

## Porthaven Care Homes Limited

# Chiltern Grange Care Home

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

#### Overall summary

We carried out an unannounced comprehensive inspection of Chiltern Grange Care Home on the 4 & 11 December 2014 and 07 January 2015. We found accurate records had not always been maintained to ensure people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. Robust recruitment procedures were not followed and Deprivation of Liberty Safeguards (DoLS) were not being implemented effectively or consistently within the service. DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensures the service only deprives someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. We also

made recommendations around monitoring the nurses' relevant qualifications, training and continued professional development to inform further training needs. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches and submitted an action plan informing us they would be compliant by 30 April 2015.

We undertook this focused inspection to check that they now met legal requirements. The inspection took place on 10 & 14 July 2014 and the inspection team consisted of one inspector. This report only covers our findings in

# Summary of findings

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Chiltern Grange Care Home) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Chiltern Grange Care Home provides care for up to 75 people who live with dementia, older people and people who require nursing support. Accommodation was arranged over three floors. The ground floor accommodated people with residential needs, the first floor dementia care needs and the second floor nursing care needs. At the time of our visit 61 people were using the service.

During this visit there was no registered manager in post. The previous registered manager had left their post in June 2015. We were informed the service were in the process of recruiting a manager who would subsequently be registered with the Care Quality Commission. 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. In the meantime the residential care manager, nursing manager, heads of departments and staff were supported by the Operations director, the regional manager and a project manager.

During this inspection, we found the provider had made improvements and followed most of their plan which they had told us would be completed by 30 April 2015. We found all legal requirements had been met.

The provider had made considerable improvements to ensure Deprivation of Liberty Safeguards were implemented consistently and in line with the Mental Capacity Act and related codes of practice. This meant people's care and support was provided in their best interests and in line with current legislation.

Robust recruitment procedures were now in place for all agency staff who worked in the home and a profile of each was held on file. Similarly all staff files contained an employment history with any gaps explained and an up to date photograph. This meant procedures were followed to ensure the safe recruitment of staff.

Improvements to people's records had been made so they reflected the care they had been provided.

Training had been sourced to update staff's knowledge on pressure area care. This was to ensure all staff working in the home had the knowledge and skills to care and support people with pressure area care needs effectively. Advice and support of an independent tissue viability nurse consultant (TVN) had been sourced. Support from the community dietitian ensured all staff working in the home had a good knowledge of how to meet people's pressure area care needs and maintain a healthy well balanced diet. Documentation within people's care files had improved and where people had been assessed as having pressure area care needs we saw appropriate monitoring documentation was in use.

Improvements had been made to ensure people's records were personalised according to their individual needs. People's life histories had now been completed which provided staff with a picture of the person's biography, their hobbies and interests, their working lives, important dates such as anniversaries and birthdays and family connections. People and/or their representatives had been involved in the care planning and review processes and signed documentation to show they consented and agreed to the care and support detailed in their care plans.

The service had made considerable improvement since the last inspection to ensure they were working in line with the required regulations. The provider had utilised outside resources to ensure staff received appropriate training and support to fulfil their roles safely, effectively and responsively.

# 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

Robust recruitment procedures were followed to ensure relevant checks had been undertaken and staff were suitably skilled and qualified to undertake their role competently and safely.

Improvements to people's records had been made and reflected the care they had been provided.

Good



### Is the service effective?

The service was effective

Considerable improvements had been made to ensure the provider followed the correct procedures so people who lived in the home were not deprived of their liberty in an unlawful manner.

Training had been sourced and provided to ensure staff had the skills and knowledge to meet people's specific individual nursing and care needs effectively.

Good



### Is the service responsive?

The service was responsive

Improvements had been made to ensure people's care plans were personalised according to their individual needs, preferences and wishes. Care documents were signed and showed people and/or their representatives had been consulted with and agreed with contents of their care and support plans.

We saw improvements had been made to ensure individual monitoring charts were in place and completed.

