

# Regal Care Trading Ltd







# Cheney House

## Inspection report

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### Ratings

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

### Overall summary

This unannounced inspection took place on 23 September 2015.

Cheney House accommodates and provides personal care for a maximum of 34 older people. At the time of our inspection there were 27 people receiving care.

A registered manager was 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 were treated well and there were sufficient numbers of staff to keep people safe. The service had suitable recruitment procedures and staff were knowledgeable about how to protect people from abuse.

# Summary of findings

People had risk assessments in place which were personalised to their needs and ensured they could carry out activities safely. Medicines were handled appropriately and people received them in a timely way.

Staff had the required knowledge and skills to provide effective care. All staff received an adequate induction and staff were required to complete mandatory training, and training that focused on dementia care. Staff received regular supervision and the service appropriately utilised the Mental Capacity Act to ensure people were protected. People were supported to eat and drink enough and they had their healthcare needs met by the service.

People were treated with kindness and compassion and were frequently laughing with staff. People felt listened to and they were not rushed. Staff understood the support people needed if they became distressed and staff were patient in ensuring people's wellbeing. People's privacy and dignity was maintained however further consideration was required to ensure this was supported whilst people received personal care for visiting

healthcare professionals. People were able to maintain relationships that were important to them and were encouraged to make their own choices about how and where they spent their time.

People and their relatives were involved in care planning and care was individualised and focused on the person's needs as a whole. Activities within the home were person centred to meet people's individual needs. The service showed flexibility and people were encouraged to remain independent. People felt comfortable to raise concerns and the service had suitable systems in place to respond to complaints.

Quality assurance systems were in place however further improvements were required to ensure people received the care they required. There was mixed evidence about whether the service was well led and there were opportunities to improve this area. The provider showed a willingness to improve the service and the provider gave people, relatives and staff opportunities to provide feedback about the service.

# 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.

Sufficient numbers of staff were available to meet people's needs.

Robust recruitment procedures were in place to ensure suitable staff were recruited.

Staff were knowledgeable about how to keep people safe.

Good



### Is the service effective?

The service was effective.

Staff received appropriate training and support to provide effective care to meet people's needs.

People were supported to eat and drink adequate amounts and maintain a balanced diet.

People were encouraged to maintain good health.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People were listened to and were not rushed.

Staff understood how to support people who became distressed.

Good



### Is the service responsive?

The service was responsive.

Care was individualised and addressed each person's needs as a whole.

Activities were person-centred and meaningful.

Appropriate systems were in place to respond to complaints.

Good



### Is the service well-led?

The service was not always well-led.

Quality assurance systems were not always effective in identifying if people had received the care they expected.

New initiatives had not been followed through by senior staff to promote their success.

People and staff were given an opportunity to provide feedback about the service.

Requires improvement



# Cheney House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 23 September 2015 and was unannounced. The inspection was carried out by one inspector.

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 reviewed statutory notifications the service had sent to us. A statutory notification contains information about important events which the provider is required to send to

us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home and reviewed the information they held on the service.

During the inspection we spoke with 13 people who used the service and four care staff including members of the management team. We also spoke with a visiting community nurse.

We spent time observing interactions between people using the service and staff to help us understand the experience of people who lived in the home.

During our inspection we used the Short Observational Framework Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who were unable to talk with us.

We reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People we spoke with gave us positive feedback about the service and they said that they felt safe. People told us that the staff treated them well and one person said, “The staff do their best. There’s nothing bad about them”.

There were sufficient numbers of staff on duty to keep people safe. Staff told us that there were adequate numbers of staff but they were reliant on agency staff to provide a service. The same agency staff were used to ensure continuity of care and all the care staff we spoke with were knowledgeable about people’s needs, and the support they required. One member of staff told us, “We don’t have shift shortages as we use agency staff. All the staff here are committed to the job and provide good care. The commitment and love is there from everyone and the staff are a credit to the home”. The area manager explained they were attempting to recruit additional members of permanent staff and the available positions were currently being advertised.

Recruitment procedures were in place which ensured the service employed the right staff with the right background and experience to meet the needs of people using the service. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check to establish if staff were of good character before they started working at the service. We looked at three staff files which all contained two references and criminal background checks.

