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Chester House Care Home

Inspection report

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09 August 2016
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30 August 2016

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection was carried out over four days on the 8, 9, 10 and 30 August 2016. Our visit on 8 and 30 August 2016 was unannounced.

We last inspected Chester House Care Home on 2 December 2013. At that inspection we found the service was meeting the regulations we assessed.

Chester House Care Home is located in Hazel Grove, Stockport and can provide care for up to 14 adults with a range of needs and requirements.

Accommodation is provided on three floors, accessible by two chair lifts. There are twelve single bedrooms and two bedrooms that have the capacity to be used as shared rooms. However at the time of this inspection the rooms occupied were all single occupancy. No en-suite facilities are available.

The home has a lounge/dining room and a conservatory which is used as a smoking area as well as an outside garden to the rear of the property.

At the time of our inspection 8, 9 and 10 August 2016 there were nine people living in the home. When we inspected on 30 August 2016 there were ten people living in the home.

A Registered Manager was in post although they were not available during the first three days of inspection due to being on four weeks annual leave but were available on the 30 August 2016. 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.

During this inspection we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Some medicines were not managed safely. We found there were not always clear, detailed written directions for the use of medicines to enable staff to apply prescribed creams as intended by their GP. This meant there was a risk prescribed creams may not have been applied when required, which could have resulted in unnecessary discomfort to the person.

We had concerns in relation to staff supervision because staff were not receiving supervision on a regular, ongoing basis and there was no evidence that staff had received an annual appraisal. This meant that staff

were not being appropriately guided and supported to fulfil their job role effectively.

Recruitment processes required improvements to ensure only suitable staff were employed to work with vulnerable people.

Some of the routine safety checks had not been undertaken for example checks of window restrictors and nurse call bells. This meant the provider could not be sure people using the service were safe at all times.

We saw that some people's identified care needs did not have a corresponding plan of care to direct care staff on how to meet the individual care need. This meant there was risk that people could receive unsafe and inappropriate care.

There was not a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant people might be at risk of receiving unsafe and inappropriate care. We saw and staff told us that as part of their paid care hours they were expected to undertake cleaning, laundry and cooking duties. Staff told us they thought due to this they were sometimes too busy to spend time with the people living at Chester House Care Home.

People were not always supported to access regular, meaningful activities within or outside the home. This meant people were not always encouraged to meet their full potential.

Prior to this inspection it came to the attention of CQC that an allegation of abuse had been made of which the CQC had not been notified. During this inspection it was identified that the registered manager had not complied with their duty to notify us of a further notifiable incident which was a Deprivation of Liberty Safeguard authorisation.

We saw evidence that staff had completed a basic, homes own induction training. However from April 2015 all new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. There was no evidence that staff were inducted according to the Care Certificate framework.

From looking at the staff training matrix (record) we found there were gaps in staff training. This meant some staff were not be appropriately trained and skilled to meet the needs of the people living at the home.

We found that systems had not been implemented to monitor the quality and safety of service people received.

The visitors we spoke with told us they thought Chester House Care Home was a safe and caring place to live and they thought people were well looked after. However we found people were at risk of receiving unsafe or inappropriate care. We found the registered manager did not demonstrate a good understanding of potential risk or the appropriate measures needed to be put into place to minimise risk to people.

The complaint policy was out of date because it made reference to outdated regulations. The policy stated that staff should be trained in dealing and responding to complaints but we found no staff had received such training. However the visitors we spoke with told us they had never made a complaint and were happy with the care provided.

Staff spoken with understood the need to obtain consent from people using the service before a task or care was undertaken and staff were seen to obtain consent prior to providing care or support.

We saw staff had good relationships with the people they were caring for.

The healthcare professional we spoke with said they did not have any concerns about this service and staff were always very helpful. During the inspection we found staff were helpful but we had concerns that people were at risk due to the shortfalls we identified.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe

Medicines administration records for prescribed creams lacked detailed instructions and were unclear.

We found that the registered provider had not done all that was reasonably practicable to mitigate risk to people.

The registered manager did not demonstrate a clear understanding of the need to have accurate, up to date plans of care and the necessity of accurate observational checks to minimise the risk to people.