Good



# Chiltern Grange Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act (HSCA) 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We undertook an unannounced focused inspection of Chiltern Grange Care Home on 10 and 14 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our visit on 4 & 11 December 2014 and 07 January 2015 had been met. The inspection was undertaken by one inspector. The service was inspected against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? This is because the service was not meeting some legal requirements.

We reviewed all the information that we held about the service prior to our inspection.

We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service. We spoke with the Regional Manager, the home trainer, the residential care manager and the leisure and wellness co-ordinator. We also had discussions with three care workers, two nurses, five people who lived in the home and one visiting relative. We reviewed eight people's care records, the duty rotas for the previous four weeks of our visit, recruitment records for nine agency staff. We also reviewed the recruitment records for a further one nurse, one domestic staff and three care assistants who were all recruited since our last inspection. We also looked at training records for three nurses and one care assistant, the home's training matrix and a selection of monitoring charts. We reviewed the accidents and incidents log and any actions taken in response to these.

# Is the service safe?

## Our findings

At our previous inspection in December and January 2015 we found the provider failed to operate an effective recruitment procedure. They failed to assure themselves that relevant checks had been undertaken for all agency staff and they were suitably skilled and qualified to undertake their role competently and safely. This was a breach of Regulation 21 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Likewise we found poor practices in relation to maintaining accurate records particularly for people with nursing care needs. This was because there was no clear documentation in regards to management of people's conditions, if their condition deteriorated and how this would be managed to ensure people's wellbeing. This was a breach of Regulation 21 of the HSCA

2008 (regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

During this inspection people we spoke with told us they felt safe living in the home. One person told us "I feel safe, the staff look after me very well...if I wasn't happy I would tell my daughter." Similarly a visitor to the home felt their relative was safe and told us the staff "Always listen and address any concerns I may have." They further told us staff had "worked very hard with the risk of X [named relative] falling and appropriate equipment had been put into place to minimise the risk such as pressure mats and hip protectors."

We saw that improvements had been made in relation to recruiting staff which was now managed robustly and safely. We looked at the recruitment records for nine agency staff, one nurse, one domestic staff and three care assistants who were all recruited since our last inspection. These records informed us that systems were now in place to ensure all relevant recruitment checks had been undertaken before staff began working in the home. These included gaining a one page profile of each agency staff from the agency before they began working at the home. These contained an up to date photograph and detailed their relevant training record including expiry dates. The profiles also detailed relevant recruitment checks had been

undertaken, references sought and checks with the nursing and midwifery council to ensure nurses were registered and their registration was up to date. The profiles also showed that appropriate Disclosure and Barring Service (DBS) checks had been undertaken. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Similarly we looked at the records for five staff employed directly by the home and found they too contained all the relevant checks, references, employment histories, photographs and DBS checks before they started working in the home. This showed us that the service operated safe recruitment procedures to ensure suitable people were employed to provide care and support to people who lived in the home.

Prior to our inspection we received some information of concern in relation to the management of the home. The concerns were in relation to the staffing levels, in which it was felt there had been a high turnover of staff and not enough staff on duty to meet people's individual needs safely. We discussed the staffing levels with the regional manager and were informed the number of staff on duty were determined by the dependency levels of people using the service. We looked at the staff rotas for the previous 4 weeks and found the staffing levels were in line with the organisation's assessed levels. During our visit we found there were enough staff on duty to meet people's individual needs. We also looked at the accident incident log and found where incidents had occurred these had been dealt with in a timely manner and appropriate actions had been taken to prevent a re-occurrence.

We were informed the organisation used agency staff in times of staff shortages, sickness and holiday periods. The organisation was in the process of recruiting more staff and on the second day of our inspection we noted that seven new staff were being inducted into their new roles. The regional manager told us there were a further four nurses who were in the process of being recruited for whom they were awaiting references and the required checks. Similarly they were in the process of recruiting a home manager too and awaiting the relevant checks. We were informed once they had recruited a manager, they would register the manager with the Care Quality Commission. Staff we spoke with generally felt there were enough staff although two staff members said a floating member of staff would be helpful during the busier periods of the day, which we fed

## Is the service safe?

back to the regional manager. The regional manager assured us people's dependency levels were assessed every month and the staffing levels were determined by

these. We saw documentation within people's files to evidence that their dependency levels were reassessed on a monthly basis to feed into the home's system to determine the required staffing levels.

