

Life Style Care (2011) plc

Chatsworth Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

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, and to pilot a new inspection process being introduced by the Care Quality Commission which looks at the overall quality of the service.

This inspection was unannounced and was undertaken on 29 July and 1 August 2014.

Chatsworth Grange Nursing Home was last inspected in February 2014 and was meeting the requirement of the regulations we inspected at that time.

Chatsworth Grange Nursing Home provides accommodation and nursing care for up to 66

Summary of findings

people living with dementia. There are four different units which support people with differing levels of need. There were 62 people living at Chatsworth Grange Nursing Home at the time of this inspection.

A registered manager was in place. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that people were not appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). Whilst the manager had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS); care staff had not received training and were unable to describe how these pieces of legislation applied to their practice.

Our review of records also demonstrated a lack of knowledge about the MCA and provided further evidence that staff were not following the MCA Code of Practice. This meant that the service was not meeting the requirements of the regulation in relation to consent to care and treatment. The action we have asked the provider to take can be found at the end of the full version of this report.

We reviewed the care plan for a person who was subject to the Deprivation of Liberty Safeguards (DoLS). The correct procedure had been followed in order to meet the DoLS and ensure that this person's rights had been protected.

On three of the four units, people had care plans in place which reflected their assessed needs. On one unit it was difficult to establish if some records were current and accurately reflected people's needs. The care plans on this unit were not as comprehensive as those reviewed on the other units and contained some inconsistencies, as well as poorly ordered and illegible information. On the second day of our inspection we saw that the registered manager had taken swift action and had begun to address some of our findings.

We found that there were policies and procedures in place to make sure people were safe. Staff knew about safeguarding adults and we saw that any concerns had been reported and appropriately dealt with.

People's nutritional needs were met. Our observations of mealtimes and our review of nutritional records evidenced that people received a choice of suitable healthy food and drink. People's physical health needs were monitored and referrals were made when needed to health professionals.

Equipment within the home was clean, well maintained and was fit for purpose. Some dementia friendly signs were in place to support and orientate people living with dementia. The manager informed us of their intention to make the environment more dementia friendly.

We found that there were enough staff to meet people's needs. The staff team was well established, with many members of staff working at the home for ten or more years. Our conversations with the manager, staff and our review of records evidenced that the home had an effective process to ensure that employees were of good character and held the necessary checks and qualifications to work at the home. Staff were provided with a range of training to help them carry out their roles and some staff had also undertaken further training courses. Staff received regular supervision and an annual appraisal.

Staff across the home had a good understanding of people's individual needs and preferences and people told us that they were treated with kindness and compassion. Staff knew how to respect people's privacy and dignity.

A range of activities were provided and seen during the course of our inspection. Some people commented that they were bored and that there was not enough to do. The manager told us of their intention to provide more one to one engagement on individual units. People accessed the local community for meals out and shopping trips.

Regular audits were undertaken to monitor the quality of the service. People, relatives and staff were encouraged to give feedback about the service. People and relatives did not raise any complaints about the home. There were no complaints at the time of our inspection.

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.

People were not appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). We saw evidence of where the act had not been followed in relation to specific decisions. Staff had not received MCA training and lacked knowledge about how it applied to their practice. Staff received regular supervision and an annual appraisal.

Staff knew how to identify and report abuse and also any unsafe care they observed in order to ensure people's safety. Individual risks, incidents and accidents were assessed and analysed. Equipment was put in place and referrals to appropriate health professionals were made to reduce risk. Equipment used to support people was well maintained and fit for purpose.

There were enough qualified, skilled and experienced staff to meet people's needs and keep them safe. An effective recruitment process was in place. This included checks to make sure staff were safe to work with vulnerable people.

Good



Is the service effective?

The service was not effective.

Aspects of the environment were dementia friendly. The registered manager informed us of their intention to further improve the environment to meet the needs of people living with dementia.

People enjoyed the food and drinks provided and were appropriately supported to maintain a balanced diet. Where needed, referrals were made and advice was sought and implemented from a range of healthcare professionals such as physiotherapists and speech and language therapists.

Requires Improvement



Is the service caring?

The service was caring.

People told us the staff were kind and caring. We saw that staff showed patience, gave encouragement and were respectful of people's privacy and dignity.

Observations and conversations with staff demonstrated that they had a good understanding of people's individual needs and preferences. People told us that they were happy with the care they received and the way their needs were met.

