Benslow Management Company Limited

Chiltern View

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 11 March 2015 and was unannounced. When we last inspected the service in December 2013 we found that the provider was meeting all their legal requirements in the areas that we looked at.

The home provides accommodation and personal care for up to 36 older people, some of whom may be living with dementia. At the time of our inspection there were 30 people living at the home.

The home has a registered manager as is required by the CQC. 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.

People were safe at the home. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home, and these were reviewed regularly. Accidents and incidents were recorded and the causes of these had

Summary of findings

been analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines.

There was enough skilled, qualified staff to meet the needs of the people who lived at the home. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. Staff were well trained and supported by way of supervisions and appraisals.

People had been involved in determining the way in which their care was to be delivered and their care needs. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Staff treated people with respect and encouraged them to be as independent as possible. They were kind and caring and protected people's dignity. Staff supported people to follow their interests and hobbies.

There was an effective complaints system in place. Information was available to people about how they could make a complaint should they need to and the services provided at the home. People were assisted to access other healthcare professionals to maintain their health and well-being.

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. People and their relatives were asked for feedback about the service to enable improvements to be made. There was an effective quality assurance system in place.

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.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Good

Is the service caring?
The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Visitors were welcome at any time.

Good

Is the service responsive?
The service was responsive.

People were supported to follow their interests and hobbies.

There was an effective complaints policy in place and complaints were responded to quickly.

Satisfaction surveys were carried out with people and their relatives.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place.

The manager was visible and approachable.

There was an effective quality assurance system in place.

Good

Chiltern View

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 11 March 2015 and was unannounced. The inspection was carried out by one inspector.

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. We also reviewed the information available to us about the home, such as notifications and information about the home that had been provided by staff and members of the public. A notification is information about important events which the provider is required to send us by law. We also reviewed

During the inspection we spoke with four people, three relatives and two friends of people who lived at the home. We also spoke with the manager, the provider's regional manager and three members of staff, including the activity co-ordinator. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the 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.

We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe and secure living at the home. One person told us they felt safe because, "There's a lot of people around. I have a bell and if I use it they come quickly." Another person agreed that they felt safe because, "You feel that there are people around you and you are not alone." A relative said, "I'm 90% sure [relative] is safe. You can never be 100% sure. I don't worry about [relative] but would like to see what is going on when I am not here."

We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. One relative told us, "[Relative] has a key to her room and once the door is shut no other residents can walk in or out." All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff told us," I would report it to the manager and if necessary talk to the safeguarding team about any concerns I had." Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider had arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that, where people had been assessed as at risk of not drinking enough, fluid charts had been introduced to record what fluids they had during the day. Where people had been assessed as at risk of falling, a falls diary was kept and the cause of any fall was recorded. The falls were also recorded in the incident and accident log and in the handover book. Analysis of the falls diary enabled the staff to take steps to reduce the risk of a person suffering a further fall. A review of falls and the reasons for them was carried out quarterly to further identify risks. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. This approach gave staff up to date information and enabled them to reduce the risk of harm.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of corridors and fire exit doors for obstructions. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There were contingency plans in place in the event of an emergency, such as an electrical failure or adverse weather conditions, to ensure that people were cared for safely.

Accidents and incidents were reported to the manager. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments had been updated. The records had been reviewed to identify any possible trends to enable appropriate action to be taken to prevent recurrence.

There were enough qualified, skilled and experienced staff to meet the needs of people who lived at the home. People who used the service told us there was always staff available to help them. One person told us, "I should think there are enough staff." Another told us, "If I call for them they are always as quick as can be." Staff we spoke with felt that there was enough staff employed at the service to safely care for people. One member of staff told us, "There's a ratio of one to five and if we need it we can have extra staff." The deputy manager told us that they covered absences where possible by staff working extra shifts but when necessary agency staff would be used. The staff rotas showed that staffing levels had been maintained at the levels that had been assessed as needed based on the dependency of the people who, lived at the home. During the inspection we noted a highly visible staff presence to support people.

Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at two staff files and found that appropriate checks

Good

Is the service safe?

had been undertaken before staff began work at the home. These included written references, and satisfactory criminal record checks. Evidence of their identity had been obtained and checked.

There were effective processes in place to manage people's medicines. Medicines were stored securely and the system in place for the management of controlled drugs was operated effectively. Medicines were only administered by staff who had been trained to do so and whose competency had been assessed. Checks of medicines held for two people showed that the amount in stock was recorded correctly. The medicines administration records (MAR) had been completed correctly. We observed a medicines round and saw this was done in accordance with safe working practice. Staff sought consent from people before medicines were administered and ensured that people took their medicines correctly. MAR sheets were signed after medication had been administered and staff were knowledgeable about medicines that had special instructions for administration. Protocols were in place for medicines that were to be given on an 'as and when needed' (PRN) basis.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person told us, "The staff are very efficient."

