

Bayswift Limited

Chegworth Nursing Home

Inspection report

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Date of inspection visit:
17 April 2019

Date of publication:
11 June 2019

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Chegworth Nursing Home is residential care home that was providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service is registered for up to 43 people to receive care and support.

People's experience of using this service:

People received a good standard of care in all areas. The service met the characteristics for a rating of "Good" in four of the five key questions and "Outstanding" in the responsive key question. More information is in the full report

The provider was outstanding in its delivery of end of life care to people. The staff delivering care and support were skilled and suitable. They were deployed in sufficient numbers to deliver care effectively and to ensure people were safe. People's health needs were met, they ate well and were supported to access healthcare services whenever they needed to. Staff were caring and the provider had a track record of supporting people compassionately during end of life care. People were active and were supported around their cultural and spiritual needs.

The registered manager and senior staff provided good leadership and were popular with people, relatives and staff. Effective quality assurance processes were in place to drive improvements at the nursing home.

Rating at last inspection:

At the last inspection the service was rated good [report published on 24 October 2016]. More information is in our full report.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Chegworth Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Our inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was as a family carer of older people, people with disabilities and people living with dementia.

Service and service type:

The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 17 April 2019.

What we did:

Before our inspection we reviewed information we held about Chegworth Nursing Home. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

During our inspection we spoke with 12 people, five relatives, the activity officer, chef, administrator, six staff, the operations director and the registered manager. We looked at eight people's care records, seven staff files, the records of six team meetings as well as a range of records about people's care and how the service was managed.

Following the inspection, we contacted five health and social care professionals for their views about the quality of care delivered to people at Chegworth Nursing Home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People were protected from foreseeable harm because the provider assessed people's risks and implemented plans to reduce them.
- Where people presented with a risk of pressure ulcers the service made referrals to tissue viability nurses and dieticians. Staff followed the guidelines developed by these healthcare professionals which included, using pressure relieving mattresses, turning sheets and nutrition plans to protect people's skin integrity.
- People's safety was enhanced by the readiness of staff to respond appropriately to a fire emergency. Staff received fire safety training. Each person had a personal emergency evacuation plan which staff were familiar with. The nursing home had smoke and fire detection systems in place along with four mist generating devices designed to reduce smoke and heat along designated escape routes.
- Window restrictors were in place throughout the service to prevent the risk of people falling from height.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe."
- Staff received regular training around safeguarding people from abuse and improper treatment.
- Staff we spoke with were aware of their duties in relation to safeguarding people from abuse. They told us they had opportunities to discuss safeguarding at staff meetings.

Staffing and recruitment

- People received support from staff who had been recruited through processes which assured the provider they were safe and suitable to deliver care.
- Prospective staff completed applications and were interviewed. They submitted to criminal records checks and provided proof of identity, address and eligibility to work in the UK. The provider also took up references for successful applicants to confirm their employment history.
- Where staff were registered nurses the registered manager confirmed their registration was up to date.
- The provider used a dependency tool to adjust staffing levels.
- The service was well staffed. One person told us, "If I ring the bell they always come quickly." At the time of our inspection there were nine care staff and two nurses on duty providing care and support. There was also one maintenance staff, two kitchen staff and three domestic staff. The registered manager was supported by a secretary and an administrator. This meant there were enough staff available to safely and effectively meet people's needs.

Using medicines safely

- People received their medicines as prescribed.
- There were systems in place to ensure medicines were stored safely and stocks were kept replenished.

- Medicines administration records showed that people had received their medicines in line with the prescriber's instructions.
- Staff who administered medicines had regular competency checks as part of their ongoing training plans.

