

Chrysalis (Cumbria) Limited

Chrysalis

Inspection report

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Tel: 01697344751

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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

Chrysalis is a domiciliary care agency providing personal care to eight people living with a learning disability at the time of the inspection. Care is provided to two people who live in their own flats and to six people who live in one large supported living property. 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.

The service has been developed and 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe and there were enough staff to support them on an individual basis. Risk was managed well so that people could be as independent as possible. Staff were appropriately recruited and staffing levels met people's assessed needs. Infection control was well managed and people supported to keep their homes clean and hygienic. People were supported to manage their medicines. The supported living service was still fairly new and the provider had continued to monitor the development of the scheme, learning all the time to ensure things ran smoothly.

The staff team were suitably trained and supervised. The registered manager ensured their practice was monitored so the team could continue to develop. For example there had been recent team meetings where staff discussed the progress of independence building and how they would put it into practice. Staff training covered all aspects of supporting people living with a learning disability. Staff had received training on specific needs of individuals and further training on up to date practice was underway. People were supported to be as well as possible, with routine visits to health care providers and a focus on exercise and healthy eating.

Staff displayed a caring attitude. They spoke about people in a respectful and empathic way. People responded warmly to the staff team and told us they were well supported. People in the service wanted to do more for themselves and the staff were working on individual goals that would increase independent

living skills. People had regular reviews of their needs and had a say in the shared experiences in the supported living setting. People had access to advocacy and advocates had been involved, along with families when decision making had been complex.

Very detailed assessments of strengths and needs were in place and we saw very good care plans for individuals. People knew what was in their care plans and were happy with the goals they had set for themselves. Every person had daily and weekly planners and they went out to the gym, to socialise and to shop. People went to concerts and other entertainments; enjoyed spa days and went out for meals. No one had any complaints on the day and complaints and concerns were appropriately managed. Staff had not yet considered end of life considerations but this was in their future plans.

The team in the supported living had a well-respected team leader who reported to the registered manager. Together they led the teams who provided care to all eight service users. Staff understood the governance arrangements and also understood that quality was monitored on an on-going basis. Chrysalis had well defined values and a person-centred vision, supporting and encouraging people living with a learning disability to live meaningful lives.

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

Rating at last inspection

The last rating for this service was good (2 august 2017 published).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Chrysalis

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to two people living in their own houses and flats. It also provides care and support to six people living in a 'supported living' setting, 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 service had a manager registered with the Care Quality Commission. This means 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office and the supported living setting on 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We met five of the eight people who use this service because we visited them in the supported living property. We met with five members of staff including the operations manager and support staff during our visit to the office. We also spoke with three further staff members when we visited the supported living property.

We contacted four professionals who regularly visit the service and a social work manager. We spoke with two relatives by phone after the inspection visit.

We reviewed a range of records. This included two full health and care files and six daily records. We looked at four staff files in relation to recruitment, staff development and disciplinary matters. We checked on medicines held in people's property. We reviewed a variety of records relating to the management of the service, including rostering of the care delivery.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received training data and quality assurance records.

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 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to ensure staff were aware of how to safeguard people from harm and abuse. Staff had been trained in understanding what was abusive and were aware of how to manage this.
- People looked relaxed and responded well to staff. Two people told us they felt safe because staff, "Come with us when we go out to the pub," and "This place is all locked and we are safe." A relative said they had never heard anything abusive in the service and "I am confident that Chrysalis would deal with it appropriately if there were."

Assessing risk, safety monitoring and management

- Risks to staff and people who used the service were suitably assessed and managed. Good assessments of the person and their environment were in the records we reviewed.
- People said that the staff would talk to them about risk. Staff confirmed they assessed risk all the time. The provider kept risk updated while supporting people to be more independent. Relatives confirmed that appropriate risks were taken to allow people as much freedom of choice as possible.

Staffing and recruitment

- The service was appropriately staffed to ensure consistent care delivery. Recruitment was appropriately managed and all new staff were suitably vetted. People had been involved in previous recruitments and were preparing questions for the new candidates for a management role.
- The supported living service was suitably staffed by both day and night. There were sufficient staff to take people out and to engage in activities. People said there were enough staff around to help them when they needed support.

