Care Quality Commission

Forest Pines Care Limited

Chelmsford Nursing Home

Inspection report

21 East Hanningfield Road, Howe Green
Chelmsford, Essex, CM2 7TP
Tel: 01245 472 430
Website: www.forestpinescare.co.uk/chelmsford

Date of inspection visit: 21 December 2015
Date of publication: 15/02/2016

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

Chelmsford Nursing Home provides accommodation and personal and nursing care for up to 64 people, some of whom were living with dementia. There are external and internal communal areas for people and their visitors to use.

The provider registered this service with the Care Quality Commission in February 2015. This unannounced comprehensive inspection was undertaken on 21 December 2015. There were 58 people receiving care. This was the provider's first inspection at this location.

The service had a registered manager in place. 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by their managers. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Summary of findings

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring, sensitive, and respectful. Staff supported people to meet their religious and cultural needs and supported people to maintain relationships.

People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective. People were supported to spending their time in meaningful ways and encouraged to visit the local community, preventing social isolation.

The registered manager was supported by senior staff, including registered nurses, care workers, and ancillary staff. The service was well run and staff, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Good

Is the service effective?
The service was effective.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met, their needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, sensitive, and respectful.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Staff supported people to meet their religious and cultural needs.

Good

Is the service responsive?
The service was responsive.

There were opportunities for people to develop hobbies and interests and access the local community.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Good

Is the service well-led?
The service was well led.

People were encouraged to provide feedback on the service in various ways.

Good

Summary of findings

The service had an effective quality assurance system. This was used to drive and sustain improvement.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Chelmsford Nursing 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 unannounced inspection took place on 21 December 2015. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from commissioners of people's care and Healthwatch.

During our inspection we spoke with four people and five relatives. We also spoke with the registered manager and eight staff who work at the service. These included the deputy manager, a qualified nurse, a senior care assistant, two care assistants, a domestic, a chef and two unit managers. We also spoke with a member of staff supplied by an external agency. Throughout the inspection we observed how the staff interacted with people who lived in the service to help us understand the experience of people who could not talk with us. We also received feedback about the service from a visiting healthcare professional.

We looked at seven people's care records. We also looked at records relating to the management of the service including staff training records, audits and meeting minutes.

After the inspection the provider sent us further information relating to the surveys, the refurbishment of the service and service's development plan.

Good

Is the service safe?

Our findings

People receiving the service said they felt safe. One person told us, "I've never felt unsafe." A relative told us they felt their family member was, "well protected."

All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff all felt confident that their manager's would act on any concerns they raised. A relative described how staff had instigated an investigation into a member of staff who had been rude to their family member. They said, "We felt [staff] were not covering anything up."

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included falls, assisting people to move and poor skin integrity. Records gave clear information and guidance for staff to follow. Where risks had been identified these were monitored. For example, we saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance from staff to change position. People who were at risk of malnutrition had documents in place to show that their weight was checked on a regular basis. We noted that as a result of this monitoring, and where appropriate, staff had made referrals to the relevant healthcare professionals. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that falls were monitored and, where appropriate, the care plans and guidance that staff followed were reviewed.

The staff we spoke with told us that the required checks were carried out before they started working with people. One staff member said, "[My] references and the criminal records check took two to three weeks [to arrive]." They confirmed they only started work after these had been received. Staff told us that the recruitment process also included an interview and health screening. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

Most people and their relatives felt there sufficient staff on duty to meet their needs. One person told us, "[The staff] are all very good. They do the best they can. There's always somebody you can go to." Another person said, "[Staff] come if I want them." One person's relative told us, that they felt, "Staff keep a "close eye" on their family member. Staff told us they enjoyed their work and felt there were sufficient staff to meet people needs.