Preventing and controlling infection

- People told us they were satisfied with cleanliness at the service. One person told us, "My room is kept very clean." Another person said, "My laundry is always nicely done and that makes me feel clean."
- Staff were aware of best practice in preventing and controlling the spread of infection, including correct hand washing techniques and use of personal protective equipment such as gloves and aprons at appropriate times.
- The provider carried out regular checks of cleanliness and hygiene within the home. This included arranging for the water supply to be tested regularly for harmful bacteria.
- The home was visibly clean and free from unpleasant odours. Staff used daily cleaning checklists to ensure all parts of the premises were cleaned.
- The kitchen was clean and tidy. Staff stored food appropriately and in line with food safety guidance. Kitchen staff carried out daily checks of the temperatures at which food was stored and served. At the time of our inspection the home had the highest rating from the Food Hygiene Rating Scheme. This meant that food hygiene standards were very good.

Learning lessons when things go wrong

- Staff kept records of accidents and incidents, including action they took and any changes they were making to prevent recurrence. For example, one person experienced a number of falls and their risk management plan was updated to reflect that they should have two staff to support them when they were getting up or moving around.
- The provider carried out an annual analysis of accidents and incidents to help them identify any trends. Records showed no concerning patterns and there were no serious injuries resulting from falls within the last year.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to have a comprehensive assessment of their needs.
- The registered manager assessed people's needs prior to admission to the service. These initial assessments took place wherever people were prior to moving into Chegworth Nursing Home, such as in people's own homes, in hospitals or in hospices.
- People, their relatives and health and social care professionals participated in the assessment process.
- People's assessments covered areas including their physical, medical, psychological emotional, social, communication and nutrition needs. When people's needs changed they were supported with reassessments.

Staff support: induction, training, skills and experience

- People were supported and cared for by trained and skilled staff.
- The registered manager ensured that all staff completed training which the provider considered mandatory and repeated the training through regular refresher courses. This training included, moving and handling, basic life support, food hygiene, mental capacity, safeguarding, equality and diversity, and health and safety.
- Care staff also received training to meet people's specific needs. For example, staff received training in dementia awareness, end of life care, epilepsy and behaviours which may challenge. Whilst nursing staff received training specific to their roles. For example, catheter management, end of life care, swallowing safely and preventing malnutrition.
- Staff received training through a combination of classroom-based training and online (E-learning) training. Staff told us they were satisfied with the quantity and quality of training they received.
- New staff completed an induction to ensure they had the skills to support people effectively. One member of staff told us, "My induction has been good. It's given me the confidence to support people properly. I have had the all the training I need to this point."
- Staff told us they were well supported by the registered manager and senior staff.
- Staff received regular one to one supervision at which people's changing needs were discussed.
- The registered manager ensured that staff received an annual appraisal when performance and personal development was discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their assessed needs.
- Where required people used adapted equipment which enabled them eat and drink independently.

- Care and catering staff were aware of people's specific dietary needs.
- Where required staff supported people to drink thickened fluids to reduce their risk of choking.

Adapting service, design, decoration to meet people's needs

- The environment was homely and welcoming with pleasant décor, fish tanks and a number of communal spaces for people to socialise or interact more privately with visitors.
- The service has two lifts to support people to move around the nursing homes' three floors.
- Communal areas included a large bright conservatory
- There was a large landscaped garden to the rear of the nursing home. It was wheelchair accessible and contained a water feature, shaded, smoking, seated and sensory areas. The service used the garden to host a number of parties and barbeques.
- Each bedroom had a ceiling hoist to ensure people could transfer safely.
- The nursing station was located between the two ground floor communal areas. This maximised nursing staff supervision.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required.
- A local GP attended the service each week to conduct ward rounds. One person told us, "There's no problem if I want to see the doctor."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a thorough understanding of their role to support people in line with the MCA. They were aware of the processes that needed to be followed when people did not have capacity to consent to decisions about their care.
- Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments undertaken by healthcare professionals.
- Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
- Where people lacked capacity, care records detailed the restrictions in place to keep them safe.
- The details contained within peoples DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and kind towards people. One person told us, "Staff are kind and it's a grand place to be in." Another person said, "The staff are kind and I get the care I need."
- Staff appeared to know people well and had a good relationship with them. We saw a member of staff singing a song with one person to help them remember the words. The person was smiling and laughing as the member of staff interacted with them.
- Staff spoke to people in a respectful and caring manner. For example, we saw staff spreading a napkin on one person's lap to protect their clothing during lunch. The member of staff explained beforehand what the napkin was for and told the person what they were about to do with it.
- Staff supported people around their faith and spirituality. Church of England and Catholic priests delivered monthly services at the nursing home. People who chose to, were supported by staff using the care home's minibus, to attend Sunday services in churches locally. Arrangements were also made for people to attend a Hindu Temple.
- During our inspection, a church minister and choir visited the home to give an Easter service. People received communion and hymns were sung. We observed staff asking people if they would like to participate.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence:

