

Mrs J J Pope

Chatham House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on 9 April 2015.

Chatham House is registered to provide accommodation and personal care to up to 26 people. The home specialises in the care of older people. At the time of this inspection there were 22 people living at the home.

The registered provider manages the service on a day to day basis. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider was very visible in the home and monitored quality on an informal basis. However improvements were needed to make sure there was an effective quality assurance system which identified shortfalls and implemented improvements to the service. There also needed to be improvements in how people's views were sought and acted upon.

The recruitment practices needed to be more robust to ensure people were fully protected. We found that

Summary of findings

although new staff were interviewed, and limited checks were carried out to make sure they were suitable to work with vulnerable adults, there was no information about their previous employment.

Although staff and the registered provider were very clear that people were able to make choices about their day to day lives some people did not feel they had choices. Whilst one person said “You can more or less do what you like” another told us “No one has ever asked me about my routine, I’ve had to fit into theirs.” There were no records of how people had been involved in planning their care or treatment and no evidence that they, or their representative, had been involved in reviewing their care plans.

People told us they felt well cared for and were comfortable with the staff who supported them. One person said “I’m safe as houses here. Staff are all very nice.” There were sufficient numbers of well trained staff to meet people’s needs safely and effectively.

People’s medicines were administered by senior staff who had received specific training to enable them to carry out this task safely. Where people were prescribed medicines on an as required basis, such as pain relief, these were appropriately administered to people. One person said “They always offer me tablets first thing when I’m still in bed. It makes it easier to get going.”

People were happy with the meals served in the home and were able to make choices about the food they ate. Meals were well presented and portion sizes were ample. People who required assistance or encouragement to eat, were supported in a dignified and discreet way.

Staff adapted their approach to meet people’s individual needs and encouraged people to maintain their independence where possible. People had individual walking aids to enable them to move around independently and staff assisted people who required full assistance with mobility. Where people needed the support of a mechanical hoist staff were competent and kind when assisting the person.

People were encouraged to take part in activities and social interaction to avoid isolation. The home had a mini bus and there was a weekly trip out. People spoke very highly of the outings.

People said the registered provider was open and approachable and they would be able to raise any concerns with them.

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

Improvements were needed to make sure people were fully protected by the recruitment procedure for new staff.

There were sufficient numbers of staff to support people safely.

Medicines were safely administered by staff who had received specific training to carry out this task.

Requires improvement



Is the service effective?

The service was effective.

People received care and support from staff who had received appropriate training to meet their needs.

People had access to healthcare professionals according to their individual needs.

There was a varied menu in the home and people were happy with the quality of the food provided.

Good



Is the service caring?

The service was caring but improvements were needed to make sure people were fully involved in decisions about their care and knew they were able to make choices about their daily routine.

People told us staff were kind and caring.

People's privacy was respected and staff provided support in a discreet and dignified way.

Requires improvement



Is the service responsive?

The service was responsive.

Care and support was adapted to meet people's changing needs.

People were supported to maintain contact with friends and family outside the home.

There were some organised activities and a weekly trip out to places of interest.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

The registered provider managed the home on a day to day basis. Staff and people using the service said she was approachable and listened to their views.

There were no effective quality assurance systems in place to monitor the quality of the service offered and plan on-going improvements.

Improvements were needed to make sure people received up to date information and to ensure improvements and changes were made in line with people's wishes.

Chatham 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 9 April 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about

the provider and other key information we hold about the service. At the last inspection on 3 July 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

During the inspection we spoke with 12 people who lived at the home, one visitor and four members of care staff. We attended a staff handover meeting between staff working in the morning and those working in the afternoon which gave us an opportunity to observe staff discussions. We also spoke with the registered provider who was available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, three staff personal files and medication administration records.

Is the service safe?

Our findings

Improvements were needed to make sure people were fully protected by the provider's recruitment procedures. The recruitment files of three staff showed that although the provider had carried out interviews and Disclosure and Barring Service (DBS) checks, (a check on a person's criminal record history and their suitability to work with vulnerable adults) the candidates had not completed an application form, and written references had not been obtained. One member of staff, who had been employed in the last 12 months, said they thought the interview had been thorough and they had not been able to start work until their DBS check had been received. However they had not completed an application form or supplied references. The lack of an application form and references meant there was no information about the staff members previous work history or ability to carry out the role applied for. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought there were sufficient staff to meet their needs in a relaxed and unhurried manner. Throughout the inspection staff responded promptly to requests for assistance. Call bells were always answered quickly to make sure people did not have to wait for long periods of time when they required assistance. One person said "There's always staff to help which is such a comfort."

