

Mr Andrew Charnley

Chiltingtons Residential Home

Inspection report

Chiltingtons Residential Home
127-131 Lyndhurst Road
Worthing
BN11 2DE
Tel: 01903 234409
Website: No Website

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 24 and 26 November 2015 and was unannounced.

Chiltingtons Residential Home is registered to provide care for up to 18 older people. The home is situated in Worthing, West Sussex. At the time of our visit there were 14 people living at the home.

The service had a manager in place. The manager was not registered with the Commission, although her

application was in progress. 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 our inspection we also met with the registered provider.

Summary of findings

People were not protected from risks to their safety. Risks within the premises were not managed; action had not been taken following visits by Environmental Health or the Fire Officer.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence and involvement.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and administered safely. People were supported to eat and drink enough.

People benefitted from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and would be taken seriously. People were aware of how to raise a concern and told us they would speak to the manager and were confident appropriate action would be taken.

The manager did not receive any supervisions or documented support. The manager did not have an accurate job description. There were no quality assurance systems in place. The service did not effectively monitor and improve its quality and safety.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 not always safe

Risks within the premises were not managed so that people's safety was optimised. Action had not been taken following visits by Environmental Health or the Fire Officer.

There were enough staff to meet people's individual needs in a timely way.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Requires improvement



Is the service effective?

The service was not always effective.

All staff received the training they needed to be able to provide safe and effective care. All staff, except the manager received appropriate supervision and support.

Staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

People were supported to access services to help ensure their healthcare needs were met.

The building was not well maintained and was not decorated to a good standard.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were treated with compassion and staff were quick to help and support them.

Good



Is the service responsive?

The service was responsive to people's needs.

People's individual needs were assessed, planned and responded to by staff who understood them.

People had a variety of activities which gave their life meaning and purpose.

Complaints were investigated and action taken to make improvements.

Good



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Arrangements for the safe running of the home were not effective in that environmental risk was not always managed in a robust and consistent way.

There were no quality assurance systems in place. The service did not effectively monitor and improve its quality and safety.

The ethos and culture of the home was one of kindness and caring. Staff were happy working at the service and we saw there was a good team spirit.

Chiltingtons Residential 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 took place on 24 and 26 November 2015 and was unannounced.

Two inspectors undertook this inspection.

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. Whilst the provider did return a PIR when requested, it did not include all the information we had requested. A stakeholder contact list had not been provided. We took this into account when we made the judgements in this report.

We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We observed care to help us understand the experience of people who could not talk with us. We looked at care records for six people, medication administration records (MAR), monitoring records of people's food and fluid intake and weight. We also looked at five staff files, staff training and supervision records, staff rotas, accident records, audits and minutes of meetings.

During our inspection, we spoke with five people using the service, the manager, the provider, two care staff and the cook. Following the inspection we contacted professionals who had involvement with the service to ask for their views and experiences.

The service was last inspected in April 2014 where there were no concerns identified.

Is the service safe?

Our findings

Not all risks associated with the safety of the environment and equipment had been identified and managed appropriately. The provider had not taken action to make improvements in fire safety following recommendations from the Fire and Rescue Service. We saw the fire officers' report from July 2013 which identified deficiencies. Our concerns were shared with Fire and Rescue Service during our visit. During our visit we saw that several fire doors were wedged open. We were told that the door to the kitchen was propped open using the kitchen bin because, "The self-closing mechanism needs new batteries." We saw that some of the fire exit signs had fallen off the walls; this had not been noticed by staff. These were stuck back up during our visit. The service had identified that one of the emergency lights had failed during a test. The maintenance company were aware of this in September 2015. However there was no evidence that anyone had followed this up to ensure that the light was repaired. This was discussed with the manager who then arranged for the light to be repaired on the second day of our visit. The staff room on the first floor was being used for storage. This room was not clean or tidy and was a potential fire risk due to the amount of clutter.

The provider had not ensured the premises were safe. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us that they felt safe. They told us that they would speak to a staff member if they had any concerns. We saw that people looked at ease with the staff that were caring for them. One person said, "It's really brilliant here, I can't fault it". Staff had attended training in safeguarding adults at risk. Staff were able to confidently state types of abuse and potential warning signs, "If their behaviours changed I would notice." Staff were aware of their responsibilities in relation to safeguarding and told us what they would do if they suspected abuse was taking place. Staff were able to clearly and confidently describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would speak to the manager or social services. The manager was clear about when to report concerns. She was able to explain the processes to be followed to inform

the local authority and the CQC. The manager also made sure staff understood their responsibilities in this area. The service had a safeguarding policy in place as guidance for dealing with these concerns.