Appropriate checks had not been undertaken to ensure suitable staff were employed to work with vulnerable people.

Inadequate ●

Is the service effective?

The service was not always effective

Not all staff had received regular, on-going supervision and there was no evidence staff members had received an annual appraisal.

Not all staff had undertaken training or updates as required by the provider which meant people were at risk of receiving unsafe and inappropriate care.

People could make choices about their food and drink.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for.

A visitor told us they thought their loved ones were well cared for.

Requires Improvement ●

Due to low staff numbers staff were not always able to encourage people to have a voice or empower people to reach their full potential.

Is the service responsive?

The service was not always responsive

Limited activities were provided by the care staff on duty.

Not all people's identified care needs had a corresponding plan of care to make sure their needs were fully met.

A system was in place for receiving, handling and responding to concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not well led

The registered provider has a duty to notify us of certain incidents and this had not been done.

The systems in place to monitor the quality and safety of service provision were not effective and failed to identify the issues and concerns we found during our inspection.

Inadequate ●

Chester House Care Home

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 was carried out over four days on the 8, 9, 10 and 30 August 2016. Our visit on 8 and 30 August 2016 were unannounced. The inspection team consisted of one adult social care inspector on the 8, 9 and 10 August and two adult social care inspectors on 30 August 2016.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications of incidents that we had received from the service. We looked at the Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority commissioners and Stockport Metropolitan Borough Council (MBC) Health Protection and Control of Infection Unit to seek their views about the home. The registered provider gave us a copy of the action plan implemented following the audit undertaken by the Health Protection and Control of Infection Unit and we saw it was in the process of being implemented.

During our visits we spoke with the senior carer who was in day to day control of the home while the registered manager was on annual leave, we also spoke with three care workers, three visitors to the home, a visiting healthcare professional, the registered provider and six people living at Chester House Care Home. On the 30 August we spoke with the registered manager who had returned from leave.

We looked around the building including all of the bedrooms, the communal areas, toilets, bathrooms, the kitchen and the garden.

We examined the care records for all the people living in Chester House Care Home, medicine administration records, the recruitment, supervision and training records for four staff and records relating

to the management of the home such as auditing records.

Is the service safe?

Our findings

We looked at the systems in place for the management of medicines.

The senior carer who undertook this inspection with us in the absence of the registered manager told us that care staff were not allowed to administer medication until they had received the appropriate training. We were told that all the care staff employed with the exception of one staff member currently administered medication. Out of the eleven care staff who we were told administered medication, we saw evidence that only one member of staff had current up to date training.

There was a system in place for recording the temperature of the medication fridge and the room temperature where medication was stored. However we saw seventeen gaps in the temperature recording of the room from June 2016 to the date of this inspection. This meant there was a risk that medication may not have been stored consistently at the correct temperature which could compromise the effectiveness of the medicines.

We saw for four prescribed creams there were no clear, detailed written directions for their use to enable staff to apply the creams as intended by their GP. We looked in the care files of four people who were prescribed topical creams and found there were no plans of care in place for three people in relation to the use of these creams.

This meant there was a risk that people may not have received prescribed creams as intended by their GP, which could result in unnecessary discomfort for the person.

We found that three prescribed creams had not been documented as being brought forward from the previous month on the medication administration records. This meant there was not an accurate recording of all medication stored in the home so an accurate audit could not be undertaken to ensure people had received prescribed medication as intended by their GP.

There was no regular, formal audit process of medication administration within the home. This meant there was no system to clearly identify any shortfalls and the specific action taken in response to shortfalls.

The above examples demonstrate a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a small locked room which was also used as a treatment room on the ground floor to store and lock away medicines.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed.

At the time of our inspection we were told nobody was self-administering their own medications.

A recruitment and selection policy was not available during the inspection. The aim of such a policy is to ensure that a transparent and unbiased recruitment and selection process is followed; one that results in the appointment of the best candidate, based solely on merit and best-fit with the service's values, philosophy, and goals.