Good



Is the service responsive?

The service was not always responsive to people needs.

Requires Improvement



Summary of findings

We found that the care plans on one unit did not always reflect people's needs and did not contain accurate and up to date information. The provider showed us evidence of how they had begun to address these issues during the second day of our inspection.

People's needs were assessed. People's individual choices and preferences were discussed with them and/or their relatives. A complaints process was in place and people and relatives told us that they felt able to raise any issues or concerns.

A range of differing activities were provided; although some people commented that they were bored and that there was not enough to do at the home.

Is the service well-led?

The service was well-led.

The manager was visible and provided opportunities for people, relatives and staff to raise concerns. People, relatives and staff also had opportunities to provide feedback and influence the service.

The home carried out regular audits to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

Good



Chatsworth Grange Nursing Home

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded after October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited Chatsworth Grange Nursing Home on 29 July and 1 August 2014. The inspection team consisted of two adult social care inspectors, a registered nurse who acted as a dementia specialist and an expert by experience, who had experience of the needs of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. Before our inspection, we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service in order to obtain their views about the care provided at Chatsworth Grange Nursing Home.

During our inspection we used different methods to help us understand the experiences of people living at Chatsworth Grange Nursing Home. These methods included both formal and informal observation throughout our inspection. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke directly with seven people who lived at the home and with seven visitors. Five of these visitors were relatives visiting family members, and two were friends of people who lived at the home. We also spoke with the registered manager, a nurse, a senior care worker, six carer workers and two members of the catering team. We reviewed the care plans of eight people and a range of other documents, including staff training records and records relating to the management of the home.

Is the service safe?

Our findings

The Mental Capacity Act (MCA) 2005 is an act, which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision making within a legal framework and states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment and, that any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests.

We saw that the home had policy and procedure documents about the MCA and the Deprivation of Liberty Safeguards (DoLS). The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

Our conversations with staff demonstrated a lack of knowledge about the MCA and DoLS and how they related to their practice. Only one member of staff was able to tell us that the MCA related to decisions. Some staff told us that they had not heard of the MCA or DoLS, whilst the remaining staff told us that they had heard of the frameworks but could not explain them. Each member of staff told us that they had not received training about the MCA or DoLS. Our review of the provider's training matrix confirmed this. None of the 89 staff listed on the matrix had received MCA or DoLS training in the past year. Three staff had received MCA and DoLS training in 2013 and 12 members of staff had received this training in 2012.

Our review of records also demonstrated a lack of knowledge about the MCA and provided evidence that Chatsworth Grange Nursing Home were not following the MCA Code of Practice. We found that a document about capacity was within each of the eight care plans reviewed during our inspection. The document contained a broad statement about people's capacity. For example, the document for one person stated, "Due to dementia and confusion [the person] is unable to make decisions for her care." None of the documents reviewed made reference to the specific decision to be made. Additionally, the use of this overarching statement suggested that there may be a risk of 'blanket' decisions being made about the capacity of people living at Chatsworth Grange Nursing Home.

Two of the care plans reviewed during our inspection documented the need for people to receive their medication covertly. There were no capacity assessments or best interest meetings to document that these decisions had been made in people's best interests and therefore in accordance with the MCA Code of Practice. These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed our findings with the registered manager. Our conversation demonstrated that they were knowledgeable about the process, which should be followed to assess and make decisions in line with the MCA. They agreed with our findings and informed us of their intention to seek training about the MCA for nursing and care staff.

The registered manager was aware of changes, which had been made to the definition of what constituted a deprivation of liberty following a Supreme Court judgement earlier in the year. At the time of our inspection, three people were subject to DoLS. We reviewed the care plan for one of these people and found that the home had followed the correct procedure in order to ensure that the persons rights had been protected. The manager told us they had begun to prioritise DoLS applications following the new ruling.

People we spoke with told us they felt safe at Chatsworth Grange Nursing Home. One person told us, "There are always staff around to make sure I feel safe. I didn't feel safe when I was at home but I do now." A second person said, "I'm safe here, and the staff are all very nice. They make sure I'm alright."

Relatives also felt that their family members were safe at Chatsworth Grange Nursing Home. One relative commented, "My [family member] was always falling at the last home but hasn't fallen since coming here so it's definitely safe."