The manager completed an assessment before a person moved to the service. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, where people were at risk of pressure injury, specialist equipment such as pressure-relieving cushions and air mattresses were in use. These were checked regularly to ensure that they were functioning correctly. Staff provided support in a way which minimised risk for people. We saw that they used hoists, wheelchairs and walking frames to help people move around safely.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. One person said, "When I have a bath I can choose to stay in it longer. It's very nice and relaxing, I never feel rushed". During our visit we saw that staff were available and responded quickly to people. Staff were happy with the staffing levels and told us that they had time to chat with people and felt they knew them well. Staff told us, "We are not rushing", "It's enough. It's a good number" and "Really good, always enough staff Monday to Sunday, day and night".

The manager considered people's support needs when completing the staffing rota. Staffing rotas for the past month demonstrated that the staffing was sufficient to meet the needs of people using the service. There were three care staff during the day and one 'waking' and one sleep-in at night. In addition to their care duties, the care staff did the laundry and served the evening meal. The home employed a part time cleaner, who worked three mornings a week. The manager was available most week days and could be contacted out of hours for advice and telephone support. We were told that any maintenance was completed by the manager or the provider.

Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential

Is the service safe?

staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, checks were made with the Disclosure and Barring Service.

We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medication and dosage at the right time. Some people were prescribed medicines to be taken 'as required'. We saw that these were given in accordance with people's needs. People were asked if they needed assistance to take medication and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medication. We saw that staff recorded the dose given of variable dose medication. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely. We observed that the medication trolleys were kept secure during the medication rounds. We saw that a lockable fridge was used to store medication that required lower storage temperatures. We were told, and records confirmed, that the room and fridge temperatures were monitored to ensure that medicines were stored at the correct temperature. Medicines were recorded on receipt and we saw the records of disposal. We saw that unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the medication administration told us that they felt confident and competent and our observations confirmed this.

Is the service effective?

Our findings

The building was arranged on two floors. People were able to move freely in the home and had a choice of communal areas in which to spend time. We were told that the provider had planned improvements to the decor of the building. We were told the provider carried out the decorative and maintenance work himself. We saw no evidence of an improvement plan, we were not given any timescales regarding any decorative work or any specific details of the improvements planned.

We saw several areas in need of improvement related to the environment. We saw that there was a stair gate in the corridor by the manager's office. There was no reason given for this stair gate. There were times during the visit when the gate was left open there were no staff in the area. We were told that the gate was going to be removed, but the manager did not know when.

We saw that the half the curtains were missing in one person's bedroom. The manager stated she knew this and it was being put back up today. They had not been put up during our visit.

The building was not well maintained and was not decorated to a good standard. For example, the cupboard outside the manager's office had an ill-fitting door. There were several areas of chipped paint and plaster in the corridors. Some areas of the building were not clean. For example the bathroom nearest the manager's office had a soiled toilet seat.

We saw that one person had their bed positioned in front of their wardrobe doors. We were told that this was so that they could see the television, which was not wall-mounted. We raised concerns with the manager and the provider that the layout of this room was not meeting the person's needs. The layout of the room meant that the person could either watch television or access their wardrobe, but it was not possible to do both. The room contained equipment and furniture that was not in use, for example a second chair that did not have a seat cushion. There was a mattress on the floor next to the bed. We were told this was to reduce the risk of harm from falling out of bed. The mattress was soiled where staff had been walking on it in

order to get to the person and provide care. This was discussed with the manager and a referral was made to Occupational Therapy services to see if a more suitable bed was available during our visit.

The provider had not ensured the premises were clean, suitable for the purpose for which they are being used and properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good working knowledge on DoLS and mental capacity. Staff had received appropriate training for MCA and DoLS. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. For example, speaking clearly and slowly and giving people time to answer. This was in line with the Mental Capacity Act (2005) Code of Practice.

During our visit we observed that staff involved people in decisions and respected their choices. We saw that staff had a good understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available. Where people declined

Is the service effective?

choices offered, staff respected these decisions. Staff told us that, “Always we are asking [for consent],” and “We explain various options to people so they can make a choice.”

Other comments from staff included; “Everybody has the decision of when to get up,” “People can make decisions where they are able such as what to wear and what they want to eat,” “Everything about the daily routine they are making choices,” and “People can make some choices but not others. You have to look at the whole picture.” This further confirmed staff understanding and practice of people’s rights to make choices and give consent.

People spoke highly of the staff that supported them. They had confidence in their skills and knowledge. One person said, “The care is excellent”. Staff received regular training in topics including moving and handling, first aid, safeguarding and infection control. This ensured that staff had the required skills.