We reviewed four staff personnel files. In one file we saw the job application form did not include reference details and although two references had been obtained it was not clear if any of the references were from the past employer because personal email accounts had been used for both references. In a second file we saw a reference from the last employer was sent to a personal email account rather than company specific email accounts.

In file one there was no proof of the employees address and file three showed there was no proof of address or proof of identification. In addition in file three there was no proof of a Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

This meant the above examples demonstrate that not all appropriate checks had been undertaken to ensure only suitable staff were employed.

The above example demonstrate a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we looked around the home, we looked at all the communal areas, toilets, bathrooms, the kitchen and all of the bedrooms.

We saw that although the home was clean there was no evidence that the service undertook any formal, internal infection control audits or checks to ensure a high standard of cleanliness. The cleaning schedules in place, including the kitchen, were vague and did not evidence exactly what had been cleaned and when.

We were told that the home did not employ any domestic staff and care staff were expected to clean the home and undertake laundry duties on a daily basis as part of paid care hours.

We saw that Stockport MBC Health Protection and Control of Infection Unit had undertaken a recent audit in May 2016. The registered provider shared with us the homes action plan following that audit and we saw that it was in the process of being implemented. For example we saw one bedroom was in the process of being totally refurbished, hand washing posters were now on display in staff toilets, fabric headboards had been replaced, a spillage kit was available and two broken chairs had been removed from the conservatory.

We saw that the carpet and arm chairs in the conservatory were damaged by cigarette burns and under the seat cushions of the chairs in the conservatory were dirty. Much of the paintwork throughout the home was chipped and worn and corridor carpets were well worn.

There was no evidence of planned maintenance work or evidence of maintenance work that had been undertaken, although as detailed above we saw refurbishment work was being undertaken. We found that there was no refurbishment or redecoration plan in place. A preventive maintenance plan would establish consistent practices to improve the safety in all areas of the home and the equipment at the home.

We saw a number of environmental risk assessments were in place for example the garden area, using the dryer, the stair case, electric equipment, the boiler, the conservatory and the drug cupboard. However we saw the information contained within these assessments did not sufficiently direct staff on how to manage the identified risks within the environment. In addition the risk assessments were not dated and there was no evidence that they had been reviewed.

The above examples demonstrate a breach of Regulation 15 (1) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that cleaning materials were stored in the small laundry room on the ground floor. There was no evidence that Safety Data Sheets in relation to Substances Hazardous to Health had been obtained from the suppliers of the cleaning materials used in the home, as required by the Control of Substances Hazardous to Health (COSHH) Regulations. The registered provider told us there were some COSHH sheets in the home but we did not see these during our inspection and the registered manager confirmed they did not have manufactures COSHH data sheets for the cleaning materials used. COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use which meant they were not accessible to staff. The absence of Safety Data Sheets for all hazardous substances used at Chester House Care Home meant that staff did not have access to the information needed to determine if there were any risks in their use. Safety Data Sheets also provide information on the correct handling and storage of the cleaning material and what measures to take in the event of an accident.

The senior carer told us they were unaware if the service had an emergency evacuation procedure. People who used the service did not have a Personal Emergency Evacuation Plan (PEEP's) in place. These plans should detail the level of support the person would require in an emergency situation. This meant that in the event of an emergency people could be at risk of not being evacuated effectively.

We saw evidence that the fire extinguishers had been checked in May 2016., gas safety certificate, portable appliance testing (PAT) had been undertaken in October 2015, the chair stair lifts had been serviced on 5 February 2016 and they had an electricity certificate dated February 2014.

However during this inspection we saw that not all appropriate safety checks had been carried out to ensure people were cared for in a safe environment. There was a weekly check of water temperature testing in place but the records did not evidence which toilet or shower room had been tested. We saw that there was a monthly check of the emergency lighting but the records did not evidence what action had been taken when a fault was found. We saw that the means of escape from the building was checked monthly, however there were three means of escape and the record did not evidence which exit areas had been checked. We saw that nurse call bell checks and checks of window restrictors were not being undertaken. This meant the registered provider could not be sure that people were cared for in a safe environment.

We saw that an emergency fire exit door was in one of the bedrooms located in the basement. There was no evidence that a risk assessment had been undertaken to ensure the safety of the person living in that room.