Staff were knowledgeable about how to protect people from harm and all staff, including agency staff, had completed safeguarding training. Staff were able to tell us

how they kept people safe, knew how to identify different signs of abuse and understood how they could report any concerns of abuse. We found one person displayed sexualised behaviour and there was a care plan in place to protect other people, visitors and staff and the person themselves. We observed staff adhere to the care plan guidelines to ensure people were kept safe. The Care Quality Commission (CQC) had received notifications of potential safeguarding incidents and were satisfied that the incidents reported had been handled appropriately.

People’s care needs were regularly reviewed to ensure that the care they received continued to meet their needs. People were encouraged and supported to carry out activities that could involve an element of risk but risk assessments were in place to mitigate any risks identified. For example one person enjoyed spending time in the garden and there was a risk assessment in place to ensure the person was supported to do this safely. People’s risk assessments were included in their care plan and were updated to reflect their changing needs.

People’s medicines were administered safely, and in a timely way. One person said, “I’ve got no problems with getting my medicines. We all get what we want when we need it”. We observed staff preparing people’s medicine, and checking this against the Medication Administration Record (MAR). People were not rushed to take their medicine and they were given sufficient fluids to assist them when required. We observed staff be interrupted whilst they were assisting people to take their medicine which meant there was a potential risk of error. However the medicines were locked at all times and were not left unattended and the most recent medication audit showed that no errors had been recorded.

# Is the service effective?

## Our findings

People were provided with effective care from staff that had the required knowledge and skills to support them. People we spoke with told us that their care supported their independence and they enjoyed living at the home. They told us that the staff understood what they needed and staff offered help if people needed it. One person said, “The staff don’t cause me any concern and I think their skills are good enough.”

Staff we spoke with had a good knowledge of people’s backgrounds, and the support each person required. All staff received an induction and if they were deemed competent, they were able to support people on a one to one basis. All staff, including agency staff and domestic staff, completed mandatory training and the dates for renewal were kept under review to ensure staff were kept up to date with how to support people. Records showed that almost all staff were up to date with the required training. Staff also received specialised training in supporting people with dementia as this reflected many of the needs of people who used the service. Staff told us they felt this was helpful in understanding people’s needs and there were no concerns regarding the training they received.

People had their needs met by staff that were effectively supervised. Staff had regular supervision meetings with their manager and staff told us these were helpful to support their development. Senior members of staff were readily approachable for advice and guidance and we saw senior members of staff direct staff to where they were needed.

People who had mental capacity told us they were asked at all times for their consent to the support they received and they were given choices in everything they did. One person said, “They always ask us what we want, they don’t make us do anything.” Senior staff had a good knowledge of the Mental Capacity Act (MCA) 2005 and the requirement to apply for a Deprivation of Liberty Safeguards (DoLS) where necessary. One senior member of staff told us, “We have applied for DoLS for everybody as people are unable to leave the house without staff support.” The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to

restrict a person’s freedoms for the purposes of care and treatment. Records showed that Court of Protection decisions and best interest decisions had had been made for people who did not have the mental capacity to handle their own finances or make informed decisions about their wellbeing.

People were supported to eat and drink sufficiently and to maintain a balanced diet. People were given a choice of what they would like to eat at each mealtime and people were complimentary about the food. We heard one person without any prompting tell staff that they had enjoyed their breakfast and people gave us positive feedback about the food they received. One person said, “There is always a good variety and the puddings are nice.” Another person said “The food is not too bad at all. It’s lovely – there’s no rubbish!” and one person told us, “There’s always enough to eat, and it’s really tasty.”

Throughout the day and between each meal, people were offered a choice of drinks and snacks. We also saw that fruit was always available for people to help themselves to if they required it. Staff supported people who were unable to communicate and assisted people to eat their meals where required. We saw one member of staff sit with one person and try a variety of foods until the person found something they enjoyed. The member of staff then supported this person to eat a full meal based on what they had preferred. Staff were patient and upbeat and mealtimes were a sociable event for people who chose to eat in the communal areas. People’s food allergies were documented in their care plan and staff were knowledgeable about these.

Staff understood the importance of ensuring people’s changing needs were met. Staff recognised the improvements one person had made with their ability to swallow and they requested a Speech and Language Therapy (SALT) review. Staff were then able to support the person to stop having liquidised food and be able to move on to a diet of soft food and finger food.

