

# Porthaven Care Homes Limited

## Chiltern Grange

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



#### Overall summary

Chiltern Grange Care Home is based in Stokenchurch and is registered to provide care for up to 75 people who live with dementia, older people and people who require nursing support. On the day of our inspection there were 53 people living in the home. 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.

Chiltern Grange Care Home has a registered manager in place. 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.

The service was last inspected on 05 August 2014 and was found to be in breach of Regulation 13, the management

# Summary of findings

of medicines. This was because people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We set a compliance action for the provider to take action to improve medication practices.

During this inspection, we found medicine practices had improved. Peoples allergies were now recorded to ensure medicines did not directly affect people's conditions. There was now clear guidelines in place to ensure people who received 'as required' medicines were done so safely. Medication Administration Records (MAR) now corresponded with administered medicines. Where people were able to self administer their medicines, this was done so in a safe and independent manner. Staff had received further training in the management of medicines and had undertaken competency checks.

Risk assessments were in place where it was identified people were at potential risk, however clear documentation was not always available on the management of risk, especially so where people required nursing support. Record keeping was not always accurate and some records such as turning charts had been completed before the task had been undertaken. There were shortfalls in regards to clear pressure management guidelines.

Although the service had a robust recruitment policy in place this was not always followed in practice. They did not ensure themselves that relevant checks had been undertaken for the agency staff they used, did not always gain a full employment history or gain an up to date photograph.

People told us they felt safe living at Chiltern Grange . Staff were knowledgeable on how to identify suspected abuse and how to escalate it further to the correct people. We found improvements to staffing levels to ensure people's needs were met in a timely manner. Robust recruitment checks were not always in place to ensure the suitability of staff when working with vulnerable people.

There were shortfalls in regular supervision, however the service identified this issue and put a robust plan in place to ensure staff were supported to undertake their roles effectively. Training was in place for staff to ensure their

development, however the service heavily relied on nurses professional registrations to demonstrate their competence rather than specific training provided within the service.

There was a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). 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. Whilst there was a policy and procedure in place DoLS were not being implemented effectively or consistently within the service.

There had been concerns raised prior to this inspection regarding peoples nutritional and hydration needs. We found the service had actioned these issues and a new chef was now in place. People were complimentary about the food. Where required, appropriate documentation and guidelines were in place which showed how people's nutritional and hydration needs should be managed. Where people required access to healthcare professionals, this was undertaken and recorded including the outcomes of appointments.

People and relatives told us the service and staff were caring. We observed good examples of caring practice, and practices that promoted people's dignity and privacy. Where people required the support of an advocate, this was provided. Where people were receiving end of life care, this was done with dignity and compassion. The care provided was personalised to meet people's individual needs within a warm atmosphere. Staff understood the needs of the people living in the home and provided care and support with kindness and compassion.

Before people moved into Chiltern Grange, an assessment of their needs was undertaken. Care plans had been completed which explained how people wished to be supported, however some elements of care planning was not recorded, particularly for people with nursing needs.

Activities were provided within the home, and trips out were also undertaken. We found a variety of activities available for people who used the service including visits

# Summary of findings

from a hairdresser, a chiropodist and talks from local groups such as the Alzheimers society and local Women's Institute. The service had a clear complaints policy in place.

Staff and people told us they felt management were approachable and felt improvements had been made in regards to leadership. Management had identified that there were shortfalls in aspects of the service and had begun to make arrangements and action plans to address these shortfalls. Management undertook audits

to ensure the quality of the service and to identify where improvement was required. Where accidents and incidents had occurred, these had been thoroughly investigated to assess any trends or patterns.

We have made a recommendation that copies of the nurses relevant qualifications, training and continued professional development are kept on file and used to inform further training needs.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

The registered person failed to operate an effective recruitment procedure to assure themselves that relevant checks had been undertaken and staff were suitably skilled and qualified to undertake their role competently and safely

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm.

Appropriate arrangements were in place to ensure people's received their medicines in a safe way.

Records did not always accurately reflect what care had been provided.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People's rights were not always protected because the Mental Capacity Act 2005 Code of Practice were not always followed when decisions were made on people's behalf. DoLS were not being implemented effectively or consistently within the service.

People were supported to have sufficient food to eat and drinks were provided throughout the day to maintain a healthy well balanced diet.

There were shortfalls in staff supervision and training.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us staff treated them in a kind, gentle way and always respected their privacy and dignity.

People were given choices in relation to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat.

**Good**



### Is the service responsive?

The service was not consistently responsive.