We spoke with five members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and the possible indicators of these and the actions they would take if they suspected that any form of abuse had taken place. Our review of the home's training matrix showed that 91% of staff had received safeguarding training within the past year.

Is the service safe?

Information reviewed prior to, and during, our inspection visit showed us that the home had reported concerns and followed local procedures in order to safeguard people. The registered manager had appropriately reported a recent safeguarding concern to us, as required by law. This had also been reported to the local authority and the registered manager attended a meeting about this during the first day of our inspection. They told us that the local authority were not pursuing this concern any further. Information received from the local authority confirmed this. Local authority commissioners told us that there were no other current or historical safeguarding concerns and that they did not have any other concerns about Chatsworth Grange Nursing Home.

Staff told us that they felt confident to whistleblow in order to report any unsafe practice observed. They said that they would report any concerns directly to the manager and were confident that these would be listened to. The registered manager told us about the differing disciplinary actions and investigations they had undertaken following previous safeguarding and whistleblowing concerns about unsafe practice. Our conversation provided evidence that they had taken appropriate action to protect people from harm.

We looked at how the home managed risk. Our review of records and our conversations with the registered manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes in place. We saw that the registered manager reviewed completed accident and incident forms and transferred this information on to an accident analysis sheet. This assisted them to identify any recurring patterns and risks. We saw evidence of the effectiveness of this, for example, we saw that people were referred to the falls prevention team after repeated falls and that aids such as crash mats and falls sensors were put in place to reduce risk.

Risk assessments were completed on people's admission to the home and were also updated or created following

any accidents, incidents or changes in need. Risk assessments we reviewed provided evidence of a holistic approach. For example, the falls risk assessment for one person took into account a broad range of physical and environmental ways to reduce risk and included the need for the person to wear well-fitting shoes and for thoroughfares to be kept clear.

Our observations and our check of the staffing rota showed that there were sufficient staff to meet people's needs and keep them safe. Throughout our inspection the staff carried out their duties in a relaxed, unhurried manner. We saw that staff spent time sitting and talking with people and noted that there were sufficient staff to support people at meal times.

The registered manager was in the process of recruiting a new deputy manager following the last deputy leaving two months previously. The only other vacancy at the time of our inspection was for one qualified nurse. We found the staff team at Chatsworth Grange Nursing Home was well established; it was not uncommon for staff to tell us that they had worked at the home for ten or more years. Staff were clearly committed to meeting the needs of people living at the home and told us that they tried to cover any staffing shortfalls themselves in order to ensure that people were cared for by staff familiar with them and their needs. Staff told us that the registered manager and managers from other homes within the group were always available for support outside of office hours.

We looked at the recruitment records for four members of staff. These, together with our conversations with staff and the manager evidenced that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at the home. For example, each member of staff had provided proof of their identity as well as references from previous employers to assure the home that they were of good character. Each file included evidence that a Disclosure and Barring Service (DBS) check had been undertaken before staff began to work at the home. DBS checks help employers make safer recruitment decisions.

Is the service effective?

Our findings

At the start of our inspection the registered manager told us that they planned to make the home more dementia friendly. People living with dementia can be disorientated to time and place and we noted that there was some dementia friendly signage and ways to support people to identify different areas of the home. For example, toilet and bathroom doors were all painted the same colour and had signs with pictorial and written information. We did however note that there were no directional signs to support people to locate toilets and other key areas of the home.

There were boards on each unit providing information about the day, date and weather to inform and orientate people. We saw that some of these boards were not up to date and could potentially exacerbate any disorientation. We also noted that the writing on some boards may not be easily read by people living with dementia. For example, a menu board on one unit had been written in blue ink on a black surface. The manager was aware of this and told us they had ordered white pens.

The inspection team met in a room, which staff referred to as the 'reminiscence room'. Whilst the room contained furnishings which may be familiar to people living at the home, there were no materials within the room which could be used for reminiscence activities. We did however note that the large activity / coffee lounge on the ground floor of the home was in the process of being decorated with bunting and war time memorabilia, items and pictures to aid reminiscence and to mark that it was 100 years since the start of world war one.

We spoke with people and their relatives about the food at Chatsworth Grange Nursing Home. All the comments we received were positive. One person said, "The food is good. If I don't like it I let them know and they always bring me something different." Another person described their lunch as, "Lovely." One relative told us that they often visited at lunchtimes and were appreciative of the fact that they were able to have a meal together with their family member.