We examined all of the ten care files that belonged to people using the service. We saw that each individual care file lacked comprehensive, detailed information to make sure care was delivered safely. Care files were difficult to navigate and cross reference with other care plan information such as individual risk assessments. We saw information contained in all of the care plans we examined was out of date. Some information held in the care plans extended as far back as 2010 and the registered manager confirmed the information was no longer relevant. We saw hand written care instructions were unclear and had been

crossed out and replaced with updates that were written in whatever space was available on the existing care record. This meant there was a risk that people may not receive safe care and treatment.

We saw a person's health intervention record and care plan was not updated to show a fall that occurred 18 January 2015 which resulted in surgery. Following the person's hospital discharge the care records did not show the subsequent changes to their care needs and how these needs would be managed by staff members.

We saw in one care file an entry dated 19 August 2016 'Refer to falls clinic' due to a history of falls. There was no evidence that a referral had been requested. This was discussed with the senior carer on duty who confirmed that a referral had not been made. After discussing this with the registered manager they later confirmed the referral request had been made. The delay in this referral being made meant the person was at further risk of falls.

We saw one plan of care stated that the person required a soft diet yet the record of food eaten included sausage and mash and cheese and bread. These meals would not be considered soft diet and could put the person at risk of choking.

We saw a person's health intervention record and care plan was not updated to show a fall that occurred 18 January 2015 which resulted in surgery. Following the person's hospital discharge the care records did not show the subsequent changes to their care needs and how these needs would be managed by staff members which meant that the person was at risk of not receiving appropriate care and treatment.

We looked at the record of accidents/incidents within the service. We saw although there was a record of accidents and incidents there was no analysis or review to look at the number of accidents/injuries that had occurred on a monthly basis and if there were any reoccurring patterns. This would have provided the registered manager with an overview of the types of accidents and incidents that had occurred and what action was needed.

The above examples demonstrate a breach of Regulation 12 (1) and (2) (a) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Care staffing levels in the home consisted of two care staff from 08.00 with a third staff member starting at 10.00 to 14.00, two care staff from 14.00 to 20.00 and one waking and one sleeping care staff on night duty. We were told that as part of the hours worked care staff were expected to clean the home, undertake the laundry and cook and serve meals.

All the staff we spoke with told us they did not think there was enough staff on duty to undertake all the duties that were expected of them and it did not enable them to spend a lot of time with people using the service.

During our inspection we observed staff to be very busy and did not have time to sit and chat with people.

We were told there was no formal tool used to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously adapted to respond to the changing needs and circumstances of the people using the service. This meant that the registered provider could not be assured that the number of staff and skill mix could safely meet all the needs of the people living at Chester House Care Home.

The above examples demonstrate a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with said they thought people were safe but they did not demonstrate a good understanding of the local authority's role in safeguarding people from abuse. We looked at the training matrix and saw that out of the ten staff and two bank staff employed only four staff had received up to date safeguarding adults training.

Staff had access to a safeguarding policy. However the policy did not reflect the local authority's multi-agency safeguarding adult's policy because it stated 'All reports of abuse no matter how minor should immediately be investigated and acted upon by Chester House's manager'.

Prior to this inspection we received some information that an allegation of abuse had been made and had been investigated and substantiated by the Stockport Safeguarding Adults Team. CQC had not been notified of this event. We requested a retrospective notification be submitted.

We saw for the helpline number 111 had been used for advice when one person was having a 'fit.' An ambulance and the GP had been contacted and the GP had requested the service to monitor the person. There was no plan of care for this identified care need and there was no evidence that any monitoring had been recorded. In addition a plan of care had not been implemented for a scratch that was on this person's back and had been dressed by care staff. This meant the person was of risk of care and treatment not being planned and delivered in a way that ensured their safety and their identified care needs to be met.

We saw that from 6 March 2016 it was recorded that one person had fallen twelve times. We saw the pattern emerging was that the falls tended to happen in the early hours of the morning. We saw the GP had been contacted in July 2016 and a referral to the falls clinic was made and planned measures had been put into place to help minimise the risk of falls. However the plan of care stated that staff were to undertake hourly checks. There was no evidence that these checks had been undertaken.