Documentation within people's care plans were not consistently completed throughout the home to ensure they were aware of the support they should receive in respect of their care needs. This was evident for people with nursing care needs

People were provided with activities and entertainment to ensure their social needs were met and to ensure they were not socially isolated.

**Requires Improvement**



# Summary of findings

Before people moved into the service, a full assessment of their needs was undertaken.

## Is the service well-led?

The service was well led.

Incidents were used as opportunities to learn from and improve the service.

The registered manager was aware of their own learning development and had enrolled on an appropriate course to further their knowledge and skills to promote the quality of service.

There was an open culture within the home and the provider encouraged people to provide feedback on the care and services people received. This enabled them to make improvements to areas which mattered to people using the service.

Systems were in place to assess and monitor the quality of the services and implement changes where improvements could be made.

**Good**



# Chiltern Grange

## 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 checked 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 4 and 11 December 2014 and 07 January 2015 and was unannounced. The inspection team consisted of one inspector, a pharmacist and an expert by experience who had expertise in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information provided within the PIR

and information the Commission holds about the service. We noted the provider always notified us of any important events that affect people's health, safety and welfare as they are required to do under the Health and Social Care Act 2008. The notifications were received in a timely manner and provided information on any actions they had taken to ensure the health, safety and welfare of people who used the service.

During the inspection we spoke with the registered manager, operations director, nine people who were using the service and two visiting relatives. We spoke with nine staff and reviewed care records for eight people using the service. We also reviewed a range of policies and procedures, a selection of quality audits, actions plans and reviewed staff training and staff rotas. We also looked at 10 staff records reviewed Medicines Administration Records (MAR) for 15 people, topical medicine administration records for three people and checked storage of medicines. Over the course of the three days we observed the care and support people received and the interactions between the staff and those they supported. We also gained some feedback from two visiting health professionals.

# Is the service safe?

## Our findings

During Chiltern Grange's last inspection in August 2014 the service was in breach of regulation 13 as medicines were not managed in a way which promoted people's safety. We received an action plan from the service and found some improvements had been made, however further improvement in the management of medicines were required.

We found there had been some improvements made to the way medicines were managed in the home to ensure people received their medicines safely. During our last inspection, we found allergies for people were not always recorded. This potentially placed people at risk from receiving medicines which could affect their health and wellbeing. We saw documentation which informed us the Pharmacy had, now been made aware of any allergies that people had. This ensured that medicines were now ordered and administered in a way which intended to promote people's safety.

Protocols for the administration of 'as required' (PRN) medicines, such as pain killers, or medicines used for agitation were now available. These provided staff with guidance when it would be appropriate to administer these types of medicines. They also indicated if people were able to verbalise the need for these medicines and if they were not able to do so the behaviours they would display to indicate the need for their PRN medicines. At the previous inspection, documentation was not available to record the application of creams and medicines that are administered as patches. Documentation was now in place to ensure where creams and/or patches were applied, these were now suitably recorded. People's MAR had been completed and they reflected the medicines people had been administered as prescribed by their GP.

At the service's last inspection, we found medicines stock did not always correspond with the services documentation of administered medication. For example, four people's medicines had been signed as administered, however on checking the blister packs, these were still in situ. This placed people at risk of not receiving their medicines correctly as thorough checks and process were not in place to ensure medicines were administered. At this inspection, we found where medicines had been recorded as administered, this was reflective of their blister packs and

MAR charts. Medicines were now stored appropriately and on checking we found them to be in line with medicines held in the service. This showed there had been no misappropriation and they could all be accounted for.

Since Chiltern Grange's last inspection, staff who handled medicines had completed further medication training and competency checks had been undertaken before staff were allowed to administer medicines. Processes were in place to enable people to continue to keep and administer their own medicines where they expressed a wish to do so. Where people maintained independence in relation to taking their medication this had been discussed and agreed within a risk management process. There was one person who self-administered their medicines and they had been provided with lockable facilities in which to store their medicines safely.

Following our second day of the inspection we were notified by the registered manager that a medication error had taken place. The service reported the error to the local authorities safeguarding team and the service took appropriate action to ensure people's medication was administered safely.

Where people were administered their medication in a disguised format, known as Covert administration, the service had sought authorisation from people's GP's to ensure that it would be safe to do so. We saw covert administration of medicines had been authorised for three people by their GP, following best interest meetings. For example one person's records stated that their medicines were crushed before being administered. We noted the service had sought confirmation from the pharmacist that it was safe to do so.