Staff told us that they used body language and other non-verbal forms of communication, such as facial expressions, to understand the needs of people who could not tell them what they wanted. We saw that the staff used people's behaviour and mannerisms to understand when they were not happy with the food they were offered or if they were in need of assistance with personal care. When they communicated with people who were sitting down staff knelt down so that they were at eye level and people could see them more easily.

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. They told us this was provided in a number of ways, by e-learning, distance learning books and face to face training and this was supported by records we checked. One member of staff told us, "The training I have had has made me work better. The person centred training taught me how to involve people in their care so they can be more independent." Another member of staff said "The dementia training gave me more understanding on how to communicate with people and about triggers for it."

Staff also told us that they received regular supervision and felt supported in their roles. One member of staff told us, "We don't have to wait for supervisions. We can go into the office whenever we have a problem." Staff were able to discuss the training they had received and any that they wanted to maintain or improve their skills during their supervision meetings. One member of staff said, "[Provider] is very up on training." This meant that staff were supported to enable them to provide care to a good standard.

People told us that staff always asked for their consent before any care or support was provided to them. Staff confirmed that they always asked people if they were happy to receive the care that was to be provided and if they refused at that time they would try to persuade them by explaining the benefits of it. However, if the person was adamant they did not want whatever care was being offered they would try again a bit later, or ask another member of staff to offer the assistance.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. One member of staff told us, "Everybody has capacity to make decisions unless deemed otherwise." They went on to explain the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They told us that a DoLS authorisation was in place for one person who lived at the home. Records we looked at showed that where it was thought that people lacked capacity to make some decisions, assessments had been carried out. We saw that whilst one person had been deemed to have capacity to make day to day decisions, they had been assessed as lacking capacity to understand decisions about their personal care. A meeting to make a decision in their best interests had been held and the decision was documented in their records. This demonstrated that the service complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People told us that they had plenty of choice of good, nutritious food that they liked. One person told us, "The food is very nice. If I don't like the choices they would make me something different." Another person told us, "The food is alright and there is enough of it." However, a relative said that the food, "was slopped on a plate" but went on to say that their relative, "…had a good appetite and their weight has not gone down." The tables for meal times were nicely presented and people were asked what meal they would prefer. Staff understood that people's needs for assistance to eat their meal fluctuated from day to day. They checked with people as to whether they required assistance or wanted to eat independently. Where assistance was required this was provided in a way that enhanced the meal time for the person and staff encouraged them to eat where necessary.

People's cultural, spiritual and religious dietary requirements were identified and addressed within their care records. People's weight was monitored. Food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake. The charts provided detailed information on what they had consumed. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

Good

Is the service effective?

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. Records confirmed that people had been assisted to see a variety of healthcare professionals and other professionals to promote their well-being, including their GP, optician, chiropodist and a hairdresser. When visits had been made to people by healthcare professionals the reason for these and actions taken had been recorded to enable the staff to monitor the person's health more closely. Records showed that referrals had been made to relevant healthcare professionals, such as occupational therapists and the local mental health team.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff. One person told us that staff were, "…nice and kind." Another person told us that they, "…never have a problem with the staff" and went on to say they were, "…very helpful and kind." A relative told us that staff, "…would do anything for anyone."

We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. Positive, caring relationships had developed between people who used the service and the staff. One person told us, "They sometimes come and talk to me about my life before I came in here." Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. One person told us, "I tell them what I want and how I want it." Staff had been able to gain information about people from the information included in the 'This is me' section of their care records and through talking with people and their relatives. The section had been completed in discussion with the people and their relatives to give as full a picture of the person as possible. This information enabled staff to provide care in a way that was most appropriate to the person and a way that they preferred. In a survey of visitors to the home one response said, "I am impressed always at how well the staff respond and understand the residents."

People told us that the staff listened to them. One person told us, "Of course they do." Another person said, "The staff always ask what I want. We are not herded like sheep or cattle. We decide for ourselves."

Staff protected people's dignity and treated them with respect. One person told us, "They knock on the door out of politeness." Staff told us that they always knocked on people's doors and waited to before entering people's rooms. Staff went on to describe ways in which they protected people's privacy and dignity, such as making sure doors were closed and no one else was around before providing personal care, lowering their voice when asking people if they wanted personal care when in a communal area and only sharing information about people with staff within the home.

