

# Healthlinc Individual Care Limited

## Chesterfield House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Chesterfield House provides care and support for up to six people with a learning disability and conditions related to personality disorder, mental health and forensic related issues. When we undertook our inspection there were six people living at the service.

The service was run by a company that was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run. In this report when we speak about both the company and the registered manager we sometimes refer to them as being, 'the registered persons'.

At the last inspection on 2 December 2014 the home was rated Good.

At this inspection we found the home remained Good.

Our inspection was announced and was carried out on 4 May 2017. We gave the registered persons a short period of notice. This was because the people who lived at the home had complex needs for care and benefited from knowing in advance that we would be calling.

Care staff knew how to keep people safe from the risk of abuse. Suitable steps had been taken to reduce the risk of avoidable accidents and people were supported to take their medicines safely.

Background checks had been completed before new care staff had been appointed and there were enough staff on duty.

Care staff knew how to support people in the right way. People enjoyed their meals and they had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the home supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been supported to pursue their hobbies and interests.

People had been consulted about the development of their home and there was a system in place for quickly and fairly resolving complaints.

Quality checks had been effective in ensuring that people received safe care. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Chesterfield House

## Detailed findings

### Background to this 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 was planned to check whether the registered persons continued to meet 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 home under the Care Act 2014.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the home, what the home does well and improvements they plan to make. We also looked at other information we held about the home. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the home that the registered persons are required to tell us about.

We also invited and received feedback from the local authority who contributed to the cost of some of the people who lived at the home. We did this so that they could tell us their views about how well the home was meeting people's needs and wishes.

We visited the home on 4 May 2017. The inspection team consisted of a single inspector and the inspection was announced.

During our inspection, we communicated with all of the six people who lived at the home, two care support workers, the deputy manager and the registered manager. As part of the inspection we observed how care and support was provided to people by staff. We observed care that was provided in communal areas and looked at the care records of three of the people who lived at the home.

In addition we received feedback from a social care professional and a local independent advocacy service who had worked closely with and visited the home. We also looked at records about how the home was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

People told us they felt safe living in the home and that staff treated them well. One person said, "I love it here and I am never scared. Another person said, "I can say what I like without being worried." A social care professional told us, "The home is always clean and tidy and I have been visiting Chesterfield House for several years now and always find the staff very welcoming and professional."

When we looked around the home we saw it was clean and well maintained. We saw the registered persons employed maintenance staff to check the premises regularly. Information provided by the registered manager confirmed the servicing maintenance schedule in place was kept updated so that any work needed was completed.

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority safeguarding team or the Care Quality Commission (CQC), should this ever be necessary. Advice to people and their relatives was also available to people when they first moved into the home and one person told us. "As soon as I came to live here I felt much safer than before. I trust the staff and they are there for me if I ever feel not safe."

People told us they knew what to do in the event of a fire and we saw there was a personal evacuation plan in place for each person. The registered manager told us how this was kept updated so staff could use the information for quick reference to ensure everyone was able to get out of the home safely if they needed to. In addition, fire safety equipment was being checked to make sure that it remained in good working order.

The registered persons continued to maintain clear and effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. These included individual risks related to meeting people's needs. Staff we spoke with told us the risk assessments were helpful to ensure people were kept safe. One example included a person who became distressed when they saw a reflection of themselves either in a mirror or through glass windows. The person's risk assessment included details about what staff should do to support the person to stay calm when this occurred. Other examples included one person being reminded not to talk when they eat food as they were at risk from choking and people being supported to be aware of road safety when they went out into the community. Records showed and senior staff told us how they reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs.

We saw the registered persons had appropriate policies and procedures in place for helping people to take their medicines in a safe way. There were clear arrangements in place for storing medicines and a sample of three medicine records we looked at showed people received their medicines at the right time and in the right way for them. The registered manager told us how one person had developed their skills and independence to the stage of being able to self-medicate. The person kept their own account regarding the timings for their medicines and during our inspection visit we saw they were supported to set up and manage their own formal medicine record for staff reference.

At the time of our inspection none of the people who lived at the service needed to take controlled medication. However, the provider had arrangements in place which ensured national guidance would be followed in regard to the storage and administration of controlled medicines.

Records showed that the registered persons had completed background checks on new care staff before they had been appointed. These checks helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the home.