Risks to people's health and welfare were not managed consistently throughout the service to ensure people were protected against risks of inappropriate care. We saw risk assessments had been undertaken and strategies to minimise any such risks were documented within people's care plans. These included any risks in relation to moving and handling, nutrition and hydration, pressure area care and medication. These provided staff with details on strategies in place to minimise any such risks. However we found risk assessments for people with nursing care needs lacked details and had the potential to place people at risk of not receiving consistent care. For example; One person had breathing difficulties yet there was no specific care plan in place to address how staff were to deal with this if

## Is the service safe?

the person became short of breath By the third day of our visit this had been attended to to ensure staff had instructions on how they were to meet the person's needs in such a situation.

People's care plans contained information on specific conditions such as diabetes, asthma and irregular heartbeat, however there was no clear documentation in regards to management of people's conditions for example if their medical condition deteriorated and how this would be managed to ensure people's wellbeing, however on discussions with staff, they were able to explain how they would manage people's medical conditions in the event of an emergency.

This was breaches in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff we spoke with were familiar with the whistle blowing policy and were generally confident they would be protected if they raised any allegations of poor practice to their line manager. However, we saw poor practices in relation to completing people's records for people with nursing care needs at night during our third visit to the home. We observed two staff completing people's turning charts, topical medicine application records and daily hygiene charts for people with nursing care needs before the tasks had been undertaken. Upon questioning these staff as to why the records were completed prior to the care being given, we were told "we've always done this because we've been told to fill them in as there is no time in the morning." They told us they had raised concerns about the practice with a senior carer and challenged them. However, our findings showed the practice had continued and the staff had not followed the organisation's whistleblowing policy and raised it further with their manager. We fed back our findings to the registered manager the following morning who had been made aware of our findings. They assured us immediate actions had been taken to ensure there was no re-occurrence and records would be completed once the care had been provided. The registered manager made a safeguarding referral to the local authorities safeguarding team in respect of this unsafe practice which had the potential put people at risk of their needs not being met..

This was breaches in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living at Chiltern Grange Care Home and were confident to raise any concerns with the manager or staff. They told us they had call bells and that the staff answered them quickly. One person who was nursed in bed told us they used the call bell and "they (staff) answer quickly, I'm never left waiting a long time. I think they are looking after me very well." A relative spoke with us about the care their mother received and told us "she is completely safe and looked after well." During our inspection the number of staff on duty reflected the number of staff detailed on the rota's. The service was spread over a large area on each floor, which meant at times staff were not clearly visible because they were with people in the communal lounge, dining area or providing care to people in their bedrooms. However, we noted call bells were answered quickly and help and assistance was given when people called for it.

Prior to our visit we had received some information of concern in relation to the staffing levels in the home. However, people we spoke with told us they felt there were enough staff available to meet their needs both during the day and night and had no concerns in this area. We spoke with a relative who told us since their relative had moved into the home "the number of staff has increased".

Since our visit in October 2014 thirty two staff had left the employment of Chiltern Grange Care home and twenty seven had since been recruited. The registered manager informed us maintaining staffing levels had been a challenge which had meant they used agency staff to work alongside their permanent staff to ensure there were enough skilled staff to meet people's care and support needs whilst recruiting new staff.

The registered manager informed us the deputy manager and head nurse had left Chiltern Grange Care Home, both of who had responsibility in overseeing and managing the nursing floor. This resulted in a review of roles and the implementation of a residential care manager and a nursing care manager who would oversee and support their individual staff teams. We were informed a residential care manager was in place and a registered nurse had been recruited and was in the process of completing their induction. The registered manager informed us there remained a night services manager role for which a person had been identified and it was anticipated they would start



## Is the service safe?

in February 2015 pending recruitment checks. A head nurse position had been filled in November 2014 who would be line managed by the nursing care manager. A further two nurses had been appointed but not yet started.

We noted thirteen people with nursing care needs were living in the home at the time of our visit. They were supported in the day by one registered nurse and four carers. During the night they were supported by one registered nurse and two carers. The registered manager told us this was over and above the service's assessed minimum staffing level, which was one registered nurse and one resident to five carers.