# Is the service effective?

## Our findings

At our previous inspection in December and January 2015 we found the registered persons failed to manage the principles of the Mental Capacity Act 2005 Code of Practice and associated Deprivation of Liberty Safeguards effectively. DoLS were not being implemented effectively or consistently within the service. The MCA is a law about making decisions on what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. It ensures the service only deprives someone of their liberty in a safe and correct way and this is only done when it is in the best interests of the person and there is no other way to look after them. The registered provider had not undertaken the correct processes in a timely manner. The delay meant they were not following the correct process to ensure people were not unlawfully deprived of their liberty. This was a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations

2010 Consent to care and treatment which corresponds to regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

During this inspection we found considerable improvements had been made to ensure the provider acted in a timely manner and followed the correct procedures so people who lived in the home were not deprived of their liberty in an unlawful manner. The registered provider and staff we spoke with understood the need to make DoLS referrals when appropriate to do so. We saw documentation to show three people had a DoLS in place following a mental capacity assessment and best interests meetings. We also noted a further 25 applications had been applied for and were awaiting allocation by the supervisory body.

The provider had put into place an action plan and monitoring system so they were able to monitor when people's DoLS had been applied for, the reason and whether the DoLS had been granted along with the expiry date. This enabled them to ensure they managed the principles of the Mental Capacity Act 2005 Code of Practice and associated Deprivation of Liberty Safeguards effectively and in a timely manner, whilst acting in people's best interests.

Staff we spoke with demonstrated a good knowledge and understanding of the MCA and DoLS and told us they had been provided with training in these topics since our last inspection. We looked at the staff training matrix which verified this. The matrix informed us 23 staff had been provided with such training and a further seven staff had attended training provided by the local authority at level 1 or level 2. This provided them with an understanding of how the mental capacity act and associated deprivation of liberty safeguards related to the people they provided care and support to and how to provide the care, support and treatment in their best interests.

We spoke with a member of the management team to ascertain whether they had a good understanding of the application of the MCA and DoLS. They were able to tell us when a mental capacity assessment would be needed, whose duty it was to undertake them, when and how best interest decisions were made and when a DoLS application needed to be submitted to the local authority. They were clearly knowledgeable about their duties and how the MCA and DoLS impacted upon people's lives.

At our previous Inspection we raised concerns about the completion of records for people with pressure area care needs. At that inspection we found there was an inconsistency in maintaining accurate records and monitoring people's pressure area care needs to ensure they remained healthy and well. Where people had pressure relieving equipment in place, this had not always been recorded in their care plans. Staff were not always able to tell us at what pressure the people's air flow mattresses should be set at and people's repositioning charts had not been completed consistently. The failure to maintain accurate records had the potential to place people with pressure ulcers at risk of further pressure damage to their skin. This was a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw improvements had been made to update staff's knowledge on pressure area care. The aim of providing such further training was to ensure all staff working in the home had the knowledge and skills to care and support people with pressure area care needs effectively. Following our last inspection the provider sought the advice and support of an independent tissue viability nurse consultant (TVN). Arrangements were made



## Is the service effective?

with the TVN to support the nursing staff and care assistants to assess people with nursing needs who either had pressure sores or were at risk of pressure area damage. This ensured people received effective care and treatment. We made contact with the TVN following their visit for some feedback on their visit and any resulting actions. We were informed two individuals did not have appropriate pressure reducing aids on their beds and several had inadequate pressure reducing aids on their chairs. The TVN made some recommendations to improve the health, safety and welfare of people who were either at risk of pressure area damage or who had pressure damage. This included recommendations in relation to the provision of appropriate pressure relieving equipment, daily checking of the pressure settings at which equipment was set and suitable turning frequencies to relieve continued pressure in one position. Recommendations were also made in relation to the importance of maintaining accurate repositioning records. Further recommendations were made in relation to nutritional assessments and support from the community dietician for the nursing, care and kitchen staff. This would help the service to identify ways of improving nutritional and fluid intake of people considered to be at risk of malnutrition.