Everyone we spoke with told us that there were sufficient staff to keep them safe and meet their care and support needs in a timely way. The registered manager confirmed they had not needed to use agency staff at all and that if any additional support was needed to cover shifts this could be obtained from within the care staff team and two bank staff members who they employed.

Throughout our inspection visit we observed there were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

We saw that arrangements were in place to protect people from the risk of financial abuse. People told us that when it had been needed they received support to help them keep their money safe whilst having regular access to it. Where the registered manager had been asked to look after day to day money for people we saw it was stored securely and the manager and deputy manager had kept records which they both signed when they took money out to give to people. During the inspection we checked a sample of three of the financial records held. The information was fully up to date and each person's remaining cash balance was correct.

## Is the service effective?

### Our findings

People told us that care staff had the skills they needed to care for them. One person said, "The manager and the staff know about us so well. They understand how we work and that is why I think of the care as being good."

Records showed that care staff had continued to receive the guidance they needed through the arrangements in place for supervision and appraisal. All of the staff we spoke with told us they received the training they needed to carry out their roles effectively. Records also showed that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. We also saw the care staff team had been supported to achieve nationally recognised training in social care.

We noted that care staff knew how provide people with the care they needed. Examples we observed included care staff tactfully encouraging people to maintain their personal hygiene, to deal with any correspondence they received and to save for things they wanted to buy.

People said that they enjoyed their meals and we noted that care staff consistently checked and ensured people had enough nutrition and hydration. In addition, we saw that one person was being helped to follow a diet that had enabled them to meet their goal of maintaining their weight at the level they needed to in order to keep them healthy.

Records we looked at also confirmed that people had continued to receive all of the help they needed in order to see their doctor and other healthcare professionals such as dentists and opticians.

The registered persons and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when a care staff member described the support they gave one person to carefully encourage them to shave and to maintain their dignity independently. They said this was achieved through the person making the decisions about when and where they carried out their personal care for themselves. Another person had decided to stop smoking and the decision to do this was made by the person and fully supported by staff.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. Examples of this were the registered manager liaising with health and social care professionals to support one person to manage issues related to their personal care and another person being guided and supported by staff in relation to road safety. In addition, one person was exploring options to move into independent living and they and the registered manager told us a best interest meeting had been planned to support the decision making process.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in



care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that they had applied for and received approvals for the necessary authorisations from the local authority in relation to three of the people who lived in the home. This helped to ensure that only lawful restrictions that respected people's rights would be used in the home.

## Is the service caring?

### Our findings

People told us that the staff who worked in the home were very caring and kind toward them. One person said, "All the staff help me to be my own self." Another person commented that, "The staff care about us because they are there with all the support I need. They always answer my questions even when they are busy." A social care professional fed back to us that, "It is clear that the staff really care about the people they support."

Throughout our inspection visit there was a warm, homely atmosphere and staff displayed a relaxed, friendly approach toward all of the people who lived there.

People told us they could choose where they spent their time. We observed people used the communal, kitchen and garden areas as their home. They also had their own individual bedrooms that they could use at any time when they wished to be private. We found that people could speak with relatives and meet with health and social care professionals in private if they wished. In addition to regular visits some people had from their circle of support, care staff assisted people to keep in touch with their relatives by telephone and also by means including the internet.

Staff understood the importance of supporting people in ways that maintained their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. During our inspection visit we observed two examples of inappropriate language being used by staff when they spoke with people. Whilst these did not have a direct impact on people and there was no malicious intent we were concerned about the need for these to be addressed. When we discussed the examples with the registered manager they welcomed our feedback and told us about the range of actions they would be taking to address these.

Information about local lay advocacy services was on display and we saw it was available to people when they first moved into the home. Lay advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes. The registered manager told us how they had developed and maintained strong links with these services and that they regularly visited people at the home. People could also make direct contact with the service and one person said, "I know I can do it myself if I want to."

The registered manager also told us a professional advocate also visited and supported people to take a full part in the review meetings. The arrangements in place for this type of support had helped people to continue to be actively involved in making decisions about their current care and future support needs.

The registered manager also told us how they were arranging end of life care training for staff to enable them to gain a further understanding in this area as three of the people who lived at the home were now older in age. The registered manager also said this was something they and staff were working on together with people so they had an understanding themselves. As a result of this on-going support most of the people had funeral plans in place to confirm their wishes would be fully respected when they reached the

end of their lives.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

People said that care staff provided them with the support they needed and worked well with them so that could be as independent as they wanted to be. The support included encouraging people to do their laundry so that it did not build up too much. It also included helping them to keep their bedrooms tidy enough so that they could enjoy their private space. One person said, "I have always loved living here because the help I need is all around me." Another person commented, "I think it's a very special home and I am part of it."