We found sufficient staff on duty to meet people's support and care needs. The registered manager told us the service was fully staffed with nurses. However, there were care assistant vacancies. These vacancies were covered by existing permanent staff working extra shifts and by the use of an external agency. Permanent staff told us that many of the agency staff worked at the service regularly and knew the people well. This help to provide consistency of care for people. Our observations showed that people's needs were met in a timely manner and call bells responded to promptly. We saw that staff were available in each communal area of the service supporting people. The deputy manager told us that they regularly assessed people's needs and used a recognised tool to work out the number of staff required to assist people and ensure that people's needs were met. Records we looked at confirmed this. This showed that there were enough staff available to deliver safe support and care to people.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. People were supported to manage as much of their own medicines as they could. For example, one person managed the medicines they took by inhaler, and staff assisted them to manage the remainder of their medicines. One person told us, "[Staff] just give me [my medicines] and I take them." The person was unsure what these medicines were, but their relative reassured their family member and told us, "I know what [the medicines] do."

Staff told us that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for

Good

Is the service safe?

the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Staff had taken appropriate steps to ensure people received their essential medicines when people who lacked the mental capacity to make a decision about their medicines refused them. This included a best interest meeting to decide whether the medicines were essential. Views had been sought from the person's GP and people who knew the person well. Staff had also consulted a pharmacist to for advice on the safest way of administering the medicine to the person. Clear guidance was in place for staff to follow detailing what they should do if the person refused their medicines.

Good

Is the service effective?

Our findings

People told us they liked the staff who worked at the service and that their care needs were met. One service user said, "The [staff member] who cleans my room is lovely. .. a real friend. I like it [here]. The carers are my friends." One person commented that they knew staff received training and another person's relative told us, "[Staff] are always doing training."

Staff members told us they enjoyed their work. One staff member said, "I love it here. I never thought I'd work in a care home, but I love it. I get on great with the [people who live here] and [the staff]. The morale is good. We all get on great."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. Staff told us they had received a thorough induction into their roles. One member of staff told us this had covered a range of topics including assisting people to move safely, fire safety, and how to safeguard people from harm. They told us they then shadowed an experienced staff member before they provided care on their own.

Staff members told us that after their induction they had received a variety of training including, pressure care and dementia awareness. One member of staff told us the dementia awareness training had "really opened my eyes" and that it had made them "more understanding" of the people's condition and behaviours. Staff told us they were also supported to gain qualifications to increase their knowledge. This included the Care Quality Framework, which is a vocational qualification. A senior care worker told us the registered manager had supported them to access a management course and hoped to be able to further their career. This meant that staff were trained to meet the needs of the people they provided care to.

Staff members told us they received formal one-to-one supervision sessions with a more senior member of staff. Most staff told us this was a regular occurrence and that they felt well supported by senior staff. The deputy manager told us that appraisal dates were scheduled for all staff in 2016.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA. We saw that assessments and decisions to restrict people's liberty had been properly taken and the appropriate applications made to the relevant authority for authorisation. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner.

Members of care and nursing staff were trained and knowledgeable in relation to the application of the MCA. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the view views of appropriate people had been taken into consideration, for example, people who knew the person well or the person's legal representative. One relative told us, "[Staff] don't make [my family member] do things... [Staff] do consult me about [my family member's] preferences."

People said they received a balanced diet and had enough to eat and drink. One person said, "I've never had to worry about [the food]." They described the food as, "Not bad at all." We observed a mealtime and heard people make positive comments about their meal. For example, we heard one person say their meal was "lovely". One person's relative described the food as "bland". However, another relative told us the food was had improved recently. They said, "[The food is] excellent now… the food does look lovely [and] homemade … sausage rolls, fresh veg, trifles. You can tell the difference."

Most people were offered a choice of what they would like to eat and drink in a way they could understand. We saw staff showing some people the choice of meals available to them. However, this was not the case for people who required a pureed diet. The chef and the registered

Good

Is the service effective?

manager told us there were plans in place to consult with people and extend the choices available on the menu, including the choices available for those people who required special diets.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. We saw that staff assisted people with their meals and drinks, if they needed assistance. They made sure each person had appropriate equipment to maximise their independence. We saw that staff gave each person the time they needed and did not try to rush them.