Whilst the service had a robust recruitment policy in place this was not always followed in practice. We looked at eight staff files. We noted appropriate checks had been undertaken in most cases. These included a Disclosure and Barring Scheme (DBS) check, references, a health declaration provided and a working history had been gained before they began working at the home. Checks were undertaken to ensure nurses were registered with the nursing and midwifery council and their registration was up to date. However an up to date recent photograph of staff was not always gained. We noted two files did not contain a full employment history. This meant potential gaps in employment had not been not explored. We also noted the service had not requested information on agency staff to

assure themselves they were appropriately registered with the nursing and midwifery council, that appropriate references and DBS checks had been undertaken and that they had received appropriate training to undertake their role in the home or that a satisfactory recruitment procedure had been followed.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with staff, it was evident they were knowledgeable about what constituted abuse. They knew how to deal with any suspicions or allegations that were brought to their attention and who to report them to. Staff told us they received safeguarding training during their induction and regularly thereafter. We saw a copy of the training matrix which verified this. The service had a good history of ensuring to notify the Care Quality Commission of any incidences or allegations of abuse as required under the Health and Social Care Act 2008.

Personal emergency escape plans were in place for people who lived in the home. These provided staff with details on how to evacuate people from the service safely in an emergency situation such as a fire.

# Is the service effective?

## Our findings

During this inspection, we noted staff supervision had previously not been provided on a regular basis and one staff member told us “I have not had supervision for ages but I often have informal discussions with the manager and head of department.” Staff we spoke with who worked on the nursing floor told us there had been a lack of leadership and support on the nursing floor.

This had been picked up by the registered manager through their own audits and actions had been put into place to address the shortfall to ensure all staff received regular supervisions with their line manager. The registered manager had completed supervisions for all of the heads of departments and a training workshop had been provided for the heads of departments so they had the knowledge and skills to provide their staff teams with regular formal supervisions.

We saw documented evidence that the residential care manager had provided supervision to six of the staff team in November 2014. Remaining supervisions had been diarised to ensure staff received a formal supervision by the end of January 2015 and continued supervision every two months thereafter. We saw a copy of the supervision schedule which also documented when staff were due to receive an annual appraisal where they could discuss their work, raise any concerns and any personal development needs. We noted staff who had been working in the service since they opened had been provided with an annual appraisal.

Staff received support through regular staff meetings. These were held on a two monthly basis and head of department meetings were provided on a monthly basis. These provided staff with information about any changes in the service, any training that had been arranged and the relevant dates, welcoming new staff and informing staff of any planned outings or celebrations within the home. We saw these were minuted and copies of the minutes were held in the service.

Staff were up to date with the organisations mandatory training and common induction standards. Records we viewed verified this as did the staff training matrix. We

raised concerns about the nursing staffs knowledge and skills. 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.

We were informed by the homes trainer and registered manager that plans were in place to focus and update the skills for the nursing team. These were documented in the service’s 2015/16 Business plan and included training in palliative care, strokes, Parkinson’s disease, depression, nutrition and hydration, person centred care and diabetes. However, 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.

We saw dates had been booked for nursing staff to attend wound care treatment training and wound management, treatment and prevention which had been booked for January 2015. We also saw arrangements had been made for The Stroke Association to give a talk to staff and family members in February 2015. This showed the service were seeking training for the nursing staff team to further their knowledge and skills so they could meet people’s individual needs appropriately.

There was a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). 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.

The registered manager demonstrated knowledge of the Mental Capacity Act 2005 Code of Practice and associated Deprivation of Liberty Safeguards and had followed this legislation for three people who were unable to make decisions because they lacked the capacity to do so. We

## Is the service effective?

were advised of one person who had a DoLS in place and of two people for whom an application had recently been made in their best interests to safeguard them. We saw these applications had been appropriately referred to the local authority. This ensured their rights were protected and any decisions made on their behalf were made in their best interests.

However, despite appropriate referrals having been made, DoLS were not being implemented effectively or consistently within the service. The registered manager had not undertaken the correct processes in a timely manner. The registered manager informed us plans were in place to assess whether further applications were required for some of the people with dementia care needs who were unable to leave the home unescorted as the doors were locked by a keypad. The registered manager informed us best interest meetings with family members/people's representatives were being arranged after which applications would be made. The delay meant the registered manager was not following the correct process to ensure people were not unlawfully deprived of their liberty.

We found appropriate assessments in place relating to best interests, for example when the use of covert medication was required but we did not see any evidence of a mental capacity assessment having been undertaken.

These were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We noted one person's care records indicated they were at high risk of developing pressure ulcers. They used an air mattress to minimise the risk of further pressure area damage, but this was not reflected in their care plan. In discussion with one nurse we asked what pressure the air flow mattress was to be set at. They did not know and told us they do not record this but they check the mattress was inflating each morning. The setting at which the air mattress should be was not recorded in the care plan. The lack of such records had the potential to place people with pressure ulcers at risk of further pressure damage to their skin if the mattress was inflated too high or not enough.