Staff told us that people were encouraged to be as independent as possible. One member of staff told us, "It is not care for or do for. We support people to keep their independence as best we can." We saw that staff encouraged people they were assisting with activities, such as doing a crossword or jigsaw puzzle to complete as much as they could on their own.

People told us that their relatives and friends could visit at any time. Two friends were visiting one person and told us that normally four of them visited together. They said they were, "…always welcomed. We just sign the book." Two relatives told us they were, able to visit at any time." This enabled people to maintain the friendships and relationships that they had before they came to live at the home.

We saw that people were provided with information about the home by way of a regular newsletter, 'The Chiltern View Chronicle', copies of which were pinned on noticeboards around the home. There was a noticeboard displaying photographs of the staff who worked at the home so people and visitors could identify them.

Good

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in deciding what care they were to receive and how this was to be given. They had been visited by the manager who had assessed whether the provider could provide the care they needed before they moved into the home. The assessment had included an assessment of the activities of daily living, a cognitive assessment and an assessment of their strengths. The care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Care plans were based on people's individual strengths and abilities and strengths they needed to build on and included clear instructions for staff on how best to support people with specific needs. People told us that they or their relative were involved in the regular review of their care needs and we saw evidence that relatives were kept informed of any changes to a person's health or well-being.

People told us that they were supported to maintain their hobbies and interests. One person told us, "I don't get bored." The manager told us that many people liked to assist with every day chores around the home. One person liked to help fold towels and bedding, another person liked to assist with laying the tables at meal times whilst another liked to assist with the washing up. During the summer month's people were encouraged to grow plants in the raised flower beds and had assisted to paint the fences and benches in the garden.

We spoke with the activities coordinator who told us that people's care records included information about their hobbies and interests. In addition, they had researched suitable activities for people who were living with varying levels of dementia from specialist web sites. We saw that they spent much of their time supporting people with their hobbies and interests on a one to one basis throughout the day.

We saw that there was an activities board showing the planned activities for the week on display. In addition photographs of past events, including a recent trip to a museum and a Mexican day that had taken place in February, were displayed on picture boards to remind people of them. Information about planned events, with separate trips planned to venues of interest for men and for women, was also advertised on noticeboards around the home.

There was an effective complaints policy in place and notices about the complaints system were on display around the home. People told us that they knew how to make a complaint but had no reason to make a complaint and they could talk to staff if they had any concerns. A relative told us, "If I go to the manager with any concerns I know they would sort it." One person said, "I know how to make a complaint but haven't got any." We looked at the complaints record and saw that the manager responded to complaints in a positive manner and in accordance with the provider's policy. One complaint had been received about night staff disturbing someone when completing the night checks. The manager had recorded that they had spoken to the night staff and asked them to ensure that they did not disturb people when carrying out their checks.

The manager showed us local satisfaction survey forms that had been sent to relatives of people who lived at the home. All of the results were positive and there were no suggestions for improvements that could be made to the home. One comment from a relative said, "When any suggestions are made they do their best to accommodate them."

Good

Is the service well-led?

Our findings

People told us that there was a homely atmosphere. A relative described it as, “A nice friendly place.” People and their relatives told us that they found the manager to be very visible and very approachable. During our inspection we saw that the manager walked around the home frequently and had a good rapport with people and the staff. They were aware of what was happening and which staff were on duty.

The staff also told us that they were aware of their roles and responsibilities and the management team was approachable and supportive of them. One member of staff told us, “If I need to talk to them about anything they will stop what they are doing to listen to me.”

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Records from a recent meeting showed that staff had discussed concerns, the outcomes of recent safeguarding activities, and complaints. Staff were able to discuss learning from these to improve the delivery of care. At a recent meeting held with people who lived at the home they had discussed menus, their bedrooms and future activities. A recent meeting of relatives had been used to discuss plans for the refurbishment of the roof of the home, equipment and furnishings. They had been encouraged to share their views to enable these to be considered in determining how care was to be provided.

Staff were able to tell us of their roles and responsibilities, which were discussed during their supervisions. They were also able to demonstrate a good understanding of the provider’s visions and values which they said were discussed at staff meetings. These included ensuring that people were happy, getting a good service, were well cared for and promoting their independence. They also told us that they were aware of whistleblowing procedures and were confident that any issues identified would be dealt with appropriately.

There was an effective quality assurance system in place. Quality audits completed by the manager covered a range of areas, including infection control, care plans and medicines management. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed.

We saw that in addition to the quality audits the manager carried out regular walks of the floor. The manager spoke with staff and people who lived at the home during these walks to gain their feedback. People’s records were stored securely and management information was held on a central data base.