Our observations evidenced that the mealtime experience was positive, well organised and relaxed. We saw that tables were nicely set and noted that meals were served quickly, looked appetising and were well presented. Appropriate cups, plate guards and large handled cutlery

were in place to support people to maintain their independence. Where meals were pureed the separate elements of the meal were pureed separately, this is good practice and ensures that people can still experience different flavours and textures. There were sufficient staff available to ensure that people were supported to eat at the same time. Throughout our observations, we saw that food and drinks were left within people's reach and that people were given assistance when needed. We visited the home on a hot day and saw that people were offered drinks throughout the day.

At the time of our inspection Chatsworth Grange Nursing Home were participating in a project with key stakeholders about nutrition. The registered manager and the two members of catering staff we spoke with were positive about this project and the way in which it had enabled them to develop practice about nutrition. We reviewed a document from the project commissioner summarising the project's findings and noted that it recognised good nutritional practice within the home. Particular good practice was noted about the way in which the home monitored and documented people's nutritional risks and needs, had a separate menu for vegetarians and were knowledgeable about how to fortify diets and differing ways to improve people's nutrition. The project also recognised the registered manager's weekly meeting with the cook and the cook visiting people to discuss menu planning as areas of good practice.

We saw that referrals were made to speech and language therapists for advice about swallowing difficulties. Our review of care plans also demonstrated that people's healthcare needs were met by GP visits, as well as referrals to, and visits from other healthcare professionals such as physiotherapists, dentists and mental health professionals.

The registered manager was using a recently compiled training statistics document to prioritise areas where staff had not received training within the provider's specified timescales. A number of staff told us that they had not received training about behaviours which may challenge. The registered manager said that this had not been identified to them previously. They knew where they could access this training and agreed to organise this, prioritising the units supporting people who may exhibit these behaviours.

The provider's training matrix showed that staff had received a range of relevant training courses. Training

Is the service effective?

provided included: dementia, moving and handling and nutrition. Staff were positive about the opportunities they were given for further training and personal development, with a number of staff telling us that they had undertaken National Vocational Qualifications (NVQs). Conversations

with staff and our review of records showed us that staff received regular supervision sessions and an annual appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs.

Is the service caring?

Our findings

People were positive about the care they received at Chatsworth Grange Nursing Home. One person told us, “The staff are all nice and ask me what I want.” Another person said, “the girls [staff] are so kind, there’s not a bad one here.”

Relatives and friends of people living at Chatsworth Grange Nursing Home were also positive about the care people received. One relative described the care their family member received as, “Brilliant”, and stated, “I can’t fault a thing, they’ve fetched [my family member] round lovely, she was withdrawn before she came here.” Another relative described the staff as, “good and kind.” The two visitors visiting their friend told us that their friend’s spouse was happy with the care at the home. They told us, “We pop in whenever we can and there’s never been a problem with that.”

Relatives told us that staff were good at contacting and informing them of any changes to their family member’s health needs and that they were involved in their family members care. For example, one relative told us, “I know I could ask for a meeting if I needed one, but I’ve never needed to ask because they update me when I visit or they ring if they’ve not seen me for a day or so.” We saw that letters were sent to relatives informing them that people’s care plans were reviewed on a monthly basis and inviting them to attend these meetings at a time convenient to them. The letter included a return slip and for relatives to specify how often they would like to be involved in these reviews. Relatives were also given the option of receiving feedback from review meetings by telephone or e-mail. This showed us that Chatsworth Grange Nursing Home were committed to involving relatives and providing information about their family members care.

Staff spoke in a fond and caring way about people and told us that they enjoyed working at the home. One member of staff told us, “I’ve been here 14 years. You couldn’t stay so long if you didn’t enjoy your job. It’s a pleasure to talk and look after the residents here.” We saw that care and other members of staff spoke kindly with people and warmly greeted people. For example, we frequently saw staff say, “Hello”, and “How are you?”, upon seeing people.

We found that the registered manager and staff were committed to gathering information about people’s

preferences and backgrounds in order to provide person centred support to people. For example, we saw that ‘My Life Story’ booklets accompanied the letter sent by the registered manager to relatives confirming that the home could meet the needs of their family member. The letter stated, “I would be grateful if this could be completed and returned to the nurse on the unit. This will aid staff in completing a personalised plan of care.”