People were supported to maintain good health, and were able to access healthcare services when they needed it. One person told us, “The nurse comes to see me to help me with my legs but if I ever need to see a doctor the staff sort it out.” Another person told us “I tell the staff if I don’t feel well and they get the doctor to come here and see me.” Staff explained that they were required to contact the doctor’s surgery for medication reviews and further work

## Is the service effective?

was underway with a local authority initiative to ensure this was consistent for all people who used the service. We spoke with one of the local doctors that people from Cheney House were registered with. They told us that they had always found that staff had requested medical assistance in a timely way and they did not have any concerns with the service. We also spoke with a visiting

community nurse who told us that staff were aware of people's medical concerns and they acted on advice given by healthcare professionals. People were supported to have regular eye tests and were given glasses if they were needed. We saw staff remind people to wear their glasses, and give them support to put them back on when they were needed.

# Is the service caring?

## Our findings

People were treated with kindness and compassion and there was an upbeat and positive atmosphere within the home. People told us that the staff were nice and were friendly to everyone. One person said, "I get on well with all the staff. I have a jolly good laugh here." Another person told us, "The staff are very good."

One person told us, "The staff here have got personalities! We can talk to them, and if they need to sort anything out for us they do." Staff were seen frequently laughing and joking with people and people told us they liked to have banter with the staff. We saw staff and people discuss their own families and people responded positively to this. We observed staff and people asking each other about their health, and if they were feeling better. We found that staff showed empathy for people and that people cared for the staff.

People were listened to by staff and staff were patient in giving people time to communicate their needs. People were relaxed and comfortable around staff. We saw staff spending time talking with people on a one to one basis or completing activities with them. Staff spent time meeting people's emotional needs, offering reassurance when people became confused. Staff walked with people at their own pace, and they were not rushed or hurried.

We observed one person becoming distressed and a senior member of staff spent time understanding what their concerns were and how they could resolve this. The issue could not be resolved immediately but the member of staff

patiently repeated the action they would take to address their distress. Staff comforted people that required it by holding hands or using distraction techniques to engage them in activities they enjoyed when they became upset.

People's privacy and dignity was respected by staff. People were discreetly supported with their personal care in private areas of the home and people were supported in a dignified manner at all times. However, two members of staff told us that the facilities available to them were not sufficient and people's privacy could be compromised if they required extra support once they were in the communal areas, for example if they required support from the nurse. We spoke with the provider about this and we were told that they would look into this further to ensure people's privacy was respected at all times.

People were supported to maintain relationships that were important to them. Visitors were encouraged to visit their friends and family and were made to feel welcome at the home. People were also supported to see their pets. One person told us that relatives were able to visit whenever they wished. Another person told us that their family were able to bring the family dog to the home and they really enjoyed seeing them.

People were supported to make choices appropriate to their own capabilities. This included deciding where they wished to sit, or where they wished to eat their dinner, or whether they wanted to join in with an activity. People's care plan's included people's preferences about where they liked to sit, however staff respected people's ability to choose and people who were able to communicate were asked by staff where they wanted to sit on each occasion.



# Is the service responsive?

## Our findings

People who were able to make decisions about their care had been involved in identifying their personal care needs and choices. One person told us they liked to do everything themselves and staff respected this. Another person told us that they had been asked lots of questions about the way they liked their personal care, for example, how they liked to have a wash and at what time of day so staff understood what support, if any, they needed. They told us that their family had been involved so the staff knew all about them. People's care and support needs were recorded in their care plan and their view of how they liked to receive care was known to staff. Senior staff told us the importance of each person's care plan and that it contained accurate information and records showed that care plans were reviewed on a regular basis. Staff confirmed that each person and their relative were asked to contribute to their care plan so staff were clear about the support each person required.

People's care was individualised and their care plan focussed on the person as a whole. This included the support people required to meet their emotional needs, social interests, expressing their sexuality and cultural or religious needs. We saw that these needs were met with the support of people dedicated in these roles. For example people's religious beliefs were accommodated with different religious leaders visiting the home. Staff told us people were asked if they wished to participate and it was people's individual choice whether they did or not. Activities were adapted to suit people's individual needs and one person who had chosen not to play bingo was encouraged to participate by calling out the numbers for everyone else playing.