We saw examples in which repositioning charts for people who were at risk of pressure area damage were not always completed. We saw they were generally completed during the night but there were gaps for recording during the day. We noted continuous gaps in one person's turning chart

which suggested they were not being repositioned every two hours as documented. Upon checking their daily notes we noted they had been up and about during the day this had not been accounted for on their turning chart. Prior to our visit we received some information from a healthcare professional who informed us they had concerns about people's turning charts being completed. They observed a person had been turned by a member of staff although the turning chart had not been completed to evidence appropriate pressure area care had been provided. This showed staff practice was not being monitored as staff were not completing records to evidence the care being provided.

This was breaches in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to have sufficient amounts to eat and drink throughout the day and to maintain a healthy well balanced diet. We saw records to show people were assessed for any risks in relation to malnutrition and dehydration and where a risk had been identified, their food and fluid intake was monitored. People were weighed each month to monitor and ensure they maintained a healthy weight. Where concerns were evident, appropriate referrals were made. We saw one such instance in which the service had referred a person to the GP, who in turn had prescribed supplements. Where people required special diets such as high protein meals, high energy meals, dairy free meals and diabetics diets, these were provided. We noted these were regularly reviewed on a monthly basis.

People living at the service told us there had been previous concerns around the quality of food served but this had improved since the appointment of a new Chef in September 2014. One person told us "we have had a lot of change with chefs, but the food is good we always get a choice of meals." "Another person told us "everything is ok except the food. When the Chef is on, it's very good but when the other person is on it's not very nice and not edible sometimes." In general everyone we spoke with seemed much happier with the current arrangements. People were able to take their meals in the dining room or in their own rooms if they preferred.

We observed lunchtime in two areas of the home. We saw people were provided with a choice of food and drink. Staff were attentive to people's needs and offered support where this was required. They enabled people to take their meals at their own pace and people were not rushed.

## Is the service effective?

Menus were on display outside each dining room so people knew what was being served. The chef and people we spoke with told us menus were made available for them each evening to enable them to choose what they would like the following day. We were informed that if they decided on the day that they wished to change their meal choice they could do so. We were informed the kitchen staff were accommodating of people's wishes, for example, if they wished to have their meal at a later time. We noted family members were welcomed to help their relatives during mealtimes if they wished. Similarly if people's relatives wished to partake in having a meal with their relative they were able to. People told us they were consulted with about the meals they liked and wished to be on the menus and we saw a letter which had been sent to people who used the service asking them to complete a questionnaire to verify this.

There was a waitress who served people on the ground floor with their meals and ensured they had readily available drinks of their choice. One person told us "she is marvellous." The registered manager told us this was a trial and the hostess/waitress was appointed in September 2014 to support carers in serving people with their meals. The registered manager informed us that recent changes in the catering staff team had resulted in an improvement to the quality of food and had enhanced people's overall dining experience.

We saw records were kept of appointments with healthcare professionals, such as doctors, community psychiatric nurses, tissue viability nurses, speech and language therapists and district nurses. A brief account was written to provide a record of the appointment and any action required to ensure staff were aware of treatment provided. However, we did note in one person's file there was no

documentation to inform when they had last had a dental check-up or their eyes tested. Staff and the registered manager were unable to tell us when these had been last checked. This omission had the potential to place people at risk of their healthcare needs being unmet. We were assured actions would be taken to address this.

We saw documentation to show People were supported to make choices and were involved in decisions in relation to their health and the management of these. For example, people had been consulted with around the decision as to whether they wished to have an influenza vaccination, to protect them during the winter months. This ensured people's care and support was planned in line with their choices and preferences.

The registered manager informed us they had sought the support of community dental services to meet the oral and dental needs of people who lived in the home. We received some feedback from the Community Dental Services who confirmed they had recently visited Chiltern Grange Care Home to provide oral health screening for people who lived in the home. They told us this had been well organised and effectively carried out by the service. They reported that they had discussed the outcomes of the visits with the registered manager and discussed how they would progress with the on-going care and support of people's oral and dental care needs. This showed the service supported people to maintain good oral health and enable people to access healthcare services and receive on-going support.

**We recommend that the registered person ensures that copies of the nurses relevant qualifications, training and continued professional development are kept on file and used to inform further training needs.**

# Is the service caring?

## Our findings

People we spoke with spoke positively about the care and support they received. One person told us “Staff are always cheerful, nothing is too much trouble... No-one is surly and they all want to help in any way and if they don’t know they will go and find someone who does”. Another person who lived in the home told us “they [the staff] are all very funny and humorous, they all help and it’s easy to get someone if I need anything.”