During this Inspection we were informed the home had followed up on the TVN's recommendations including providing training sessions for all the staff working in the home. This was to ensure staff's knowledge and skills in relation to skin viability and pressure area care was updated so they could manage people's pressure area care needs more appropriately and effectively. We saw documentation to show the TVN had provided training sessions for staff in the home which included administrative staff, carers, nurses, ancillary staff, the chef and kitchen assistants. Contact with the TVN confirmed this and they told us the training was attended by the operations manager and regional manager too. The training matrix confirmed 27 staff had attended the training which was delivered in two sessions one in February and one in March 2015. Staff we spoke with told us they found the training very useful and informative. The TVN informed us they had felt some further training in relation to the management and treatment of pressure ulcers would be of benefit for staff who were supporting people with nursing care needs but the provider had not, as yet, made any further contact with them to arrange such training.

Whilst reviewing people's care files we noted these were person centred and included any risks in relation to moving and handling, nutrition and hydration, and pressure area care. Where a risk had been identified, strategies had been documented to minimise any such identified risks. We noted people's care files were reviewed on a monthly basis to ensure they remained up to date. Appropriate equipment was in place for people with poor mobility and for those who were frail and at risk of pressure area damage. These included pressure relieving mattresses and cushions to prevent the risk of pressure sores. Appropriate moving and handling equipment such as hoists and slide sheets were available where people were unable to mobilise independently.

We noted that where people had repositioning charts in place and pressure relieving aids their monitoring charts were held centrally on each floor. The reason for this, we were told, was so monitoring records were readily accessible and enabled them to be completed in a timely manner.

Documentation within people's care files had improved and where people had been assessed as having pressure area care needs, appropriate documentation was in use. These included a regularly reviewed waterlow pressure ulcer risk assessment tool, repositioning charts to document when people had been repositioned and the frequency at which they were to be repositioned if people sat in chairs or were bed bound. Daily monitoring charts were used to check and ensure air flow mattresses were functioning correctly and set at the correct assessed pressure. Similarly where people had been assessed as requiring bed rails, these too were included so staff could check the bedrails were fitted correctly to ensure the health, safety and welfare of people using them. Those we viewed had been completed appropriately to show their needs were being monitored appropriately.

During our last inspection we made a recommendation that copies of the nurses relevant qualifications, training and continued professional development were kept on file and used to inform further training needs. This was because there was no evidence of any specific specialised clinical training in relation to their roles, for example wound management and pressure area care. The service heavily relied on the fact the nurses were currently registered with the NMC and assumed all their training and continued professional development was up to date.



## Is the service effective?

Whilst the service had not sought evidence of any continued professional development that the nursing staff had undertaken, we saw documentation which showed training had been sourced and provided to ensure they had the skills and knowledge to meet people's specific nursing care needs. Some specialised clinical training had been provided which included tissue viability training, nutrition and the use of the malnutrition universal screening tool (provided by the community dietician), catheterisation, and venepuncture training. Further training had included care plan training, understanding dementia and attending a breathlessness study day. We saw a copy of the training matrix which verified this. We also saw from the matrix that each nurse had been assessed to ensure they were competent in providing the nursing care and in administering medication. The home's trainer informed us

they were also planning to access diabetes training for the nursing and care staff in September and October 2015. This was being accessed through the local authority's quality in care team. This showed the provider had provided further training including specialised clinical training to the nursing staff which was relevant to the needs of the people who lived at Chiltern Grange. The home trainer informed us they would ask the nursing staff to bring in evidence of any continued professional development they had undertaken and hold photocopies of this on their files for future reference. We noted that newly appointed nursing staff files contained evidence of any previous training they had undertaken before they started working at Chiltern Grange which informed the trainer of any further specialised training needs they needed to provide.