Staff were positive about the training opportunities available. They told us that, the training was “Really interesting”, “It helps me to do my job well”, and “There is plenty of it [training], including topics such as dementia care, moving and handling, food hygiene, safeguarding, MCA, COSHH [Control of Substances Hazardous to Health], medication and fire safety”. We were told that “If staff are on training, more staff are put on shift”.

New staff were supported to understand their role through a period of induction. They were required to complete training during this time. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the manager and their contract of employment was confirmed after they had been in post for six months.

Staff told us that they usually had supervisions with their manager, “Every few months”, but staff appraisals had not taken place. Staff told us there was sufficient time within the working day to speak with the manager. Staff told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

Staff felt supported by the manager and felt that they had a good team. Care staff told us that their supervision provided an opportunity to discuss points raised in previous supervision meetings, their role and performance,

development and training and suggestions for improvement. Supervision records demonstrated that both the staff member and supervisor had an opportunity to raise items for discussion. One staff member described supervision as, “A conversation with [managers name] to raise any issues. [Name] always has time to spare for us.”

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered drinks and snacks throughout the day. We observed the lunchtime meal experience. There was a calm and relaxed atmosphere. Staff and people were chatting and the mealtime was friendly and inclusive. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. Lunch was taken in varying places within the home according to people’s preferences. Care plans contained information about people’s dietary needs and malnutrition risk assessments. People’s weight was recorded to monitor whether people maintained a healthy weight. Staff we spoke with knew people’s preferences and told us that all people were able to indicate their likes and dislikes. People were happy with the choice of food provided. Staff described the meal to people as they served it and checked with them to see if they were enjoying it and were happy with their choice of dish. People were encouraged to eat sufficient to meet their needs and those who were unable to manage independently were provided with assistance. People were offered a choice of hot and cold drinks throughout the day and staff made sure people had sufficient drinking water in their rooms. Where people were at risk of dehydration staff maintained fluid charts. We noted that the food and fluid intake for some people had been raised for information during staff handover. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had access to health care relevant to their conditions, including GPs, speech and language therapist and district nurses. Staff knew people well and referrals for regular health care were recorded in people’s care records. People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital. One person told us that they, “Felt well cared for”.

Staff were aware that the behaviour of people might change if they became unwell and told us that quick recognition of this and appropriate treatment would reduce the risks to people. For example one person was

Is the service effective?

found to be slightly confused; a urine specimen had been obtained in case the underlying cause was an infection. This information was communicated to all staff at the shift handover to ensure staff were aware of possible changes in the person's health and well being.

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and the staff who supported them. Everyone we spoke with thought people were well cared for and treated with respect and dignity and their independence promoted. People were full of praise for the staff. People described them as, “Incredible,” and, “The staff are lovely”.

Throughout our visit staff interacted with people in a warm and friendly manner. The whole staff team focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Exchanges between people and staff were positive and respectful and there was a shared sense of humour. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person’s individual needs, traits and personalities. They were able to talk about these without referring to people’s care records. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly, safe and relaxed environment where people were happy. We saw that staff encouraged people to be involved in day to day tasks such as clearing the tables and collecting trays after lunch. Staff supported them to do this and thanked them for their help.

Staff told us that people and, where they wished, their relatives had been involved in planning their care. The care plans described the level of support people required and gave clear guidelines to staff. The care plans were written from the perspective of the staff and not the person receiving care. They outlined, ‘This is how you can support [Name]’ and ‘This is how you can assist [Name]’. They did not include details regarding people’s individual likes and dislikes. However staff we spoke with said that they found the care plans, “Very useful”. Staff were aware of people’s personal preferences, although these were not clearly documented. People told us they received the care that they wanted and were happy with the care received.

People were involved in decisions relating to the service. There were regular residents’ meetings chaired by staff. In the minutes we saw that there was conversation regarding activities. There was evidence that people’s views had been taken into account. A ‘Best of British’ summer fete and theatre trip had been organised following discussion at a residents meeting.

People were treated with respect by staff. One person said “They are respectful; they always knock before coming in my room”. Staff told us, “Residents feel they are in a house” and that, “Those rooms belong to them [service users]. I would knock on doors and ask permission to enter.” Other comments from staff included, “We treat people living here with how we would want to be treated – I treat them like my own family, making sure they are happy,” “I always introduce myself,” “I ensure that doors and windows are closed when providing personal care,” and “Treat people as we would like to be treated.”

Is the service responsive?