- People made decisions about how they received their care and support. For example, people chose what they wore, what they ate and the activities they participated in.
- People and their relatives told us that staff respected their privacy.
- We observed staff knocking on people's doors before entering.
- Staff referred to people by their preferred names.
- People were encouraged to be independent and to do as much for themselves as they felt comfortable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

End of life care and support

- The service was outstanding at supporting people through end of life care.
- The service was registered with the gold standard framework (GSF). The GSF provides training to staff in the provision of end of life care. The service had been reaccredited four times. This meant staff continued to deliver end of life care in line with best practice.
- The service was exceptionally responsive and proactive in responding to the clinical issues people presented with during their end of life care. For example, one person was admitted to the service from hospital with a large unclosed surgical wound. The person was bed bound, had lost significant weight and was not expected to live very long. The registered manager and nursing team proactively addressed the person's nutritional intake and wound care. This resulted in the person gaining three stone in weight and their open wound reducing in size by 80%. At the time of our inspection the person had regained their mobility and was no longer identified as being at end of life.
- People and their relatives participated in the development of end of life care plans to ensure they were personalised.
- The provider gathered and recorded details of people's cultural, spiritual and personal preferences for their last moments. For example, a number of people wanted a Catholic priest to administer the Last Rites, whilst a number of people of Hindu faith wanted a holy water ritual to be performed. Advanced care plans also stated which religious institutions people wanted staff to notify when they died such as a church or synagogue. Representatives from these faith groups had attended the service to support individual people in line with their wishes before and after their deaths in the months before our inspection.
- Where people chose, their care records noted that they did not want religious funerals.
- Staff liaised closely with healthcare professionals to whom referrals were made when people were identified as being on an end of life pathway.
- Following each person's death, the registered manager carried out a review called a 'significant event analysis'. This asked the following questions: What went well? What didn't go so well? And what could have been done better."
- Following each person's death, the provider made a 'loss and grief service' available to staff. This forum was attended by staff and enabled them to share their feelings following people's deaths and to receive support to manage their grief.
- After allowing a period of time to elapse, the registered manager sent questionnaires to the relatives of people who had passed away at the service. These asked for feedback around how relatives experienced their loved ones' end of life care. Issues addressed in these questionnaires included relatives' views about the spiritual and emotional support that had been made available; whether the person was free of pain; how their hygiene and dignity were managed; and whether they had the opportunity to be with their relative

when they died. The registered manager used this feedback to make improvements. For example, following feedback, relatives are now asked whether they wish staff to be present to address clinical issues immediately after a person has died or whether they would prefer privacy in those moments.

- The service held an annual Memorial Day for people and relatives to remember former residents who had died.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection the service had transitioned from paper care records to electronic care records. Each member of staff had a handset enabling them to see and update care records which were reviewed by the registered manager and senior staff.

- Electronic care records contained graphical information enabling staff to see changes in people's needs at-a-glance. For example, graphs showed the rise and fall of people's blood pressure and weight over time.

- Where people's needs changed, staff took action. For example, when one person experienced increased unsteadiness and an increased risk of falling when walking, their mobility needs were reassessed. The reassessment led to a change in their care plan which stated that two staff were required to support the person when they walked.