Duty rotas showed staffing levels in the home were consistent. One member of staff said "There's always enough staff, we never have to rush anyone." In the afternoon one member of the care staff team worked in the kitchen to prepare evening meals and drinks. This reduced the number of care staff available to people. We discussed this with the registered provider who told us they were considering employing a second cook which would ensure more care staff were available to support people in the afternoons.

People were very comfortable and relaxed with the staff who supported them. People told us they felt safe and well cared for. A visiting relative told us "I always feel they're safe here. I never have any qualms about leaving them." One person said "I'm safe as houses here. Staff are all very nice."

Staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There was an information poster giving staff details about abuse and contact details to enable them to easily report any concerns. The provider had worked in partnership with representatives from the Local Authority to make sure a person was protected from abuse from people outside the home.

Care plans contained risks assessments which outlined measures in place to make sure people received care safely and risks were minimised. One person had a number of falls from their bed. To minimise the risk of injury the use of bed rails had been assessed as being appropriate to use as well as an additional mattress on the floor. Another person's care plan stated they were at high risk of urinary tract infections and staff needed to make sure they received adequate fluids to minimise the risk. This person's fluid intake was recorded to enable staff to monitor their well-being.

People's medicines were administered by senior staff who had received specific training to enable them to carry out this task safely. All medicines in the home were administered and signed for by two staff which minimised the risks of errors. People told us they were confident that staff gave them the correct medicines. Where people were prescribed medicines on an as required basis, such as pain relief, these were appropriately administered to people. One person said "They always offer me tablets first thing when I'm still in bed. It makes it easier to get going."

The home used a 'blister pack' system with printed medication administration records. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were confident staff were able to meet their needs. One person said “They are all very good at what they do.” Another person who required staff to assist them with mobility using a mechanical hoist told us “They do the hoist well. They know what they are doing.”

There was a very stable staff team who had a good knowledge of people’s needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. At the handover meeting between staff we heard how the staff noticed changes in people’s moods and their well-being. This ensured that any information about people was passed on so they could be monitored and action taken when required.

There was adequate training for staff to make sure they had the skills and knowledge to effectively support people. All new staff completed an induction programme to make sure they had the basic knowledge to care for people. They also shadowed more experienced staff to learn practical skills about how to support each person.

Staff described the on-going training at the home as “excellent” and “really good.” Records showed staff undertook training in health and safety and issues relating to the specific needs of people who lived at the home. Training was regularly up dated to make sure people received care from staff who had appropriate knowledge and were able to work in accordance with up to date best practice guidelines. Training undertaken included; caring for people with Parkinson’s disease, understanding dementia, end of life care and diabetes. One member of staff said “I’ve learnt lots since I’ve been here. It really helps you understand things and makes you a better carer.”

People had access to healthcare professionals according to their individual needs. People told us the home arranged for them to see a doctor if they were unwell and made arrangements for district nurses to visit them when needed. One person told us a nurse regularly visited them for an on-going condition. On the day of the inspection one person went to a hospital appointment with a family

member. All appointments were recorded in individual care plans. Records showed people were seen by a variety of professionals including doctors, nurses, opticians and chiropodists.

People were happy with the food served in the home and said they always received plenty to eat and drink. One person said “The food’s nice and there’s loads to drink. I’m sure I didn’t drink this much at home.” Another person said “They’re always bringing drinks and biscuits round.”

People were able to make choices about their food and alternatives were offered to people who did not want either choice from the menu. At lunch time we heard one person who didn’t eat their meal being offered sandwiches or a baked potato. We observed the main meal of the day and noted food was well presented and portion sizes were ample. Staff offered discreet encouragement and assistance to people who had difficulty eating.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were asked for their consent before staff supported them. We heard staff asking people if they wanted to be helped and staff told us they never did anything without people’s consent. One person said “I like to be independent. They help me when I ask but don’t push me.”