One relative we spoke with told us about the care their relative received. They told us they felt their relative was “very well looked after.” They added “personal dignity is very good” and reported that on the whole staff were very caring, gentle and treated the residents with dignity. They explained their relative required support with personal care and “the carers have been very kind and courteous”. They also added when (their relative) was bathed they [staff] used lots of bubble bath to preserve their dignity. The relative commented “Some of the staff are very very caring, gentle and treat the residents with dignity.”

Staff had built up a good rapport with the people living in the home in a very caring way, which extended to their relatives and visitors too. We observed visitors to the home were welcomed and informed of any changes to their relative’s health and care needs. Throughout our visit we saw staff interacting with people in a kind, caring manner. We heard them speak with people politely and respectfully and calling them by their preferred name. Staff showed patience and encouragement when supporting people, had a good understanding of people’s needs and knew them well. We noted staff took time to sit with people spending quality one to one time with them and engaging in conversation.

During our visit, a person who used the service raised concerns about the health and welfare of another person who lived in the service. We noted they did not feel well and informed a carer who responded very promptly. The carer stayed with the person giving them reassurance whilst a nurse was called for assistance. Both staff provided the person with reassurance and dealt with the matter in a kind, professional manner. Shortly afterwards we saw the person was feeling much better and was having lunch in the dining room. After lunch we saw them socialising with others in the lounge.

People told us they were given appropriate information about the home and the facilities that were available to them when they came to live at Chiltern Grange Care Home. We saw a copy of the home’s brochure readily available in the reception area which we were told could be provided in various formats to meet people’s individual needs.

People told us their privacy and dignity was respected when staff supported them. One person told us they had raised some concerns about staff respecting people’s privacy and dignity. They said “one thing I did raise was that they knocked on the door but gave me no time to respond and came in. Once I was naked. I complained and they did listen. Privacy is very important in a place like this.” Another person told us the staff always knocked on their door and if they did not respond the staff would call out before walking in. We saw evidence of this during our visit.

Where people were receiving end of life care we saw their wishes were recorded about how they wanted their care to be provided, who they wanted involved and whether they wished to receive resuscitation had been discussed with them, their GP and their family and documented in their care plans. This was to ensure people were involved in making important decisions about their end of life care, treatment and support. Such information enabled staff to provide their care and support according to their last wishes. This ensured their care was provided according to their wishes. Whilst we were in the home we saw people and their families had the support of Iain Rennie nurses as well as the staff who worked in the home. The service had contacted the Iain Rennie Nurses to support them to ensure a person’s last wishes of being pain free were upheld.

We observed one person who was receiving end of life care and was being supported to eat in bed. A carer was assisting them with their food in a very gentle and unrushed manner. The person did not want very much to eat so the carer tried to encourage the person with foods they knew they liked, but respected their wishes when they refused and monitored their food and fluid intake accordingly.

There was a keyworker system recently put in place so people had a named member of staff who reviewed their care with them each month, or sooner if their needs changed. People could speak with their key workers if they had any concerns or issues. People we spoke with verified

## Is the service caring?

they had a keyworker who they would speak to if they had any concerns. A keyworker was an allocated staff member who had particular responsibility for a person using the service. This enabled staff to develop close working relationships with people they provided care and support for.

We were informed that whilst there was nobody in the home who used an advocacy service, people would be assisted to access an independent advocate to speak up

for them and support them if required. Similarly they would support people during their reviews of care if they felt they needed an independent person to support them in the process. We saw a copy of the service's advocacy policy which contained details of organisations who provided an advocacy service, which staff had access to if the need arose to access such a service for someone who lived in the home.



# Is the service responsive?

## Our findings

We met with a person who had recently moved into the home for a period of respite. They told us they had not been involved in the admission process because they had been in hospital in another part of the country. They told us their relative had taken care of arranging their admission into the service. They told us when they had arrived, they were consulted with about their likes and dislikes, their dietary needs and any specific preferences they had in relation to their care and support. They told us staff had taken their wishes into account in relation to night time checks. They said they had asked staff to cancel night time checks “as they were coming to my room to check on me. I found this disturbing my sleep and I prefer to rely on the buzzer if I need anything.” They told us staff had listened to them and respected their wishes. They further added “Staff are always cheerful, nothing is too much trouble... they all want to help in any way and if they don’t know something they will go and find someone who does.”