The above examples demonstrate a breach of Regulation 13 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 significantly disregards the needs of the service user for care or treatment.

People we spoke with told us they were happy living at Chester House Care Home and the staff were nice and kind. One person said "Yes we are looked after and I have everything I need". Another person said "The staff are nice and kind".

The visitors we spoke with told us they felt confident that their friend was safe and well cared for.

Is the service effective?

Our findings

We asked to look at the records to demonstrate how often staff received supervision and appraisals. We looked at the records for five members of staff and saw that none had received an annual appraisal. We saw that staff were not receiving regular, ongoing supervision sessions. For example we saw in one file that the staff member had received two supervision sessions during 2015 and two during 2016. In another file we saw that the member of staff had received one supervision session during 2015 and two during 2016. In a third file we saw the staff member had received two supervision sessions during 2015 and one during 2016. This meant that staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively.

We saw that the home had a basic induction process that was completed over the course of one day.

From April 2015, staff new to health and social care should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. We did not see any evidence new employees were in the process or had completed the Care Certificate. This meant the registered provider could not be confident that new staff members providing care had the competence and, skills to do so safely.

During this inspection we asked to look at the overall training matrix for the staff employed. We saw there were gaps in staff training. For example there was no training records made available for three of the care staff employed. Other gaps in staff training included medication administration, food hygiene, end of life training, first aid, COSHH, dementia care and infection control.

We looked at the training matrix (records) and saw gaps in the recording of medication administration training. Out of the eleven care staff who we were told administered medication, we saw evidence that only one member of staff had current up to date training. We did not see any evidence that staff had completed a competency assessment prior to administering medication. We saw the training certificate for the registered manager who undertook the majority of the training was dated 1 April 2015 and there was no evidence of refresher training having been undertaken by the registered manager. This meant their training was out of date and there was no evidence to demonstrate they had undertaken a medicines administration competency assessment themselves. This meant that people were at risk of medicines error because people were receiving medication from staff who may not be suitably trained or competent to do so.

There was no evidence that any audits or reviews had been undertaken to assess the individual training needs of staff and to identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively. This meant that the registered provider had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected appropriate, up to date best practice guidelines.

The above examples demonstrate a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an enclosed garden to the rear of the property. On day one of the inspection we saw that the garden had not been well maintained. The grass had not been cut, there was a large amount of cigarette butts on the patio area, the garden furniture was not fit for use. Items of rubbish such as old chairs, a walking frame and a gas bottle were also stored in the garden. This was discussed with the senior carer and by the end of the inspection the grass had been mowed, the rubbish had been removed and the garden furniture had been sanded and painted.

We saw that a daily menu was on display outside the kitchen. As part of our inspection, we carried out an observation over the lunch time period. Lunch looked appetising and was well presented, with good portions. We saw that lunch was plated in the kitchen by the member of care staff that had cooked the meal and was served by the other care staff on duty. This meant that people were not given a choice with regard to the meal. For example the meal of cottage pie, carrots and gravy was served without asking people if they wanted all parts of the meal or even if they wanted the meal. Staff told us that the people who used the service were given a choice at breakfast and teatime but choices were not always actively encouraged at lunchtime. They said if somebody was given the meal and they said they didn't want it or if they saw it on the menu board that they didn't want that particular meal than an alternative would be provided. This was discussed with the senior carer and we saw on day three and four of the inspection that people were asked what they would like for lunch and alternatives to the main menu was provided.

We observed the lunchtime meal looked and smelt appetising. We saw people enjoyed the meal that was well presented with good portion sizes.

Staff and people living at Chester House Care Home told us that drinks and snacks were available on request and we saw evidence of this during the inspection.

One person living at Chester House Care Home said "The food is ok, I do like it."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The training matrix evidenced that seven care staff out of the twelve staff employed had undertaken MCA and DoLS training. Staff we spoke with demonstrated an understanding of them both and understood the need to obtain consent prior to care being delivered or a task undertaken. We did observe staff obtaining verbal consent from people during our inspection.

