Anchor Trust

Chalkmead Resource Centre

Inspection report

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Date of inspection visit: 4 and 7 november 2014
Date of publication: 23/06/2015

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We undertook an unannounced inspection at Chalkmead Resource Centre on 4 and 7 November 2014.

Chalkmead Resource Centre provides accommodation and support for older people some of whom may be living with dementia. The service can provide accommodation for up to fifty people. At the time of our inspection there were forty six people using the service.

The service is a purpose built care home located on the outskirts of Merstham Village. Accommodation is arranged in five individual units over two floors. Each unit has its own lounge, dining area and kitchenette. There is a lift provided for people to access the first floor, and a large well maintained garden for recreation.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The service was not always safe because people did not always receive their medication safely. We saw on two occasions where tablets were administered and signed as taken by the member of staff who was undertaking the medicine administration, when they were left unattended and not take. This meant that people did not get their medicine at the time intended or another person could have taken these tablets which could have caused them harm.

Staff were trained in safeguarding awareness. They knew how to recognise signs of abuse and how to raise an alert.

There were safe recruitment procedures in place. The provider had systems in place to ensure all security checks were in place before staff started work. Staff were not able to work in service until all checks were obtained.

People lived in an environment that was generally clean and well maintained. We found areas of the home that had a strong smell of urine. When we brought this to the attention of the manager and made arrangements were immediately made to have the carpets cleaned to remove the odour.

We found all staff had undertaken induction training on commencement of employment. One staff member said "I had a senior staff shadow me for two weeks when I started". Another staff member said "I did a lot of training on the computer". We saw the staff training arrangements in place and the training that had been booked for 2015.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 Code of Practice. We saw the staff had undertaken training regarding this.

The service was caring and we saw staff treated people with kindness and respect. People told us staff were kind and sensitive to their needs. "They will do anything for you" and "Poor girls they are rushed off their feet". A relative told us "Some staff are more understanding of Mother's needs than others".

We saw that staff were very busy and did not always have the time to attend to people immediately. There was a tool in place to assess staffing levels requires on each unit. This did not accurately reflect the actual number of staff available to ensure effective care. For example we saw two staff attending to someone's manual handling using a hoist when another person who required assistance got up unattended and was at risk of falling until we intervened to help.

People generally received effective care and spoke highly of their care and treatment. "They take good care of me here" and we were told they could see the doctor or the nurse when required.

The manager carried out monthly audits of all aspects of the service to monitor its progress. Some audits included medicine management, care plan reviews, risk assessments evaluation, housekeeping audits and catering feedback. The manager was monitoring the high level of falls in the service on a weekly basis with the help of the senior management team and other health care professionals to reduce the frequency.

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?

Requires Improvement

The service was not always safe.

Peoples medicines were not always administered safely and staff did not always follow the medicines administration policy.

There were not always enough staff to keep people safe and meet peoples needs.

People were protected from the risk of abuse and staff had a good understanding of how to keep people safe.

There were robust recruitment arrangements in place to ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective

People were supported by staff who had the skills and competencies to meet their needs.

Staff had a good knowledge of consent and the Mental Capacity Act 2005. People were protected from being unlawfully restricted.

People's health needs were met and had regular appointments to make sure their care needs were met.

People had a good choice of food that met their individual needs. People's specific dietary needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not always treat people in a caring way..

Staff respected people's privacy and dignity and spoke to people in a respectful manner.

People told us they were involved in decisions regarding their care and treatment and felt listened to.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always able to participate in the planned activities and people with complex needs did not always receive the support they needs in relation to activities.

Summary of findings

The service was responsive to specific requirements. People said their individual needs and interests were discussed with them and their care was planned with them.

People and relatives felt confident that they could raise any complaints or concerns, and that these would be responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was new to post but was focusing on the need to review risk and reduce the frequency of falls recorded in the home.

There were reliable systems in place to monitor the home's progress using audits and questionnaires.

Monthly audits including health and safety audits were seen and were effective to ensure the health and welfare of people who used the service, for people visiting, and for the staff who work there.

Chalkmead Resource Centre

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, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 4 and 7 November 2014 by two inspectors..

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 any improvements they plan to make. We also reviewed the information we held about the service and any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

Before this inspection we spoke with two health care professionals, and a local authority care manager about Chalkmead Resource Centre. We met with the district nursing team responsible for clinical practices in the service and received feedback questionnaires from the GP practice that frequently visit the service.