We spoke with a person who was visiting their relative who on the whole felt the service met their relative’s needs. They told us (named relative) “is completely safe and looked after well”. They told us their relative had moved into the home following intermediate care and had to move into the home quickly. They informed us they are consulted with and have meetings to discuss their relatives care and support needs. The relative felt the staff were very pro active and that they took time to provide them with an activity to keep them stimulated if their relative appeared to look bored.

People told us their needs had been assessed prior to moving into the home. This enabled people and their families to discuss their health, social and personal care needs, what they were able to do themselves and how they wished staff to support them. This enabled people and their representatives to make an informed choice about whether they felt the home was suitable to their needs. It also enabled the home to be confident they could meet people’s individual needs before a place was offered. We looked at examples of pre admission assessments and found information was included such as next of kin, GP details, medical histories, medicines and cultural needs.

In relation to people with residential care needs and dementia care needs we found people’s care plans were personalised according to people’s individual needs,

preferences and wishes. We saw some signed documentation to show they and/or their representatives had been consulted with and they had signed documentation agreeing to the care and support detailed in their plan of care. Care plans were regularly reviewed in consultation with the person, their representatives and their key worker to ensure they were up to date and met their needs accordingly. Where any changing care needs had been identified they had been documented in their care plan and communicated to the staff team.

However, this was not the case for people with nursing care needs. We found people’s life histories had not always been completed and care plans had not always been signed by the individual and/or their representatives, monitoring charts were not always completed appropriately, such as turning records. This meant people may not be informed or aware of the support they should receive in respect of their care needs. By the third day of our inspection, actions had been put into place to address these issues and we saw two senior staff had been assigned to ensure every person’s care plan was up to date and contained all the necessary information to provide people with the care, treatment and support according to their needs. These were to be completed by the week following our visit.

People were provided with regular activities to provide them with stimulation and interaction with others. These included activities both in the home and within the wider community. There was a planned weekly programme of activities for people to take part in and one to one activities were offered to people who preferred them on an individual basis. The activities schedule was published throughout the home. Activities included art and craft, board games, discussions and reminiscence, balloon games, bingo and trips within the local community. There was a range of board games, reminiscence cards and puzzles in the communal areas which people living in the service, staff and relatives had access to. These were provided so people could partake in activities with others during times when an activity was not scheduled, such as weekends and evenings.

One person told us they had been on an outing earlier that week and another trip to the local school for a carols service and a Christmas Play, which they had enjoyed. They also took part in a singing activity within the home. Another person told us “I don’t do many of the activities but you can join in if they take your fancy.” They told us that there was a

## Is the service responsive?

choice of activities they could partake in if they wished. However they did add that “trips out are a bit of a rarity. I would like to go out more but it depends on the weather.” During our visit we noted people taking part in decorating the Christmas tree with the activities co-ordinator. There was a lot of laughter and they were observed to be enjoying the activity.

One person told us they were supported to attend activities of their choice in the local community. They told us a taxi was arranged for them so they could attend a local whist club once a fortnight and maintain their relationships within the wider community. There was a visiting hairdresser who provided people with a hairdressing service in the home. Similarly there was a health Spa where people could choose to have other treatments such as manicures and hand massages. A chiropodist visited the service to provide foot care treatments for people who lived in the home.

The service had a complaints procedure in place to enable people to raise any concerns they had. We looked at the complaints log and saw that from October to November 2014 , seven complaints had been made. We saw they had been acted upon, been responded to in line with the organisation’s policy and procedure and had been resolved. People we spoke with said they had no concerns but if they did they knew who to speak to.

We were informed resident meetings were held every six to eight weeks, relative meetings on a quarterly basis. These were minuted and a letter was sent to people summarising what had been discussed. We saw copies of minutes were held within the service. These meetings enabled people to raise any concerns they had, to be informed of any training that was being undertaken planned activities and of any changes within the service such as new staff appointments. We noted concerns raised during these meetings had been logged appropriately in the complaints log and addressed and resolved appropriately.



# Is the service well-led?

## Our findings

Staff informed us they felt the management to be very approachable. Staff we spoke with told us since there had been changes in management, improvements were starting to be made. One staff member commented “I get on well with the Chief Executive, the operations manager and the director. I feel included in decisions about the aspects of the home.” We noted there appeared to be a good rapport and good team support between staff at various levels.