We saw evidence that one person living at Chester House Care Home had an authorised DoLS in place. Providers must notify CQC about applications to deprive a person of their liberty when the outcome is known about any applications they make under the Mental Capacity Act 2005 (both by use of the DoLS process and by applying directly to the Court of Protection) and about the outcome of those applications. CQC had not been notified that the application had been authorised.

Care records we looked at showed that the service involved other professionals to meet the healthcare needs of people who used the service such as, GP's, speech and language therapists, chiropractors, opticians and district nurses. We spoke with a healthcare professional who told us that appropriate referrals were received by them in a timely manner and staff were always knowledgeable about the people living at Chester house Care Home. We were also told that any specific care instructions or recommendations they made about a person were followed by the care staff.

Is the service caring?

Our findings

People living at Chester House Care Home told us they were happy and the staff were nice. One person when asked said the staff always respected their privacy and dignity. We saw evidence of this during the inspection. For example one person had a visit from a visiting healthcare professional and declined to go their room, so a privacy screen was used to give some level of privacy.

A healthcare professional we spoke with told us that they witnessed care staff treating people with dignity and respect. They said "This is a nice friendly home."

People were free to visit the home at any time and we observed that visitors were made to feel welcome. We saw visitors come and go freely during the course of our inspection.

We saw staff delivered care and support to people using appropriate equipment to meet their identified care needs. People seen on the day of the inspection were clean, dressed appropriately, relaxed, and well nourished.

A service user spoken with told us staff always used appropriate equipment to support her mobility whilst moving from chair to commode. She told us she was happy with the care received and she was satisfied with the care being provided to her.

One visitor we spoke with told us they felt confident about the care their friend received living at Chester House Care Home. One person told us "The staff are very nice and kind here and I always see the privacy and dignity of people being maintained by staff." It was evident from the interactions we observed staff knew the people they supported very well. Another visitor told us they thought the care "Was absolutely fantastic." They said "The staff are exceptional and very caring, all of them."

We observed staff caring for people with dignity and respect. We saw that people living at Chester House Care Home had good relationships with the staff and felt relaxed and at ease in the company of the staff. One person told us that they liked living at Chester House Care Home because the staff were nice and they could do whatever they wanted.

During our inspection we heard staff speak to people in a dignified, friendly and kind manner. We saw people freely move around home and staff encouraged their independence. One person was concerned as to where the toilet was so a staff member walked with them to the toilet so they knew where it was and this reduced their anxiety.

There was a relaxed, friendly atmosphere in the home and staff we spoke with told us they enjoyed working at Chester House care Home. One member of staff said "This is the best place I have ever worked." Another member of staff said "It's a nice small home and people are very well looked after and are safe, we have good team."

We observed staff show great concern for a gentleman's wellbeing when he was displaying signs of tiredness. Staff encouraged him to go to his room for a lie down which he did. The next day we saw the same gentleman sat in the lounge obviously feeling much better. The senior carer told us that after a good sleep the gentleman was feeling a lot better.

The senior carer told us that at the time of this inspection nobody was receiving End of Life care but it was a service they did provide.

We did not see any evidence that informant relating to advocacy services were made available to people. An independent advocate is a person who can help access information on a person's behalf and / or represent a person's wishes without judging or giving their personal opinion.

We observed that the lack of staff impacted on the amount of time care staff were able to spend with people. We did not see that care staff actively worked in partnership with people to have a voice or that people were actively encouraged or empowered to engage in meaningful activities to help them reach their potential.

Is the service responsive?

Our findings

We saw that the service were in breach of their own leisure policy. The policy, which had been reviewed in January 2016, stated people should 'have access to a wide range of social activities, service users in a long term placement should have as part of the basic contract price the option of a minimum seven day annual holiday outside Chester House, which they should be able to help choose and plan and group trips outside of Chester House should be planned and chosen by users who share the same interests.' We did not see any evidence to support the implementation of this policy. This meant people were not always encouraged to meet their full potential.