Diets appropriate to people's needs were provided where these were required. People were referred to a dietician when needed. This showed us that people at an increased risk of malnutrition or dehydration were provided with meals that supported their health and well-being. Records showed that people's weights were regularly monitored and action taken where concerns were identified. Where people were at risk of dehydration, we saw that their fluid intake was closely monitored and swift action was taken if people were not achieving their target fluid intake. Actions had included staff increasing the frequency they offered the person drinks.

Where appropriate, advice from health care professionals, such as dieticians and speech and language therapists, had been sought and followed in relation to people's diets. This included where people had swallowing difficulties. Staff members were aware of people's nutritional needs

People benefitted from prompt and appropriate referrals to healthcare professionals. People told us, and their care records showed, that they saw a range of healthcare professionals including GP's, opticians, dentists, speech and language therapists and chiropodists. One person said that staff had supported them when to access a new dentist when they were not satisfied with the service they were receiving. A relative told us, "[The staff] just call someone if [the GP] is needed." This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives praised the staff. They used words such as "kind," "caring," "sensitive," and "respectful" to describe the staff. The staff we spoke with told us that they would be happy for their family member to be cared for at the service. They told us this was because the staff were so caring and treated people as they would treat a family member.

We observed kind, caring and friendly interactions between staff and the people living at the service. Staff showed kindness to people and we saw this had a positive impact on people who responded by smiling and talking. Staff were polite and addressed people using their preferred name. They initiated conversations and listened when people spoke with them. We saw staff react quickly and calmly when a person became upset and anxious after spilling a drink. Staff reassured the person, saying, "It's all right, don't worry" and offered further reassurance while they cleaned up. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them. Staff were knowledgeable about people's needs.

We saw that people could choose where to spend their time and take their meals. Several people chose to spend time in their bedrooms, while others preferred the communal areas of the service. One person told us they particularly liked spending time in the garden in the summer. They said, "I spent my summer in the garden. I had my meals out there. I sit [in the garden] with my feet in the paddle pool."

Some areas of the service had been decorated imaginatively to provide additional interest. For example, there was a 'seaside' area with a beach hut and deck chair and an inside 'garden' area with artificial grass and a washing line. There was also a large room that had been decorated like a 'pub' and another as a sensory room to provide a calm, relaxing place for people to sit.

Staff were aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans and was taken into consideration when care was delivered. Regular religious services were held.

We saw information around the service about various external support services. For example charities who could provide information on various medical conditions and how to access advocacy. Advocates are people who are independent of the service and who support people to decide what they want and to communicate their wishes.

People told us that they felt their privacy and dignity was maintained and that they were treated with respect. We also saw examples for this. For example, we saw staff knocking and waiting before entering people's rooms and responding quickly to adjust a person's clothing to help them maintain their dignity.

Staff treated people with respect. For example, where a staff member was sitting with a person but left them to go and offer assistance to another person. As the staff member got up, they told the first person, "I'll be back in a mo." When they returned they apologised and said, "I'm back now, sorry about that."

We saw that people were assisted to dress appropriately for the temperature and were well presented. One relative told us that staff always made sure their family member's hair was cut and maintained in the style the person had favoured when they had been able to express a preference.

People said that they were involved in making decisions about their care and were aware of their care plan. Where possible, people had signed to confirm their agreement to the planned care. Where people were unable to sign or be involved in their care plan, they were represented by their next-of-kin. One relative told us, "I can give feedback to the nurse anytime."

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative described how staff had moved their family member to a different room and rearranged the furniture so that they could meet the person's needs more effectively. Another relative told us that a staff member responded particular well to their family member's needs. They said, "[The staff member] comes in and has a conversation. [The staff member] is very good at responding to [my family member's] needs." A third relative told us, "I think it's because of the excellent service [my family member] receives that I've still got [them]. I come in every day. Everybody is so good. They really are."

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. Care records were detailed and included guidance for staff to follow so they could provide care safely, consistently, and in the way each person preferred. Examples included guidance on assisting people to move, eat and maintain their skin integrity.

We found that staff were knowledgeable about people's needs and preferences. Staff told us that where possible, they involved people and, where appropriate, their relatives, in writing care plans.