During our visit we looked around the five individual units, spoke with 18 people who used the service, four relatives, eight staff on duty, the registered manager and the district manager. We spoke with the dementia care coordinator for the organisation who was visiting the service during our visit.

Not everyone was able to tell us their experiences of life at the home. We therefore spent time observing people and staff as they supported people throughout the two days.

We looked at records related to people's care which included eight care plans, medication records, and individual risk assessments. We also looked at records associated with the management of the home which included staff recruitment and training records, health and safety documents and quality assurance processes.

We last inspected the service on 13 December 2013 where we identified concerns in relation to safeguarding

Is the service safe?

Our findings

People told us they received the medicines when they needed to. One person said "They make sure I get all the tablets I am meant to take" however people were not always safe as medicines were not administered in line with procedures. In one unit one person's tablets had been left on the table while they were having breakfast with two other people. It was clear from our observations they were unaware that the tablets belonged to them. Staff who had administered the medicine confirmed they had signed the medicine administration chart (MAR) which recorded the medicines had been taken by the person when they had not done so. On another unit at lunch time staff who were responsible for administering medicines gave medicines to another staff member to give to a person in their bedroom. This meant that they could not be sure that person had actually taken their medicine. Later we saw these tablets had been left on the person's bedside table and had been signed as taken by them when they had not done so. There was a medication administration policy and procedure for staff to follow however staff who administered medicine were not always following this. These are breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010..

Medicine was stored safely in locked trolleys which were kept in a designated medicine room.. . There was one member of staff responsible for the management of medicines which included ordering prescriptions, and auditing medicine that entered and left the home. They arranged regular reviews of medicines with people's GP to ensure people were taking the most effective medicines. They also coordinated regular blood tests with the GP surgery for on going monitoring of people's medicines

People told us that there were not always enough staff to meet people's needs and keep them safe. One person told us "The staff are always so busy I do not like to bother them" and "The staff are so kind but rushed off their feet". One relative said "People have to wait a long time when they need help as there are just not enough staff". The manager told us they used a tool to determine staffing levels which were based on people's needs. This included whether they needed additional support, if there was a risk to them, what their mobility needs were and the design of the building. There were nine care staff allocated on the rota during our inspection which included two team leaders who worked over the five units who cared for 46 people, some of whom had complex needs. This was the usual number of staff I the home. We observed that these staffing levels did not meet people's assessed needs and saw there were times when staff were left alone while breaks were being covered. On one occasion we had to intervene to stop someone falling over as staff were occupied moving someone in a hoist. Other people in the room were asking to go the bathroom and had to wait as there were not enough staff available to attend to them when they required help. This resulted in one person not receiving personal care when they needed to. Health care professionals told us they had in the past treated several injuries to people which were consistent with poor manual handling practices and the number of staff available was not always adequate to meet people's needs.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were subject to robust recruitment procedures and there were appropriate checks completed before staff started employment. This helped ensure the safety and welfare of people who lived in the home. Staff files were clear and held details of the checks that had been undertaken for example written references and criminal records checks by the Disclosure and Barring Service (DBS). These checks help identify if prospective staff have a criminal record or are barred from working with children or adults at risk.

There were individual risk assessments completed where a risk of harm had been identified to people. These included action plans which guided staff on how to reduce the risk and were reviewed monthly or sooner if needed. For example we saw that one person who was at risk of falls had a sensory mat by their bed to alert staff should they get out of bed at night. Staff were knowledgeable about the risks posed to people and knew what to do to keep people safe..

People were protected from harm and abuse because staff had received safeguarding training and knew and understood what to do if they had concerns or suspected abuse. There was a policy in place to ensure that any concerns about people's safety were identified and reported immediately which staff followed. Staff told us they would not hesitate in reporting anything they were not

Is the service safe?

happy with and felt confident that this would be managed effectively. Safeguarding was discussed at team meetings which helped ensure that staff were kept aware of their responsibility .

At our last inspection on 13 December 2013 a complaint was not escalated to the local authority for investigation. The provider sent us an action plan detailing how they would make improvements and we saw improvements on how safeguarding referrals were managed.

There were procedures in place that kept people safe in the event of an emergency. People had individual plans that protected them should they need to leave the service suddenly, for example in the event of a fire. Staff demonstrated a good understanding of what they needed to do should this happen.

Is the service effective?