Using medicines safely

- Where staff administered medicines this was done correctly and people's medicines were safely managed on their behalf. Medicines records were audited regularly.
- People had their medicines reviewed and the staff were supporting people with new medicines regimes. Where possible people were being encouraged to manage some of their own medicines.

Preventing and controlling infection

- The provider had appropriate systems to ensure good infection control in people's homes.
- Staff had received training and were given specialist equipment. People showed us their large en-suite rooms and confirmed that staff supported them to keep them clean. There was suitable equipment and

chemicals in use in the supported living premises.

Learning lessons when things go wrong

- The provider analysed and reviewed all aspects of the service and improved on any matters where they, or the people they supported, felt change was needed.
- A professional told us, "Chrysalis are new to supported living and I think have had some challenges in setting up and managing this service.[But] Overall, the quality of service appears to be good", showing that any early issues had not been detrimental to individuals using the service.

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 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.

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

- The provider worked with social and health care professionals to ensure care and support met people's needs and was in line with good practice and legislation.
- The staff completed extremely detailed risk assessments and assessments of individual needs and strengths. A professional told us, "At a recent initial assessment the staff were knowledgeable about the individual and had taken appropriate action to make changes within the setting to benefit the service."
- A relative said, "The staff are learning to take measured risks. if they didn't [my relative] would have no life. They are getting the balance right. They can't wrap them in cotton wool."

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and mentored to ensure the workforce was skilled and experienced.
- The provider ensured all staff received mandatory training and specific training. This included specialist training on understanding autism and behaviours that might challenge.
- A professional commented on the good skills and experience of the team leader. This was reflected in what relatives said. One relative said the staff were, "Dedicated and well-trained."

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

- Where needed the staff ensured people were supported to have good levels of hydration and nutrition.
- Nutritional planning was in place where needs had been identified. Good outcomes were seen for people who needed to put on weight and for people who wanted to lose a little weight. One person said, "I have a tummy but I am strong and don't want to lose any more weight."
- People chose their own menus and these reflected healthy eating rules. People enjoyed cooking and were busy in the kitchen when we visited.

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

- The registered manager had ensured the team worked well with health and social care professionals. Staff kept professionals up to date with people's needs and challenges.
- Professionals said, "We have a good working relationship with the provider" and "It is a an overall good service that is person centred."

Supporting people to live healthier lives, access healthcare services and support

- Systems were operating to ensure people were supported to live healthy lives and access appropriate health care. Staff noted changes in health and contacted health care professionals in a timely fashion,

ensuring preventative, routine and urgent health needs were met.

- Staff accompanied people, where appropriate, to health appointments. People told us they visited the dentist, doctor and other health care professionals. A relative told us how well the team leader analysed daily notes and always went to consultant appointments. They found this really useful in formulating treatment for this person.
- People told us they walked, went swimming and to the gym and , "We eat good food...not too many treats."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider and the staff were aware of their responsibilities under the MCA and the role they might play in care delivery.
- No one in receipt of care was under any authorisation of the MCA but the provider would alert social workers if there were any matters where people were being deprived of their liberty. Relatives confirmed that 'best interest' meetings were held if people found decision making difficult.

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 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

- People were treated well, with appropriate attention paid to diversity and equality. Staff were caring and respectful and treated people as equals.
- Staff confirmed they had been trained in equality and diversity and they spoke about how they took human rights into consideration.
- People said they were treated well and staff were, "Good with us...our friends". Relatives said, "We couldn't ask for more...the staff are very good."