The people living at Chester House Care Home and the staff we spoke with told us that an entertainer came into the home on a monthly basis and occasionally the registered manager or a member of care staff would take people out but this not happen very often. One person living at Chester House Care Home told us there were never any trips out and apart from the outside entertainer there were no activities. Another person said they would really like to go on a coach trip.

Staff told us that only limited activities were provided for people. One person said "We do have an outside entertainer occasionally." Another member of staff said "There are limited activities due to the lack of staff." They told us one person liked to play cards and scrabble but that only happened once a week.

In the care files we looked at we saw a 'record of social and recreational activities' however some entries were not evidence of activities. For example, 'podiatrist checked feet,' 'nails cut,' 'friend came to visit' and 'podiatrist came.'

The above examples demonstrate a breach of Regulation 10 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we reviewed the policy in relation to complaints. We found the policy, which had been reviewed in January 2016, to be out of date because it made reference to the outdated, standard 16 of the National Minimum Standards for Care Homes for Older People. The policy also stated that 'All staff should be trained in dealing with and responding to complaints.' We did not find any evidence to support that staff had received such training.

All the visiting relatives we spoke with told us they had no complaints. One person told us they had "No worries about the care". Another comment was "I have no complaints" and they told us if they did they would go to the manager.

We looked at the compliant file and saw that one complaint had been received in July 2015. We saw evidence that appropriate action had been taken by the registered manager in response to the complaint.

The senior carer told us that people had their needs assessed before they moved into the home and people were encouraged to visit the home and meet the staff and other people living at the home before they made

a decision about moving in. During the course of our inspection we saw a person considering moving into the home and their relative visiting the home. The senior carer told us if the admission was an emergency admission they expected the Local Authority to fax them all the information relating to the person's care needs. We were unable to view any completed pre admission assessments because we were told they had been archived from the files we looked at.

Is the service well-led?

Our findings

At the time of this inspection a Registered Manager was in post although they were not available during this inspection due to being on annual leave. The registered manager had been in post since January 2011.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One of the registered persons responsibility it to notify the Commission without delay of certain events or information. There had been two incidents within the home that CQC should have been notified about. There was an allegation of abuse and a DoLS authorisation. By not notifying us of incidents such as these, we are unable to assess if the appropriate action has been taken and the relevant agencies alerted. This had not been identified through an effective monitoring system.

The above examples demonstrate a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We spoke with the registered manager who confirmed that they did not have a copy of the current 2014 Regulations. Without the up to date Regulations the registered manager would not be able to demonstrate compliance of meeting the regulations.

We saw that policies and procedures were available and accessible to staff. However some of the policies for example confidentiality, consent to care, food safety and nutrition, diabetes and the complaints policy made reference to the outdated National Minimum Standards for Care Homes for Older People. This meant staff were not provided with access to up to date information that reflected current legislation and best practice guidance to support them in their roles and people might be at risk of receiving unsafe and inappropriate care.

We found the registered provider and registered manager had failed to establish and operate effective systems to assess, monitor and improve the quality of service; had not mitigated the risks relating to the health, safety and welfare of people who used the service and did not effectively assess and monitor all aspects of the quality of the service. There was no structured processes in place for regularly auditing care plans, staff training, staff personal files, complaints, safeguarding, accidents and incidents, infection control and general cleanliness of the home and all aspects of the medication administration records. This had resulted in many of the shortfalls and breaches of regulations we had found during the inspection process.

We saw six completed 'service user questionnaires' dated 14/1/5 and two completed 'family/friends questionnaires' dated January 2015. There was no evidence that the responses had been analysed by the service and there was no evidence of any action that had been taken in response to feedback received.

We asked if there was an information booklet, a statement of purpose or a service user guide was available for people. We were told by the senior carer that they thought there was but were unable to locate any of them during this inspection. This meant that up to date information about the service was not available to people.

The senior carer told us that staff meetings were held approximate twice a year or sooner if there were any issues that staff needed to be made aware of. Two of the staff spoken with confirmed this. However there was no evidence of minutes for any staff meetings and we were told by the senior carer that 'resident/relative meetings were not held. This meant there was a lost opportunity to help improve the service based on comments received from people living at Chester House, relatives and friends and staff working at the service.

The above examples demonstrate a continued breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.