We saw ‘My Life Story’ booklets within a number of the care plans reviewed during our inspection. These are good practice documents, which provide key information to enable care staff to get to know people and the things which are important to them. For example, the books asked information about people’s childhoods, their working life and their interests and hobbies. Members of staff were positive about the value of these books. One carer commented that the books, “Help you to get to know about people and their families.”

Our observations showed us that staff knew about the likes, dislikes and things which were important to people living at the home. During our inspection we saw and heard examples of how this information was put into practice. For example, during our SOFI observation in one of the lounge areas, one person was crying as they entered the lounge. They told the staff they had been upset by an argument with another person. The staff knew this person liked to sing and began to sing songs with them. This noticeably lifted this person’s mood and, after a short time resulted in the person holding the floor for five minutes and asking staff for song requests!

Our conversations with relatives and our observations also showed us that the home promoted people’s independence whenever possible. During our inspection visit we frequently heard care staff encouraging people to do things for themselves. A relative told us that the care workers encouraged their family member to do as much as they were able and commented, “I’ve seen a big change in [my family member]; carers encourage her to do things; they don’t mollycoddle her, but they are there if she needs them.”

We spoke with staff about how they respected people’s privacy and dignity. One care worker said, “I start with the resident and listen to how they want to be cared for.” Another member of staff stated, “I ask people discreetly if they want to go to the toilet.” We later observed this staff member putting this into practice when supporting people.

Is the service caring?

This and other observations demonstrated that staff within the home had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people. We noted that privacy and dignity were included as areas within the manager's monthly audit. A focussed audit about dignity and respect was also undertaken each year.

A comment from one person appropriately summarised our observations and the comments we received from people and visitors. When talking about the way in which staff supported them they told us, "They always knock. They look after me; they tell me not to rush about, to take my time. They're a good lot. They make sure I'm OK and they listen to me and cheer me up."

Is the service responsive?

Our findings

Our review of care plans showed us that a pre-admission assessment was undertaken before people moved into the home. This was further developed as the home got to know more about people's needs during the first month of their stay. A care worker spoken with during our inspection told us that a copy of the initial care plan was available for them to read before people were admitted to the home and commented that, "It helps to get to know information about residents." A relative was impressed with the level of knowledge staff had about their mother and stated, "The staff got to know my Mum very quickly."

Our review of records included care plans from each of the four units within the home. We found that the care plans on the Millersdale unit were not as comprehensive as those on the other three units. Some information within these plans was inconsistent and whilst some individual care plans were detailed and were regularly reviewed, other plans lacked detail and had not been signed or dated. For example, a falls assessment had been completed for one person. It documented that the person had a high risk of falls and had been reviewed and evaluated monthly. However, the bed rails assessment and consent form which followed this form had not been signed or dated. We also found that some care plans included some conflicting information. For example, a communication care plan for one person was not dated and stated that, "[The person] is known to wander at night and goes to bed when ready." Entries within the moving and handling assessment for the same person stated that they were no longer mobile.

We found that some records were poorly ordered and not easily accessible and noted that some people's daily notes included 'standard' statements and inappropriate language. For example, the daily notes for one person frequently contained an entry stating, "Good diet and fluid intake, personal hygiene needs met, incontinence care given, mobilised safely with staff, communicated well, safety maintained." This statement did not provide an accurate or detailed reflection of the person's needs and any activities or engagement with them. We also noted that some entries referred to incontinence wear as, "nappies." Our findings made it difficult to establish whether some plans were current and accurately reflected people's needs.

We also found that some care plans were difficult to read and at times illegible. For example, areas of a document

detailing the regime of a person who received nutrition through a percutaneous endoscopic gastrostomy tube (PEG) were illegible. Whilst there was no evidence to suggest that this had negatively impacted upon the person, we were concerned that difficulty reading key information within this document could place the person at risk of receiving inappropriate care and treatment. We showed this document to the registered manager. They agreed with our finding and informed us of their intention to review this and other records on Millersdale as a priority. During the second day of our inspection the registered manager demonstrated that they had begun to address the identified issues. For example, they showed us a legible version of the above PEG regime.