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

- People were given opportunities to express their views and were fully involved in decision making.
- Reviews of care were held where people could express their views of the support they received. Where people needed help making decisions this was done with family and other professionals to ensure this was done in the person's best interest. Relatives said that they could act as advocates and staff were keen for people's wishes to be voiced by themselves.
- The people we met were assertive and able to ask for support when they needed. Two people wanted to go out and asked for support which was given quickly and met the support needs they had.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by the person-centred approach to care delivery. A relative said, "They give very dignified care that is right for [my relative's] age and personality."
- One person said, "The staff are the best. I am very happy". Two people had been supported to improve their mobility. Some people had only minimal care support from staff and were planning their future goals, including living even more independently.
- Staff said that they, and the other tenants, were very respectful of people's private space in the property. One person said, "Its my room and its how I like it." A professional said, "Individuals have control over their own space."

Is the service responsive?

Our findings

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

At the last inspection 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

- Individual, person-centred planning was in place to ensure people received appropriate care to meet their needs, even in time of crisis. Care plans were extremely detailed and reflected needs and strengths.
- People told us about their goals, achievements and activities. People were helped to meet goals and think of new things they wanted to achieve.
- Staff said they read the care plans and ensured they still met people's needs and wishes.

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.

- Communication needs were appropriately met because staff were suitably trained and informed of the needs of people.
- Observations of interactions showed that staff could interpret and pre-empt needs because they understood body language, signing and verbal communication. Easy read formats and pictures were used, where necessary.

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 in social activities, hobbies and entertainments. Some of these were designed to support people with learning disabilities but people also went out into the wider community.
- People said, "We go to the pub, we play pool and have a pint." Women in the service went out to the hairdresser and beautician. People attended church if they wished. People had contact with friends and families. Relatives said they were, "Pleasantly surprised by how much [our relative] has achieved."

Improving care quality in response to complaints or concerns

- The provider responded to any concerns or complaints and saw this as a way to improve the service. There had been no recent complaints in the service and people had easy ready complaints procedures available.
- Relatives confirmed Chrysalis were open to any suggestions and that there had been no serious concerns raised through their parents' group.

End of life care and support

- The team had good support from community nurses in all aspects of health care support and could work with professionals if they were supporting someone at the end of life.
- There had been no support of this type needed but the provider was aware of the need for this going forward. Planning was in place to address training needs in this skill.

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 this key question was rated as good. At this inspection this key question has now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and the registered manager ensured people had good outcomes because the care was person centred, inclusive and empowering.
- The provider also ran day centres and the main office was attached to one of their day centres. The staff we met and the environment showed that person-centred care was paramount.
- The people we met told us that they were in charge of their lives because the manager and staff gave them the choices and support they needed. Relatives said that Chrysalis management were approachable and said that the team leader was a good role model and had a good understanding of what was needed in the setting for each person.

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 provider and the registered manager were aware of the duty of candour and were open and honest in their practice. There had been no formal complaints received recently.
- Parents of people in the service met together regularly and one of the aims of their meeting was to minimise any difficulties. They told us the management were very open and ready to listen and act on anything needed.

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

- The service had a clear structure allowing quality care to be delivered safely and appropriately.
- Quality monitoring was done regularly with checks on how staff delivered care, how medication was managed and how care plans and other records were maintained. An annual survey for people, their relatives and professionals was being prepared.

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

- The people using the service, their relatives and professionals confirmed that people were treated fairly and that the values of the team were of a good standard.
- Parents, people in the service and staff were aware that plans were in place to have a manager whose sole remit was to manage the supported living. The current registered manager is also involved in day services. Stakeholders felt that this would be a good move to have one person who would develop this

relatively new service.

Continuous learning and improving care

- The provider ensured the whole team kept on learning to ensure people had the best care possible. We had examples of how staff had adopted new approaches to give the best care possible.
- Staff were being trained in positive behavioural approaches, as they felt this was current good practice and could be used in certain situations to improve the quality of life for people.
- A professional said that the team continued to develop and learn from any early 'teething problems'. A relative said that the team had learnt from early issues and were keen to keep on learning and improving.

Working in partnership with others

- We had positive responses from social care professionals, showing good partnership working was in place. "Overall, the quality of service appears to be good and we have a good working relationship with the provider."
- Records showed that the staff worked well with health and social care professionals, and were open and receptive to the wishes of people in the service and their relatives.