When we reviewed three people's care record plans we saw that they were very well-organised and provided staff with detailed information on the person's wishes and requirements. When we asked for feedback about how people were being supported to be involved in their care a social care professional told us that, "The care plans for my service user are individualised, person centred and reviewed regularly to ensure they meet [the person's] needs."

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

People said there were enough activities for them to enjoy. A social care professional also told us, "From what I witness on my visits there is evidence to suggest that regular meaningful activities both in the home and in the community take place for all the service users." Records confirmed that people regularly undertook a range of occupational and social events. These included planned holidays, activities such as enjoying arts and crafts sessions and participating in social functions. The registered manager told us how one person had been supported to get their own car and that care staff helped them to use this to go out into the community when they chose to.

One person described how they had been supported to complete an application to join the National Trust and that now they were a member how much they were looking forward to visiting the historical locations they were interested in. Another person told us how, "We are having three holidays this year. Some are going to Whitby next week and then some to Cumbria. I want my holiday to be a surprise so I have asked the staff not to tell me and they have done this. I am excited about it." We joined an art and craft activity session where all of the people who lived at the home were taking part. The activity was very much a social occasion and it was clear the people enjoyed being in each other's company and undertaking the session together. We also saw people speaking with the registered manager about their preparations and plans for going out together to vote in a local government election. Later on we also saw that some of the people took an active part in a dance session organised by a visiting dance teacher and that those taking part were really enjoying this activity.

People told us that they had not needed to make any formal complaints about the home or the care and support they received. However, they were confident that if there was a problem it would be

addressed quickly. The registered manager told us and records showed that since our last inspection the registered persons had received no formal complaints. We noted that there was a suggestion box available which one person regularly liked to use and a complaints procedure for people to refer to. This described how the registered persons would respond quickly to any concerns they might receive. This was available in easy to read format. We noted the information did not include the up to date contact details for the health service ombudsman. We raised this with the registered manager who undertook immediate action to update the information.

## Is the service well-led?

### Our findings

The registered persons continued to have an established registered manager in post who confirmed they were supported by a deputy manager and senior staff to undertake their role.

People we spoke with told us they thought highly of the home with one person saying, "This is my home. I don't think of anywhere else...just here." The feedback we received from external professionals was positive about the leadership of the home and a social care professional commented that, "I have a good professional relationship with the registered manager and his team and have open two way dialogue with them. I feel it is a really good placement and have no issues."

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the start and end of each shift when developments in each person's care and social needs were noted and reviewed. In addition, the registered manager had continued to maintain an open and inclusive approach to running the service. Staff we spoke with said the registered manager was easy to communicate with and that they were very well supported in their roles. Staff also said they were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague and that any concerns they might raise about any issue would be addressed.

People told us they had been regularly invited to attend residents' meetings at which care staff had supported them to make suggestions about the things people wanted to do, choices about the meals and drinks they liked to have and the holidays they wanted to go on. Records of the meetings were kept so staff could ensure any decisions and choices made would be followed up. In addition people had been asked for their views on the services being provided through the use of an annual survey. The registered persons told us, and the result of the last survey showed that people were happy with the services they received. A new survey was being prepared for sending out in June 2017.

Audits undertaken by the registered manager had continued to be checked through regular support visits undertaken by the registered persons regional manager. The registered manager told us during these visits the systems and processes they had in place were checked and updated together to make sure they still matched the needs of the people who lived at the service.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the continued development of a "My plan and life star" system which the registered manager showed us they and staff had established with people to identify and support people to reach their full potential. People used the life star system to identify and record their individual aims and goals and how staff should support them to reach these. Since our last inspection one person told us how they had been supported to recognise they could achieve their goal to live independently. They said, "I really want to achieve this but I am aware of the things I need to think about and we are working on them. The staff are with me all the way so if things go wrong they are all there."

Following our inspection the registered manager also confirmed that one of the senior staff team had

recently registered with National Dignity Council and had taken on the role of dignity champion and had sourced the 'Dignity Champions Action Pack- Human Rights and Dignity' for guidance. They also confirmed dignity and respect had been added as a topic for all future supervision records.