Since our last visit to the service there had been some changes to the management structure of the home. The deputy manager position became vacant in October 2014 and the management team made the decision to split the responsibilities of the deputy managers role into two to allow for a dedicated nursing care manager and a residential care manager. Similarly there had been changes to the staff teams due to a turnover of staff which had been managed well. The registered manager told us there were still some vacancies for registered nurses and recruitment was taking place. The registered manager explained due to the geography of the home it had been challenging to recruit experienced nurses.

The registered manager informed the Care Quality Commission that whilst they had sufficient staff to meet the needs of people, they had chosen to place a voluntary embargo upon taking any further people with nursing care needs. This meant they had taken positive action and made the decision to take no further nursing placements until more permanent nursing staff, a nursing care manager and a night services manager were employed. The registered manager felt this would strengthen the nursing team and ensure that people with nursing care needs were fully supported by a full compliment of employed nursing staff.

Systems were in place to assess and monitor the quality of service through various methods which included speaking to people on a day to day basis, through their reviews of care, at resident meetings as well as relative meetings and through questionnaires. An annual survey was completed inviting people, relatives and healthcare professionals to give feedback on the service.

The manager completed a range of monthly audits on weight loss, pressure area care and care plans. These

included action plans to address any shortfalls found. This ensured they could satisfy themselves that changes in people's needs were being addressed. The manager completed a monthly report to Operations Director on staff recruitment, inductions, training and supervisions. The operations Director visited the service on a monthly basis where the action plans were discussed and to check on progress made.

The October 2014 audits had picked up only fifty per cent of staff had received regular supervision. As a result actions were taken and a supervision schedule had been put into place to ensure all staff received supervision every two months. We saw a copy of the supervision matrix for 2015 which detailed dates these were to be undertaken. We also saw documentation which showed a staff supervision training course was booked to take place on the 22 December 2014 for heads of departments and senior staff to provide them with the necessary skills to provide staff with supervision. This training would enable them to have the skills and knowledge to undertake the role of supervisor.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. For example we were made aware of an incident between two people who used the service. We saw documentation had been completed in relation to the incident. Appropriate referrals to psychiatric nurse had been made, a behavioural care plan and monitoring forms had been put into place for completion should there be a re- occurrence. This enabled staff to monitor the behaviour frequency and severity to enable them to recognise patterns of behaviour and possible contributing causes.

Whilst we found further areas of non compliance during this inspection, the registered manager had been pro active and made improvements to the quality of service for people with residential and dementia care needs. Care plans and documentation were personalised, monitoring records were completed, changes to the management of medicines meant medicines were managed safely by trained competent staff and staff had received a good range of training specific to the needs of people using the service. A residential care manager was in place to oversee the teams and ensure people received a quality service which met their needs accordingly.

Whilst we found concerns during this inspection the registered manager and staff had a good understanding of

## Is the service well-led?

the challenges, concerns and actions needed to improve the quality of care. In discussion with two new senior nursing staff it was evident the management had been open and transparent and they were aware of concerns found during this inspection. One informed us they had started to make changes. For example they were reviewing all the care plans for people with nursing care needs and updating them to ensure the information within them was complete, signed and up to date. We observed them to be doing this during our visit.

The registered manager had the support of the Operations Director, who was visiting on a weekly basis to discuss what actions had been taken and what further actions needed to be taken. They also had the support of a manager in one of their sister homes and a newly recruited regional manager. The registered manager had been pro active in seeking

further leadership and management training and had enrolled on a level 5 course in this subject area to further their knowledge and skills to promote the quality of service.

Similarly two senior staff were being supported to undertake further training to promote the quality of service provided. This included a level 5 diploma in leadership in health and social care for both of them and one was also doing the level 3 diploma in education and training.

From our observations and discussions with staff it was evident improvements had been made since our last inspection in August 2014 and the provider was making further improvements. The registered person's understood their responsibilities in relation to the Health and Social Care Act 2008 and associated Regulations and took actions where needed.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Treatment of disease, disorder or injury	<b>The registered person did not maintain accurate records in respect of people and the management of the regulated activity</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
Treatment of disease, disorder or injury	<b>The registered person failed to operate an effective recruitment procedure and information specified in schedule 3 was available in respect of a person employed for the purpose of carrying on a regulated activity and such other information as is as appropriate.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	<b>The registered person failed to ensure people were protected against the risks of receiving care or treatment that was inappropriate or unsafe.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
Treatment of disease, disorder or injury	<b>The registered persons failed to manage the principles of the Mental Capacity Act 2005 Code of Practice and associated Deprivation of Liberty Safeguards effectively</b>