Our findings

People told us that they were well looked after and their health needs were met and that the overall standard of care was "Good". One relative said the competencies of staff varied from "Good" to "Adequate". "Some staff will go that extra mile and see to Mum's wardrobe, while others would not". "My doctor visits me to make sure I am OK".

People had health action plans in place and their health needs were monitored by staff with help from health care professionals. People were registered with a local GP who visited regularly. The district nursing team also visited to help meet people's clinical needs. A chiropodist visited the home regularly and said people's foot care was "Good". People had regular healthcare appointments to their GP or dentist for example. Staff told us if a person felt unwell and needed medical attention they would arrange for their GP to visit them.

Staff told us that they felt supported in their role and had the required training that allowed them to do their job effectively. Staff received a comprehensive 12 week induction in line with the Skills for Care common induction standards. These are the standards staff working in social care need to meet before they can safely work unsupervised. Staff received training that helped them meet people's needs and had completed or were undertaking National Vocational Qualification (NVQ) or Diploma in Health and Social Care at level 2 and 3 which are nationally accredited care qualifications. Training covered all areas needed for staff to care for people effectively and included dementia awareness, first aid and health and safety. Staff received regular supervision which allowed them to discuss concerns or training needs with their line manager, each member of staff had an annual appraisal where they were able to reflect on their work and identify goals for the year ahead.

Most of the people who lived in the home were living with dementia. Each person had their capacity assessed to ensure that they could consent to the care and treatment they received. We saw that staff asked for consent from people who lacked capacity before they undertook personal care or when they needed to support them. Staff had a good understanding of the Mental Capacity Act 2005 (MCA). For example they told us that if someone refused to eat their meal they would wait and then ask the person again as they knew that this could result in them changing their mind.

The Deprivation of Liberty Safeguards (DoLs) are part of the MCA. These safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Some people were at risk of having their freedom restricted as there was an electronic keypad that stopped them leaving the home. The registered manager had made appropriate referrals to the local authority to ensure that people were not unlawfully restricted.

People told us they liked the food provided and said the cook was "Excellent". One person said "It must be very difficult to please so many people but she does a good job". Menus were displayed prominently in the dining room to ensure people were aware of the choice of food available to them. We saw during the meal time that people were offered a choice of meal by staff and had a good understanding of people's likes, dislikes and preferences. Where people had specific dietary needs this was catered for. For example people who needed to have their food pureed were given a 'soft' diet. One person was diabetic and the cook provided a diet that was suitable for them. If people were at risk of malnutrition or dehydration staff ensured that this was carefully monitored to make sure they had enough to eat and drink. The amounts of food and drink people had each day was accurately recorded to ensure and any weight loss was recorded and action taken where necessary.

Is the service caring?

Our findings

People and their relatives had mixed views on how caring the staff were. Some people told us that staff were "Kind", "Caring" and "I can't fault the staff" whilst others said some staff "Do not seem that bothered". A relative said "Most of the staff are kind but some have no interest in Mum".

"Sometimes when I visit Mum looks well dressed and cared for and other times she looks un-kept. If Mum realised how she looked she would be really upset which upsets me." Whilst we saw a lot of good interactions between staff and people and heard staff explain to people what they were doing on some occasions staff did not always act in a way that was caring. For example we saw one person was agitated but staff did not respond appropriately to their distress or alleviate their anxiety.

People were treated with dignity and respect staff spoke to people by their preferred name in a caring and friendly manner. It was clear from our observations that staff knew people well and had developed a good rapport with them. We saw several instances of people sharing jokes with staff who enjoyed their company. Mealtimes were relaxed and unhurried and staff were attentive to people and supported them to eat where necessary.

Staff knocked on people's bedroom doors before they entered and when they provided personal care this was done discreetly. People had the choice of how they spent their time and were involved in making decisions about the care they received. They told us their care was discussed with them by staff and they felt listened to.

Peoples privacy was upheld by staff who knew when people preferred time alone and when they wanted the company of others. Relatives were able to visit people unrestricted and were made to feel welcome by staff when they did. People personalised their rooms if they wanted to and we saw some people had brought personal items such as pictures, ornaments and their own furniture to make their rooms feel more 'homely'.

People told us they were satisfied with the care they received. Some people were able to tell us about how their care had been discussed with them. We saw care plans were updated when care needs changed. We saw some care plans included information about people's lives in the past and included hobbies and interests that the person had. Staff said this made caring for a person easier as they were able to relate to a person more. Care plans were kept in a secure cupboard when not in use to protect people confidentially.