Staff had received training about the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff told us they always offered people choices about all aspects of their day to day lives. One member of staff said “Everyone can make choices if you offer in the right way. Sometimes you have to be practical and show people things, other times you can just ask people.” Another member of staff told us if they were patient and gave people time they could usually make their own choices. Staff told us they would consult with professionals and family members if someone was unable to make a decision. Staff comments showed they understood the principles of the MCA and knew who to consult if someone lacked the mental capacity to make a decision.

Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

there is no other way to look after the person safely. No one living at the home was being cared for under this legislation but the registered provider was aware of who to contact if they felt anyone required this level of protection.

Is the service caring?

Our findings

Although people had on-going opportunities to talk with staff and the registered provider these conversations were not written down. This meant there were no records of people's views or wishes and no information about how people were involved in making decisions about their care and support. Care plans showed they were reviewed on a monthly basis but the care plan reviews we read did not indicate people had been involved. The registered provider told us people did not routinely take part in the reviews of their care plans.

People gave mixed comments about making choices. One person said "I'm my own boss" and another said "You can more or less do what you like." However one person told us "We have to fit in with staff" and another said "No one has ever asked me about my routine, I've had to fit into theirs." Staff spoken with were very clear that people were able to decide exactly what they did and when. One member of staff said "People have choices about everything. They can get up when they like and do what they want."

Improvements were therefore needed to make sure people were aware they were able to make choices about their daily routines and to ensure they were actively involved in making decisions about their care and support.

People said they were supported by kind and caring staff. One person said "Staff are all nice and very kind." Another person told us "On the whole staff are very kind and helpful." Some people told us they had built up trusting and friendly relationships with the staff who supported them. One person told us "It's as close to home as you could get." There were friendly conversations between people who lived at the home and staff. Staff had a good knowledge of each person and were able to talk with them about family and friends. Some people had built up friendships with others who lived at the home and sat comfortably chatting in the lounge.

Staff treated people with respect and kindness. We watched one person being assisted by staff using a

mechanical hoist. Staff told the person exactly what was happening, offered constant reassurance and worked at a pace the person was comfortable with. In another instance a person required assistance and staff quietly whispered in their ear to offer help. The person gratefully accepted their help and left the room with a member of staff.

People were well dressed, clean and tidy showing staff took time to assist them with personal care. One person told us "I like to do things for myself but staff always check I've done things right."

Each person had a bedroom which they were able to personalise with their own furniture, pictures and ornaments. This gave rooms a homely individual feel. One person told us "I have a lovely room and I can be private if I want to." People told us their privacy was respected and staff always knocked on their bedroom doors before entering.

People made choices about where they wished to spend their time. The majority of people spent their time socialising in the main lounge area. Several people commented how much they liked the company. People had unrestricted access to their personal rooms, all communal areas and the garden. One person said "I love to spend time outside when it's nice." Another person told us they always liked to go to their room in the afternoon and we saw they went to their room after lunch.

People were able to have visitors at any time and people said their visitors were always made welcome. Staff greeted visitors in a friendly and welcoming manner and were offered refreshments. When people chose not to see visitors staff respected this decision.

People's confidentiality was respected and all personal information was kept in a locked cupboard.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs. Staff told us they were allocated to a number of individuals at the beginning of each shift and were responsible for meeting their needs during their working time. This meant people knew who was supporting them and received a consistent approach.

People who wished to move to Chatham House had their needs assessed and were invited to spend time at the home before making a decision to move in. This gave people time to decide if it was the right place for them. One person who was staying on a trial basis said “I haven’t made my mind up yet but I certainly don’t feel pressured to make a decision.” Another person told us they had originally stayed on a temporary basis but had decided to remain as they felt it met their needs. They said “I just felt comfortable and I never left.”

Staff adapted their approach to meet people’s individual needs and encouraged people to maintain their independence where possible. People had individual walking aids to enable them to move around independently and staff assisted people who required full assistance with mobility. When people expressed a wish to go somewhere, such as the garden or another room, staff assisted them in a way that respected their wishes and abilities.

Care plans were basic but gave information about the level of support people required. Care plans reviews showed that care and support was adjusted to meet people’s changing needs. For example when concerns were identified about someone’s dietary intake measures were put in place to make sure this was monitored and addressed. This included a referral to a doctor which resulted in food supplements being prescribed.

People were encouraged to take part in activities and social interaction to avoid isolation. People could have personal phone lines and internet connections in their bedrooms to

enable them to maintain relationships with people outside the home. Some people had mobile phones to help them stay in touch. One person said “The internet helps me keep in touch with the world.”