Activities were person centred and meaningful, for example staff supported each person on an individual basis according to their needs. One person said, "I used to like going to bingo at home and now they do it here. It's good." People were given a choice of activities and staff were

knowledgeable about the activities each person enjoyed. People sitting in the communal areas were asked if they would like to have music playing and were given a choice of what music they wished to listen to. People were encouraged to sing and dance whilst others examined the CD cover and joked with staff about the clothing the musical stars were wearing. People were given a choice of word searches to complete and we saw staff encourage people to complete them independently or with staff support. Other people sat with staff and looked at photographs together and discussed their own backgrounds and life history. People were relaxed and engaged with the activities they were offered.

People received a service that was flexible and promoted people's independence. One person said, "I like to get up really early, and it's fine." Another person told us "If I want to go out in the garden to get some fresh air I just do." Staff told us they encouraged people to do tasks themselves if they were able to and staff did not take over. Staff were aware of the importance for people to maintain their independence and supported this wherever they could. People had access to walking equipment and staff were available to assist people that required staff support whilst walking around the home.

People told us they had no cause for complaint and were happy with the service they received. One person said if they had any issues they would just tell the staff and it would be resolved. We looked at the complaints policy which explained the complaints procedure and provided contact details for external organisations if people were unhappy with the outcome. We looked at one complaint that had been received from a neighbour of Cheney House and saw that timely action had been taken to prevent future reoccurrences of the issue that had been raised. The service had received complimentary letters and cards for the service relatives had received. One thank you card, "You have been a blessing to us" whilst another stated "Thank you for your excellent care of [relative]."

# Is the service well-led?

## Our findings

There were a range of quality assurance processes in place and these helped monitor the quality and safety of the care provided and the way the home operated; however further improvements were required. Regular audits took place to review medication, infection control, the environment and care documentation. The audits highlighted areas that needed improvements and when we checked on these areas we saw that improvements had been made. However, we also found that there were no checks to ensure people received the care they required on a daily basis. We looked at two people's care records and found that the care it was recorded they had received did not match their care plan in relation to the support they required to brush their teeth. Staff told us that the person had received the personal care they required however the records did not match this and from speaking with the person it was unclear if they had received the care they required. We also saw that one person's care plan recorded that they required their weight to be monitored on a weekly basis but saw that this was completed on a monthly basis. There were no systems in place to check or ensure that people received the support they required with their personal care needs.

People and staff gave mixed feedback about whether the service was well led. People and staff told us that the registered manager was approachable and they would feel comfortable raising issues with them but felt that if action was required to make improvements, or to provide a quality service, this was not always followed through. We read in the staff meeting minutes that new initiatives had begun however these had not been monitored and had not continued. The initiatives included having a 'resident of the day' to ensure every person got extra attention and support and were happy with the service they received. Another initiative was to introduce 'stand up meetings' three times a day to improve communication across all areas of the home. The provider explained that further action would be required to ensure these processes became embedded into practice as it was felt this would improve the service people received.

The provider had a willingness to improve the service. There was a six month development plan in place which identified that improvements were required to staffing needs and the environment. We reviewed the plan and saw that work was underway to make the required changes. We saw that items required for the refurbishment had been purchased and the plans were in place for the refurbishment to begin. We also saw that the provider had acted on feedback from a local authority to improve the service. The registered manager had acted on all the areas the local authority had highlighted and further improvements had been made to the service. For example, the service recorded bath and shower temperatures following a suggestion from the local authority.

People and their relatives were able to meet with the management and provider. Relatives and residents had been invited to attend a meeting at the home. This focussed on the recent change of ownership but this also gave people an opportunity to provide feedback about the service. We noted that the minutes contained praise and gratitude for commitment of the staff that worked at Cheney House.

Staff were able to meet with the provider and give feedback about the service. The provider showed a willingness to listen and act on any feedback they received. The provider explained that they found it helpful to meet staff without the registered manager present as staff talked freely and gave suggestions for improvement. Staff told us they were looking forward to meeting with the provider and felt that their comments would be listened to.

The registered manager had a good understanding of their requirement to comply with their legal obligations to record significant events. We reviewed the notifications the service had sent to the Care Quality Commission and reviewed the information held at the service about incidents that had occurred. The service sent appropriate notifications to the Care Quality Commission in line with their legal responsibilities.