People were supported to maintain their spiritual beliefs and visits from various clergy were arranged as requested. One person said "I am looking forward to Christmas and the little children singing carols to us".

Is the service responsive?

Our findings

People did not always have the opportunity to undertake activities that were planned in the home. The home employed one activity coordinator and was advertising for another to help fill this vacancy. This meant that the planned activity programme was not always being followed. People told us they had the choice to participate in organised events if they wished. We saw some people were able to interact with each other and sat in a lounge area enjoying a coffee. One person told us they went out weekly with their family. We saw some people had a daily paper and liked to sit and read this alone. Group activities included board games, music and movement, art and craft, nail painting, bingo and a quiz. Not all people were able to take part because of their complex needs and required more one to one support to participate which was not provided. On some units we saw staff were not engaged in activities as they were too busy providing personal care to people.

Before using the service people had a health and social care needs assessment undertaken to ensure the service was able to meet their needs. Some people had the opportunity to have respite care which provided them with the experience of the home in order to be able to make a choice about moving there permanently.

Relatives told us they had been involved in choosing the home for their loved ones. “I looked at several homes before choosing this one as the location was just right for visiting”. They also told us they were asked for lots of information about their family member and were involved in contributing to a care plan. We looked at individual care plans which identified care needs. These were supported by an action plan for staff to follow to enable them to meet the specific need. Risk assessments were also in place to identify individual risks to people. These were also supported with action plans in order to minimise the risk to people without compromising their independence.

We saw one person’s room had been rearranged on their request so that their arm chair faced the door. This was because they preferred to be alone but liked to see what was going on and talk to people as they passed.

A complaints procedure was available and was displayed on units within the home. Some people we spoke with and their relatives told us they were aware of this procedure and would know how to make a complaint. We looked at some complaints recorded and saw they were managed in accordance with the procedure in place and in a timely manner, and outcomes were recorded for information and future learning . The manager told us that she met with staff following a complaint in order to resolve this promptly and looked at how this could be avoided in future. Relatives told us “If I have any concerns I usually see the manager in the office and matters get resolved immediately”.

The manager had introduced monthly resident/relative meetings in order for them to express their views. People were able to talk about the menu and had ask that semolina be taken off the menus, as this was not popular. It was also requested that the hairdresser provided more choice to people. We saw evidence that these had been acted on. The next meeting has been arranged for an early evening time to accommodate relatives who work.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well run and that they were happy with the care that was provided. They told us the registered manager was approachable and would listen to them and respond to any concerns or complaints they raised. Staff were equally positive about the registered manager and the changes that had been implemented since they had started at the service. There was an open door policy in place where people, relatives and staff were able to discuss any issues that they may have and we saw several examples of this during our inspection.

There was a district manager who visited the home regularly to help support the registered manager in their new role. The service also employed a corporate care and dementia specialist who helped review the care being provided and who helped develop the staff team.

The service had introduced a new incentive to recognise staff who excelled in different areas of the home every month. The monthly winner received a gift voucher and this had been well received by all the staff in the home. The registered manager also nominated a staff member to receive a district award which was decided quarterly. This was intended to reward best practice and to generate competition within the organisation.

The provider had a system in place to monitor the quality of the service. The manager undertook monthly health and safety audits that ensured the welfare of the people and to promote safe working practices. Arrangements were also in place to audit care plans, risk assessments, hygiene and infection control, catering and medication management. These audits were discussed at monthly heads of department meetings and any shortfalls were addressed. These discussions also identified any training needs for staff and this was organised accordingly.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of significant events that happen in the service. The registered manager had informed us of any significant events in a timely way. This meant we could check that appropriate action had been taken.

People who used the service and their relatives were asked for their views of the service through the use of questionnaires which were sent from the organisation. Feedback was sent directly to the company's head office where they were analysed and the registered manager was informed of the outcome. This enabled the service to take appropriate action if required. We did not see these feedback forms during our visit so were unable to confirm what action had been taken as a result.

Records relating to the care of people who use the service and the management of the home were well maintained and managed effusively. Some of the records saw included care plans, risk assessments, admission assessments, evaluation of care, employment and development files, accident and incident reports and quality monitoring of service provision.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person did not have suitable systems in place to ensure there were suitably qualified, skilled and experienced persons employed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who used the service did not receive their medication in a safe way.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.