Staff recorded changes in people's condition and the care they had received each day. We saw that care records had been reviewed regularly to ensure that they reflected people's current needs. However, we found that one person's care records did not include a details of the condition of the wound each time the dressing was changed. The unit manager confirmed that this information should have been recorded. They told us this would have been identified and addressed at the next audit of the person's care record which was planned for the day of our inspection.

There were organised activities for people to be involved in. People told us staff encouraged and supported them with various activities including gardening, arts and crafts and trips out. One visitor said there are, "various things going on if you're able to participate." They told us they and their family member had attended a number of activities including afternoon tea, a cheese and wine event and had been entertained by some hand bell ringers. Another relative told us how pleased they were that people were encouraged to go out. They said, "[The staff] have taken [my family member] out for a ride a couple of times [in the minibus]. That's a miracle! [My relative] had acute anxiety and had not been out of our house for 12 years."

The provider employed activities co-ordinators who had put together a programme of events for people to join in. These were advertised and included 'pamper days', 'arts and crafts' and church services. On the day of the inspection a small group of people went on a trip to the local garden centre in the service's mini bus.

Visitors were encouraged into the service at and any time. One relative told us, "You can always have a dinner here" and that, "The staff are very welcoming." One person told us, "I'm not lonely. I'm really happy here." This showed that people were encouraged to maintain existing friendships and relationships and prevent social isolation.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager would listen to them and address any issues they raised. One relative said, "If I've got cause for concern the registered manager would be my first port of call."

The people we spoke with told us they had not felt the need to complain about anything at the service. The complaints procedure was available throughout the service and staff had a good working understanding of how to refer complaints to senior managers for them to address.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people and relatives spoken with. One person told us the service couldn't do any better. Another person said, "[The staff] do their best for you." One visitor said, "We're quite happy here. We wouldn't want [our family member] to be anywhere else." Another relative agreed this view. They told us, "I've said to my [family], if I ever need a care home I want to come here. They mustn't take me anywhere else."

The service had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a senior team that included registered nurses, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke said they enjoyed their jobs and felt supported by senior staff and the registered manager to meet people's needs. One member of staff told us, "I'm very happy here. I love the job. I feel fulfilled."

The registered manager sought feedback from people in various ways. This included hosting meetings for relatives', which they told us they had been invited to. One relative told us they found these meetings useful. They said, "[The registered manager] asks if everything is alright. They tell us if are any changes. For instance, they've got a minibus now." However, some relatives had not been able to attend at the scheduled times. We saw that minutes of these meetings were available. The meetings provided an opportunity for people to air their views and various topics. Minutes showed topics recently discussed included new catering arrangements, the Christmas bazaar and a request for ideas to improve the service.

The quality of people's care and the service provided had been monitored in various ways. These included twice weekly meetings with senior staff and audits of the service. These audits included medicines, infection control, skin care and accidents. Senior staff also monitored staff practice, for example, hand-washing techniques to help prevent the spread of infections. We saw that the registered manager acted on information raised in these audits to improve people's experience. For example, we saw that a medicines audit scored 93%. As this was under the target 95%, actions were put in place to bring about improvement and further weekly audits were conducted until the results improved.

The registered manager compiled the results from the audits and used this to write the service's development plan. The provider monitored this through the regional manager's monthly visits to the service. The registered manager and other staff told us they were continually looking for ways to improve the service. The provider planned to refurbish the service in the near future. One member of staff said they were investigating the effect of colour on people's mood and well-being in preparation for this.

The registered manager encouraged links with the local community. For example, links had been forged with local businesses and people using the service had run a stall at the local pub's summer fete. Speakers were invited to relative's meetings and relatives were encouraged to support events at the service such as the Easter egg hunt and other social events. The registered manager told us about the formation of 'CHN United'. They told us this was formed to "bring together residents, families and the outside community, we will be looking to identify activities, outside agencies and information sharing to bring a sense of community to our Service."

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the CQC as required. A notification is information

Good

Is the service well-led?

about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.