The registered manager told us that there were two activity workers employed at the home. Each worker provided twenty hours of activities a week with hours being delivered throughout the week and at weekends. The registered manager told us that activities within the home had improved and listed some of the opportunities now provided. These included a gentleman's afternoon and a gardening group. In addition to these groups, the registered manager told us that they were keen to develop more one to one activities within each unit, such as one to one time to read newspapers and use the kitchen to bake with people. Some care staff told us that there was a lack of individual activities.

We received mixed opinions about the activities on offer from people and visitors. For example, one person commented, "I get bored. There's not much to do. I don't want to be ungrateful, because I'm very lucky but I do get bored here." One visitor commented, "There doesn't seem to be much stimulation, but at least they play the music of our generation. There doesn't seem to be much else going on." One person told us, "Sometimes, if it's nice one of the staff takes me out in the garden and we have a right good chat."

We saw a number of activities during the morning of the first day of our inspection. For example, we saw that one person was being supported to water the plants in the garden area. Later in the morning a number of people attended the downstairs activities area to listen to a visiting singer. We noted that the level of interaction from staff lessened during the afternoon of the first day of our inspection. We did not see any activities taking place

Is the service responsive?

during the afternoons of our two inspection visits. Boards listing activities were within each unit. Activities listed for the week of our inspection included, world war singing, garden games and board games.

The registered manager told us that they had good connections with the local community. For example, they told us that people were supported to visit local pubs for meals out and the local shopping centre. We also saw that there was a large banner across the front of the home advertising the home's forthcoming summer fayre.

We looked at how the home gained the views of people, visitors and relatives. The registered manager told us that attendance at resident and relatives' meetings was low and that they had tried other ways of engaging people and their relatives, such as inviting them to participate in and judge a recent, "Bake Off" competition. A sign on the registered manager's door stated, "Relatives, please note I am

available anytime you wish to see me." The registered manager felt that their 'open-door' policy, together with being visible around the home resulted in relatives and friends approaching them to discuss concerns directly. People and relatives spoke with during our inspection confirmed this. One relative told us, "The manager is around and is very 'hands-on,' you can always talk to her. Anything I've asked for has always been done."

We saw that the complaints policy was displayed in the entrance area of the home together with a suggestions box. People we spoke with told us they had no complaints. One person told us that they would, "Speak to the girls [staff]." They were confident that the staff would listen to them and act on any concerns. One relative told us, "I've not complaints whatsoever." Our review of the provider's complaint file showed us that there were no current complaints at the home.

Is the service well-led?

Our findings

We saw that there was a system in place to monitor and assess the quality of care provided at Chatsworth Grange Nursing Home. The registered manager undertook a rolling programme of monthly audits. The audit document used was comprehensive and incorporated key elements of the service. For example, it included checks of staff training records, privacy and dignity, health and safety, maintenance reports and infection prevention and control. The audit was scored in order to enable the provider to evaluate the quality of the service provided. The audit score for June was 94.5%.

A range of other quality assurance checks also took place. For example, a more detailed audit about a specific area of practice, such as infection prevention and control and medication was undertaken each month. In addition to this, the provider also undertook unannounced visits to the service. We looked at records of these visits and saw that they incorporated interviews with relatives, people and staff as well as reviews of a range of records. Each audit document reviewed clearly recorded the actions required to address any identified shortfalls together with timescales. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed.

Staff told us that information about the service was shared within staff meetings. Our review of the minutes of the last two staff meetings showed us that 11 people had attended

each meeting. The registered manager told us that the minutes of the meetings were placed on each unit for staff to read. Staff spoken with on the day of our inspection confirmed this. They also told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to. We saw that other meetings relating to the service also took place. For example, nurse meetings were held and the registered manager met with the cook each week to discuss people's nutritional needs.

The provider's head office sent out annual surveys to staff and to relatives of people living at Chatsworth Grange Nursing Home. The registered manager told us that a programme of re-decoration had started in direct response to comments from relatives about the décor of the home looking dated. This showed us that the provider listened and took action in response to comments from relatives.

Relatives and staff were positive about the manager and the way she led the service. The manager told us that they had recently returned to the home after spending a period of time managing another of the provider's homes. One member of staff commented, "It's good to have the manager back. You see her around the home every day. She sits and talks to people and staff. You can talk to her if you're worried about anything and she'll sort it out. She's a good manager; she's her for you and the residents." Another member of staff said, "things are picking up since the manager's come back."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
Diagnostic and screening procedures	The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	