The home had a mini bus and there was a weekly trip out. People spoke very highly of the outings. One person said “We go to such interesting places it’s so nice to see other places.” Another person told us about a recent trip to Cheddar Gorge. They said “It was wonderful and as always they made sure we were well supplied with tea and biscuits.”

In the morning most people occupied themselves in the lounge area chatting to people and reading the paper. Some people watched TV and others entertained visitors. Care staff told us the majority of activities took place in the afternoon and they assisted people to take part in games and quizzes. On the afternoon of the inspection several people went out in the garden to sit in the sunshine. The registered provider informed us they had begun to create life story books with people. This was to make sure they provided care and social stimulation in a way that took account of previous interests and lifestyle choices.

The registered provider was very visible in the home and spoke with people on a daily basis. This enabled them to seek people’s opinions. However there were limited formal opportunities for people to express their views and make suggestions about the running of the home. The registered provider said they had held meetings for people in the past but they had been poorly attended and they had not happened for some time.

There was a complaints procedure but this was not prominently displayed in the home. Most people said they had no complaints about the care they received but would probably speak with a member of staff if they had any concerns. One person said “I have said when I haven’t agreed with things. We have had good discussions and always come to agreements. It has been very respectful.” A visiting relative said they felt comfortable raising concerns with the registered provider and were always listened to.

Is the service well-led?

Our findings

The registered provider had a good knowledge of the day to day running of the home and had made attempts to keep up to date with changes in legislation. They monitored standards of care by on-going observation and highlighting poor practice immediately. For example where staff did not wear personal protective equipment when required to do so. However there were no formal quality assurance systems in place to guide practice, plan improvements or implement changes.

Improvements were needed to make sure quality assurance systems were in place that took account of people's views and experiences. At the time of the inspection there were limited formal opportunities for people to express their views and make suggestions about the running of the home. This meant that there was no improvement plan for the home based on people's wishes.

The lack of effective systems to assess, monitor and improve the quality and safety of the service provided was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider provided us with a copy of the information given to people who were considering moving to the home. This guide had not been updated and gave incorrect information about some aspects of the service. For example, the staffing structure was out of date and it stated there was a client's committee which was no longer in existence. The information about who to contact if someone made a complaint they did not feel was appropriately resolved within the home was incorrect. This meant people wishing to move to the home did not have accurate information to assist them to make a decision.

The registered provider managed the home on a day to day basis. People told us they could always talk with them. One person said "She is very kind." Another person told us "I always feel she would listen if you wanted to discuss things." Staff said the registered provider was always available to offer advice and guidance. One member of staff said "She's a good boss. Very open."

In addition to the registered provider there were senior carers who took a lead role in the home when the

registered provider was not there. This ensured there was always an experienced member of staff available to people. It also meant there were clear lines of accountability and responsibility.

The registered provider had a clear vision for the home which they told us was to create a homely environment where people continued to make choices about all aspects of their care. Staff echoed these values and told us they aimed to give choices about all areas of people's lives. However, as previously mentioned not everyone who lived at the home was fully aware they were able to make choices and have these respected. This showed the aims and values were not always effectively communicated to people.

Staff received an annual appraisal where they were able to discuss with the registered provider their performance and training needs. These were also an opportunity to discuss and address any issues of poor practice in a confidential setting. Copies of appraisals showed a wide variety of issues were covered. There had been no recent full staff meetings to keep staff up to date and enable them to share their views. One member of staff said "We don't have meetings as often as we would like." Staff said there was good teamwork at the home and information was shared with them at daily handovers. Staff we observed were well motivated and happy in their work which created a warm and friendly atmosphere for people. One member of staff told us "It's a really lovely place to work."

All accidents and incidents which occurred were recorded and analysed. Where someone had a number of falls, or other incidents, action was taken to make sure they received appropriate care and treatment. We saw that one risk assessment had been up dated when a person had a number of falls. The updated risk assessment had resulted in a change in the equipment available to this person.

The home was a member of the Somerset Registered Care Providers Association which provides up to date information to the care industry. The registered provider informed us they had attended some conferences held by the organisation.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who used the service were not fully protected by the provider's recruitment practices.

Regulation 19 (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to regularly assess, monitor and improve the quality of the service or act on feedback provided by people using the service.

Regulation 17 (2) [a] [e]