff understood the principles of the mental capacity act and how to support people with decisions and the principles of least restrictive practice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us they liked the staff. One person said, "The staff are nice, I like them and get on well with them." Another person told us, "I have a laugh with the staff they are alright."
- Staff knew people well and understood how they liked to be supported. Some staff had worked at the service for several years and others had joined in the service more recently. One person's relative told us that initially they had worried about the staff changes but confirmed all staff were approachable and involved them in the care and support of their relative.
- It was apparent there was a positive atmosphere and that people and staff got along well with each other.

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

- Staff treated each person as an individual and recognised their individual strengths, requirements and preferences.
- Several people talked about the fund-raising events they had planned for Red Nose Day. This included a 'cake off'. Everyone had taken part in designing their own cake for the cake off and other activities were planned for the day. Everyone told us they were looking forward to it.
- The registered manager told us if required they would provide people with information on how to access advocacy services. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were able to spend time alone if they preferred. One person who lived in one of the flats in the grounds told us they spent some of their time with the people in the home but liked their own company too. They had developed a routine that suited them and went out independently when they wanted to. This person needed some support to keep their flat clean and tidy and this was achieved in a thoughtful way that didn't impact on the person's self-esteem and independence.
- The majority of people needed minimal support with day to day activities and support plans promoted people's independence and provided guidance to staff on what people could do for themselves independently.
- Records were stored securely in the office and staff were aware of the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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

- Each person was treated as an individual and their support plans provided personalised care tailored to their individual needs. Staff had good knowledge about each person and how they liked to be supported.
- People confirmed they were involved in decisions about their care and one person's relative confirmed they were supported to be as involved as much as they wanted to be. They told the staff team knew their relative well and how to support them when they became anxious or upset.
- People had their own interests and hobbies and where needed they were supported to do these. One person told us they liked to go to football matches and enjoyed watching matches on the television. Another person attended a dance club.
- One person told us about the voluntary work they did and how much they enjoyed this. Another person went out independently whenever they chose to. Everyone was legally able to leave the service whenever they wanted to, but most people preferred to go out with staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments identified people's communication methods and we saw people were able to verbally communicate. Information was available for people in formats they could understand, such as pictorial and easy read documents.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. An easy read policy was available for people to use if they wished to raise any concerns or complain.
- People told us they had not needed to raise concerns and that they would speak with the registered manager or staff if they had any issues. One person said, "I would tell the manager." A relative us they had no concerns and were happy with the support their family member received. People were supported to express any concerns they had during house meetings, when they asked if they were happy and if they had any concerns.
- The registered manager confirmed no complaints had been received in the past 12 months. Staff knew

how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the registered manager.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Support plans contained a section in relation to people's wishes regarding end of life care preferences. One person had chosen to complete this regarding their wishes. The registered manager explained end of life care was an area that most people had not wanted to discuss, but staff would continue to explore this with people during future discussions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The providers statement of purpose stated that people using the service and the staff worked together towards positive wellbeing. Their goals included working with people and their representatives as partners, to provide opportunities for personal development and improved wellbeing.
- The atmosphere at the home was warm and friendly and people living there told us they were happy. We could see everyone respected each other's opinions and personalities. During a group discussion everyone had an opportunity to be involved. One person said to us, "It's nice hear isn't it?"
- Staff told us they enjoyed working at the home and said they were supported by the management team. We saw and staff confirmed they worked well as a team.
- People were involved in planning their care. Assessment processes considered people's equality characteristics.
- Regular meetings were held for people using the service. At these meetings they decided how they wanted to spend their day and discussed meal choices.
- Staff confirmed and records showed staff meetings were held to keep staff up to date with any changes in service and provide them with an opportunity to discuss any ideas they had.
- Staff also received one to one meetings with the management team to discuss their work and areas that needed further development.

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

- There was a registered manager in post at the time of this inspection.
- Support records, which were clear and contained detailed information on the support each person needed and how any risks identified were to be minimised.
- Audits were in place and used to improve practice. For example, the medicine audits had reduced recording errors.

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; Working in partnership with others

- We saw the provider had displayed the last inspection rating within the service as required.

- The provider had up to date policies and governance arrangements in place. The provider and registered manager notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- Records showed where other relevant people had been involved in planning care and we could see staff involved health and social care professionals when needed.