Our findings

People's care needs were assessed by the manager prior to their admission to the home. This ensured that the home was able to meet people's needs. People's care needs were kept under review and any increase in dependence was noted in the daily records and added to the care plans. Care plans were reviewed monthly by the manager. The care plans said that the person had been spoken to and agreed its content. For example, 'Happy with care staff are providing. [Name] has given verbal consent.' Staff told us, "If anything changes, it [the care plan] is updated," and, "Everything is written [in the care plan]." This meant people received consistent and co-ordinated care.

Staff maintained a daily record for each person which recorded the support they had received with repositioning, fluids and continence support as appropriate. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. Staff also completed written handover records; these included any specific health needs or appointments. It also recorded professional visits. For example, a district nurse visited and changed person's catheter and a person had had a diabetic check and the outcome was good. This ensured that any changes were communicated so people received care to meet their needs.

Staff told us that the handover records were helpful as they could refer to them if they needed information. Staff were seen to read the handover records when their shift began. Handover meetings were held at the beginning and end of each shift. This helped staff to keep updated on any changes in people's wishes or needs.

The home did not employ any staff specifically to provide activities. All activities were provided by the care staff. There was no plan of activities, they were provided on an ad-hoc basis. People were engaged and occupied during our visit; there was a lively atmosphere within the home. We saw that some of the people were playing cards and others were chatting with staff. Staff and people told us that they valued and enjoyed each other's company.

The service had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was displayed in the hallway. Complaints could be made to any staff member or the manager. This meant people could raise their concerns with an appropriately senior person within the organisation. People knew how to make a complaint and told us they would feel comfortable to do so. They were confident that any issues raised would be addressed by the manager. No complaints had been received.

Is the service well-led?

Our findings

The service did not have a system to monitor the quality and consistency of the service that people received. The provider visited the service twice a week. During this time he undertook maintenance tasks, gardening and did the weekly food shopping. No quality assurance audits took place and the manager did not receive any formal feedback following the provider's visits. There was no health and safety audit of the service. Accidents and incidents were monitored and recorded. However they were not audited to look for any patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Action had not been taken in response to the audits; for example, a fault identified with one of the emergency lights had not been followed up.

The provider had a level two rating at their last Environmental Health Officers (EHO) check in July 2015. We saw that several areas remained outstanding from this visit. The outstanding areas related to areas of the kitchen that required repairing or replacing in order that they can be effectively cleaned. We saw pest control reports from 12 February 2015 and 10 July 2015 which stated that vermin, specifically rats, had been found in the kitchen. This and the lack of action taken following the EHO visit were discussed with the provider. The provider was not able to provide any evidence that he had taken any action to meet the EHO requirements. Our concerns were shared with EHO during our visit. Following this and our discussion with the provider a new domestic style kitchen was ordered before the conclusion of our visit.

The provider did not have effective systems to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager was not registered with the Commission, although her application was in progress. She told us that she had just completed Level 5 diploma in health and social care management. The certificate was unavailable as it has not yet been supplied. The manager told us that she had not received any supervisions or documented support.

The manager did not have an accurate job description. The manager's job description on file was not reflective of the manager's responsibilities or the tasks performed. For example it stated that the manager had responsibility for finances and budgets. All finances and budgets were managed solely by the provider. This was an area that required improvement to ensure the manager's role and responsibilities were clear and that they were supported in their role.

The home had an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service. Staff said, "I'm very happy," and, "Everyone gets on well together. They are all very understanding, we work together as a team to understand resident needs"

People knew who the manager was and held her in high regard. A person living at the service told us, "I can't tell you how much I think of [Manager]," "I can't fault anything" and, "[Manager] holds the place together, it's all her doing that it's so good here. She is an absolute marvel." The manager told us that she spent time with people on a daily basis in order to observe the care and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with her. We were told that staff meetings took place regularly. Staff used this as an opportunity to bring up suggestions for improvement in the quality of care provided. "It's a good opportunity to discuss objectives of the home, what's not been completed and what's gone well to give clients best care."

Staff and people using the service said the manager was open and approachable and they would go to her if they had any queries or concerns. Staff felt confident to raise any concerns. They told us that the manager has an open door and, "We can speak to her." Staff felt supported by the manager and told us that the home was well led. Staff told us, "She [manager] has plenty of time for the residents" "She is good, brilliant. If I had any concerns, she would sort them out. She is supportive of staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks of unsafe care and treatment because the provider had not ensured that the premises are safe.

Regulation 12 (2) (d).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises and equipment used by the service provider were not Clean, suitable for the purpose for which they were being used or properly maintained.

Regulation 15 (1) (a) (c) (e).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not operated effectively to monitor and improve the quality and safety of the service.

Regulation 17 (2) (a).