- The service had an in-house physiotherapist who supported people with personalised programmes of exercise and stretches.

- The provider supported people to be active and engaged.

- People were supported to engage in a range of activities including, chair-based exercises, reminiscence, games, arts and crafts and movie nights.

- Staff received on-going training from a registered company that specialised in supporting staff to deliver activities to people.

- The service had a full-time activities coordinator who led people in group and individual activities. The activity coordinator encouraged people to choose the activities they engaged in. For example, people were encouraged to write a wish list of activities they would like to do. Some people said they would like fish and chips at the seaside. The service responded by supporting seven people on a coastal excursion where they ate fish and chips.

- In another example, one person, who had been a keen gardener, was supported to develop and maintain a garden area which they could see through their window from their bed.

- Activities outside of the care home included trips to a gardening centre and for pub lunches.

- The service celebrated events that were important to people. For example, Mothering Sunday was marked with a cream tea. Other recent dates of note that people were supported to engage in included the Grand National and St Patrick's Day.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and service leadership promoted an open culture at the service. People and staff felt their views on improving the service were encouraged and welcomed. One person told us, "The Manager always responds quickly if I raise an issue."
- Staff told us the registered manager was, "Very hands-on" and spent a lot of time observing staff to ensure they were providing care to a high standard.
- The registered manager arranged team meetings for staff to receive and share information. The records of team meetings showed that the registered manager spoke to staff about best practice in care, checked their knowledge and ensured staff were clear about the provider's values. Written action plans were produced after these meetings, so staff were clear about what they needed to do to ensure a high standard of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of accountability and staff were aware of their roles. Some members of staff had 'champion' roles which meant they had a responsibility for ensuring good practice in specific areas such as dementia awareness. Champions were role models for their colleagues and provided training to them.
- The registered manager told us they were in the process of introducing a system where one member of staff would take a leadership role on each floor of the home and they would be an easily identifiable point of contact for their colleagues.
- The provider held meetings with the registered managers of all their services. They discussed governance and quality assurance and made sure managers were aware of their responsibilities.
- The manager ensured that notifications were submitted to CQC in a timely manner to keep us informed about significant events taking place at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gathered suggestions and feedback from people, relatives, visitors, staff and healthcare professionals and used this information to improve the service.
- The provider used the positive feedback it received to encourage staff and role model good practice. Compliments were referred to in the provider's newsletters, displayed on a notice board and retained in a folder to which staff had access.
- Staff gave us consistently positive feedback about the registered manager and provider, saying they were

supportive and approachable.

Continuous learning and improving care

- Since the last inspection the provider has introduced electronic care records. All staff were trained to use the system which included fixed terminals and portable iPads. Electronic care records had enabled the registered manager and senior staff to more accurately monitor and analyse trends such as weight loss.
- The registered manager told us that the electronic care records system could print off hospital packs for attending ambulance crews, to take with people as they are admitted to hospital. The registered manager explained that the service is currently involved in trials to send electronic information directly to hospital when required.
- The service had a number of audits to assess the quality of the care people received. This included audits of care plans, medicines management, health and safety and infection control. Examples of action taken in response to issues raised by the audits included the provider ordering new hand rails to help reduce the risk of falls.
- The service made improvements based upon the findings and recommendations of external quality monitoring reports including those undertaken by the local authority.
- The registered manager promoted a culture in which successes were celebrated and shared to reward and encourage further improvement. We saw a number of awards on display in the reception area including an 'Amazing and fabulous award' and an award showing that the service had achieved the platinum standard within the Gold Standard Framework for end of life care.

Working in partnership with others

- The service maintained links with the local community. Children from local schools and nurseries visited the home regularly to spend time with people and engage in activities together. Similarly, the service sought and received input from a number of faith organisations and their communities.
- The registered manager and staff engaged in partnership working with the local authority, health organisations and other care providers and used these relationships to drive improvements at Chegworth Nursing Home.