# Is the service responsive?

## Our findings

At our previous inspection in December and January 2015 we found inconsistencies and poor practices in relation to the completion of records for people with nursing care needs. We saw examples in which people's life histories had not been completed, care plans had not always been signed by the individual and/or their representative and monitoring charts had not always been completed appropriately, such as repositioning charts. The failure to maintain accurate records was a breach of Regulation 20 of the HSCA 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the HSCA (Regulated Activities) Regulations 2014.

In discussion with the management team we were informed a full review of care practices had been undertaken and people's care plans had been reviewed and updated each month. Weekly spot checks had been undertaken to check records were maintained appropriately. The provider had made links with relevant healthcare professionals, such as the community dietician and tissue viability nurse consultant to provide further training for staff. This was to ensure staff's knowledge and skills were updated to meet people's nutritional and pressure area care needs appropriately. This ensured people's needs were met effectively and responsively. Copies of the audits and care documentation confirmed this. However, the provider's monitoring systems had not been effective in picking up that whilst staff regularly reviewed people's care plans, some were documenting any changes on the evaluation sheet and not updating the care plans accordingly. However, in discussion with staff it was evident they had a good understanding of people they provided care, support and treatment to and how their needs were to be met. For example, one individual's pressure area care plan detailed they had pressure sores although these had in fact been treated and were no longer present. The monthly evaluation chart had an entry to inform the individual's pressure area care had been reviewed and acknowledged they no longer had pressure sores. Staff we spoke with were aware the person no longer had pressure sores. The pressure area care plan detailed how staff were to minimise the risk of pressure damage, but they had omitted to update the care plan to reflect it was now a preventative plan. Appropriate equipment was

in place and documentation showed regular turning and monitoring of the equipment was taking place. When we highlighted the error, immediate action was taken to update the care plans accordingly.

Similarly another individual's care plan contained a pressure area care plan which informed us they had a waterlow sore of 27, which placed them at very high risk of pressure sore development. When we looked at the evaluation sheet we noted the individual's score had in fact changed to that of 29. Whilst the care plan provided staff with information on the strategies in place to maintain the person's skin integrity and these actions were still relevant to meet the person's needs, the care plan had not been updated to reflect the change in score. During our inspection staff took immediate action and updated the care plans and put a pressure area care plan in place for the individual who did not have one in place. This was to ensure the information was updated and their records accurately reflected their individual care needs.

We saw individual monitoring charts were in place. For example turning charts for people requiring pressure area care, daily monitoring records to ensure staff checked any pressure relieving aids were functioning properly and they were set at the correct assessed pressure. We saw these had been completed appropriately. There were some gaps in people's daily hygiene charts, although we did note from people's daily records that their daily hygiene needs had been met appropriately.

Documentation within people's care files showed their needs had been assessed prior to them moving into the home. A member of the management team visited people before they moved into the home so they could assess and discuss their health, social and personal care needs, choices and preferences with them and their family or their next of kin. This consultation and involvement in the assessment process enabled people to discuss their needs, how they wished their needs to be met, acknowledging what they could do themselves and what they required the staff to do. The assessment and care planning procedure ensured people and/or their representatives were fully involved in the development and subsequent reviews of their care and support plans. This was evident in the care plans we viewed. They were personalised according to

## Is the service responsive?

people's individual needs, preferences and wishes. They contained signed documentation to show they and/or their representatives had been consulted with and agreed to the contents.

People's life histories had been completed which provided staff with a picture of the person's biography, their hobbies

and interests, their working lives, important dates such as anniversaries and birthdays and family connections. This enabled staff to gain an all-round picture of the people they cared for and enabled them to get to know them and their aspirations for the future, which in turn assisted them to ensure they provided person centred care and support.