

Delos Community Limited

The Chestnuts

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 

Overall summary

This inspection took place on 4 August 2015 and was unannounced.

The inspection was carried out by two inspectors.

The Chestnuts is a service registered to provide accommodation with personal care for up to five people who have a learning disability. On the day of our inspection four people were using the service.

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 service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Summary of findings

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



The Chestnuts

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 August 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place on 5 September 2013.

During our inspection we observed how staff interacted with people who used the service.

Some people had limited verbal communication but we were able to interact with them and to observe their interactions with staff.

We spoke with three people who used the service. We also spoke with the registered manager, the senior support worker and one support worker.

We reviewed two people's care records, two medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes I am safe here.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I know how to report it.” They went on to explain what they would do and who they would report it to. They also told us that they worked with the people who used the service to try to get them to understand what abuse was and how to tell someone. Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the company’s policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and the use of kitchen equipment. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

There was an emergency information file available to staff. It contained; contact numbers for staff, people’s relatives, emergency contacts for professional and a set of floor plans. People had their own emergency plans within their support plans. Each person had an A & E grab sheet. This contained important information which would be taken to hospital with them if they attended in an emergency.

Accidents and incidents were recorded and monitored. Within the file was a flow chart explaining what needed to

be recorded and reported to various people including what was reportable under Reporting of Incidents, Diseases and Dangerous Occurrences Regulation (RIDDOR). We saw records of accidents and incidents which were completed correctly in line with the provider’s policies.

People told us there were enough staff on duty. One person said, “There is a lot of staff.” The registered manager told us that people had allocated hours and most staff worked on a one to one basis with people. On the day of our inspection there was enough staff to ensure people were able to attend their planned activities.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, “Sometimes we can have more staff on shift if we need it for activities.” Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week.

The registered manager told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. New staff also had to attend the providers’ mandatory training before being allowed to go onto the rota. Records we saw confirmed these checks had taken place.

People told us that the staff gave them their medicines. One person said, “I have my tablets.” Staff told us they were only allowed to administer medicines if they had completed training and competency to do so. Training records we looked at confirmed this. We observed some morning medication administration. The medication file contained each person’s photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited weekly. The registered manager told us they had just changed to a new pharmacy as they had become dissatisfied with their old one. The new pharmacy would carry out audits and staff training.

Is the service effective?

Our findings

People told us staff were well trained. One person said, “Yes, they know how to help me.”

The provider had an induction programme which all new staff were required to complete. One staff member said, “I had to do some training and shadow someone before I could work on my own.” The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this. They also told us they had been involved in the pilot for the new care certificate and all new staff were expected to complete it.

Staff told us they were very much supported by the registered manager. One staff member said, “She is always here, she is one of us, and we can speak to her at any time.” We were told that staff had regular one to one supervision with the registered manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered.

Staff told us they received appropriate training. One staff member said, “We have lots of training.” Another said, “The organisation knows that people learn differently, so they provide training in different ways, for example face to face, by reading books and e-learning.” We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication along with more specialised such as autism awareness and challenging behaviour. Some staff were registered on nationally recognised qualifications at both level two and three.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for lunch or wanting to go out.

People told us they had enough to eat and drink. One person said, “It is nice.” Staff we spoke with were aware of individual’s tastes. Staff told us that they decided on the menus together and most people helped with the preparation and cooking of meals. We observed breakfast for some people and lunch time for the one person who was at home. At breakfast one person was encouraged to make their own meal with staff encouragement and support. Staff asked them what they would like for lunch, they gave a few ideas and the person decided then wrote it on the menu board. However, when they returned from an outing they brought in a take away as the person had requested it. Staff sat and ate with the person; it was observed to be a very pleasant meal time experience.

People we spoke with told us they saw the doctor or dentist when needed. On the day of our inspection one person was supported to a dental appointment. Staff told us that each person was supported to see or be seen by their GP, optician, dentist or other health care professionals. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care.

One person who used the service told us the decking in the garden was not safe as it was slippery. They went on to tell us they had helped design a new garden which was going to be completed this summer. The registered manager told us that the people who used the service and staff had sat down to redesign the garden. The ideas were now with the gardening staff and they hoped to have it completed by the end of the summer. The registered manager told us that there had been some improvements to the environment. For example, a new kitchen/dining area had recently been fitted which was larger and enabled people to have support to cook and help prepare meals, the lounge had recently been re carpeted and an upstairs bathroom remodelled to give more room and this enabled a wet room

Is the service effective?

area to be installed along with a bath. There was work being undertaken to make a new staffing area and medication storage. People told us they had been involved in all the decision making processes.

Is the service caring?

Our findings

People told us that staff were very kind. They made comments regarding the kind and caring approach of the staff. One person said, “The staff are all nice.” Another said, “It is better here than my old place.”

We observed positive interactions between staff and people who used the service, for example, when they were helping people to get ready or give general support, staff were chatty and there was a good atmosphere. Most people were in receipt of one to one support from a member of staff.

Staff demonstrated that they knew people’s needs and preferences very well. We observed staff chatting with people about things of interest to them. One person was becoming unsettled and staff knew how to respond to help the person settle. They spoke to them for a while about a subject of interest. This settled the person and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, “I can go out or do what I want.” We observed this in practice and also within people’s support plan documentation.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff told us they would recommend it if they felt it was appropriate. There was one person using the services of an advocate.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at meal times and when people got up or as well as keeping doors closed. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and the registered manager.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. Staff told us that people who lived in the providers other homes which were nearby visited for meals or to spend time with people.

Is the service responsive?

Our findings

People told us they were involved in their support plan if they wanted to be. There was evidence in the care plans we saw that people and their families or representatives had been involved in writing their care plans.

Staff told us they knew the people in their care but used the written support plan to confirm there had been no changes since they had been on duty last.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

Support plans we looked were written in a person centred way and included input from the person, their key worker, family and professionals if appropriate.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example,

what people wanted to eat, where people wanted to sit and what they wanted to do. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. Within this there was a variety of activities planned to suit the individual. During our visit one person went to help in the coffee shop, one person went to the resource centre and another stayed at home. There were notices showing other group activities, for example, a fun day at a football ground organised by the provider.

There was a complaints policy and procedure in place. This was also available in an easy read pictorial format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey was sent out to people and their relative's. The results were available for the 2014 survey. These were very positive with comments including; 'Staff help me to stay safe and try to look ahead to prevent problems arising', 'I am very happy with everything,' and 'we get spoilt here.'

Is the service well-led?

Our findings

Staff told us that they received support from the registered manager. One staff member told us, “She works like one of us; we can speak to her about anything.” We were also told that they could speak to other more senior managers if they needed to and were able to give us names of who they would contact. They said there was an open culture in the home and the organisation.

We were told that people who used the service were invited to join the interview panel when recruiting new staff members. The registered manager explained that as they would need to get on well with people who used the service, it made sense that they were involved in the recruitment process.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the registered manager chatting with staff and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about

important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service.

The provider had a variety of quality monitoring processes. Managers from other services carried out monthly quality checks on each other's services and produced a report. The registered manager had written an action plan. We saw actions had been completed. There had also been checks carried out by a group of people who used the services of the provider. These were called quality checkers and visited the service to check a number of things including; the contents and cleanliness of the fridge, the cleanliness of the oven, activities and having choice. They had taken photographs as proof and developed a report. The registered manager had developed an action plan from the report. We saw all actions had been addressed.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening.

The registered manager told us that they had separate staff and service user meetings. Staff told us they attended meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings. Within the minutes of a residents meeting we saw suggestions for the garden and other house issues. This showed that suggestions were acted on.