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Chatsworth Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 24 and 25 February and was unannounced. Chatsworth Residential Home provides care and accommodation for up to 26 older people some whom are living with dementia or have a physical disability. On the day of the inspection 25 people resided at the service with one person currently in hospital.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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.

During our inspection we observed people looked relaxed with the staff and there was a friendly and calm

Summary of findings

atmosphere. People and staff chatted and enjoyed each other's company. Comments included; "I wouldn't be anywhere else!" People, who were able to, told us they were happy living there.

People had their privacy and dignity maintained. We observed staff supporting people and being kind and compassionate. People told us staff were kind and caring. People's privacy and dignity were respected by staff who provided individual and personalised care.

People and their relatives were happy with the care they received from staff and said they were knowledgeable and able to meet their needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected by safe recruitment procedures. There were sufficient staff employed to meet people's needs and new staff completed an induction programme. Staff had undertaken appropriate training and had the right skills to meet people's needs.

People had access to healthcare professionals, for example GP's and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Staff responded to information given to them by professionals to ensure people received the care they needed to remain well.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and worked with others in their best interest. People's safety and liberty were promoted.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

People were better protected from harm as staff had safeguarding of vulnerable adults training and had the knowledge on how to report any concerns and what action they would take to protect people. Staff were confident any incidents or allegations would be fully investigated.

Staff received a comprehensive induction programme. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and did not feel rushed. People had opportunities to take part in a variety of activities.

People's care records contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

Staff said they were happy working at the service and told us the manager was supportive, kept them informed, listened to them and acted on any concerns raised.

There were quality assurance systems in place. Feedback to assess the quality of the service provided was sought from people and their relatives. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

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. People told us they felt safe living at the service.

People were supported by sufficient numbers of staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks were identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported to maintain a healthy diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and had received training.

People lived in an environment which was clean and comfortable.

Good



Is the service caring?

The service was caring.

People were given time to make decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and what was important to them.

Good



Is the service responsive?

The service was responsive.

Care records were personalised therefore met people's individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an experienced registered manager in post who was approachable and people spoke highly of.

Staff said they were supported by the registered manager. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Chatsworth Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was undertaken by one inspector on 24 and 25 February 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 20 people who used the service, the registered manager and eight members of staff. We also spoke with two relatives and two health care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

One person said, “They (the staff) always make me feel safe” and “When they use the hoist with me they always make me feel safe.” A relative said; “Though mum has fallen I always felt mum was safe here.”

People who lived at Chatsworth Residential Home were safe because the home had arrangements in place to make sure people were protected from abuse and avoidable harm.

People who were able to told us they felt safe.

People lived in a safe and secure environment that was regularly updated and was clean. Smoke alarms and emergency lighting was tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. All care plans included up to date personal evacuation plans in the event of an emergency, such as fire.

People were better protected from abuse as safeguarding training had been completed by all staff. Staff confirmed they received updated safeguarding training and they had access to updated policies and procedures on safeguarding and whistleblowing. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager or providers would act on any issues or concerns raised. They told us they would take things further, for example contact the local authority, if they felt their concerns were not being taken seriously. Staff spoke confidently about how they would recognise signs of possible abuse. Staff said, “I will tell [...] (the registered manager) if I have any concerns.” Appropriate referrals had been made to the local safeguarding team and this showed that concerns were reported to the relevant authority.

People identified as being at risk, for example falls, had up to date risk assessments in place. People at high risk of falls had information recorded to help reduce risk to them and ensured staff were aware of the risk to people. Other records held information for staff on how to reduce further risks to people who might be at increased risk in other areas for example, pressure relieving mattresses were supplied for people at risk of pressure ulcers. Staff showed

they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when they moved around.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example if people had fallen extra measures were put in place to protect people. Any themes were noted and learning from accidents was shared with the staff team or individuals as appropriate. This helped to minimise the possibility of repeated incidents. This showed us that learning from such incidents took place and appropriate changes were made.

People had sufficient staff to support their needs. Rotas and staff confirmed the home had sufficient staff on duty. Staff were observed supporting people appropriately at all times, for example at mealtimes and assisting people moving from the room to room. People and relatives confirmed there were enough staff to meet people’s needs. The registered manager told us that the numbers of staff were reviewed regularly to ensure that the correct number of staff were available at all times to meet the current care needs of people. Staff confirmed the registered manager used additional staff if people’s needs changed for example if people were unwell. Staff said; “There are enough staff and if staff are sick we cover the shifts.” Relatives felt the home had enough staff and they did not have any problems locating staff when they needed to.

People were supported by suitable staff. The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. Recruitment files included relevant recruitment checks to confirm the staff member’s suitability to work with vulnerable adults. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. One staff member confirmed their checks had been applied for and obtained prior to them commencing their employment with the service. One staff member commented; “I had to wait six weeks before I could start until all my checks were in.”

People received their medicines as prescribed and medicine administration records (MAR) had been correctly completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and

Is the service safe?

management of medicines. Staff made sure people received their medicines at the correct times and records confirmed this. This helped to ensure they received them safely.

Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. People, when asked if they felt staff were well trained, agreed and felt staff knew how to meet their needs effectively. One person said; “They (the staff) are well selected for this job.”

New staff confirmed they completed an induction programme when they started work and this was overseen by the registered manager or senior. This ensured staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people’s needs. For example during induction staff completed fire safety training. One recently employed staff confirmed they had shadowed experienced staff to enable them to get to know people and see how best to support them prior to working alone.

Staff confirmed they received ongoing training, support, supervision and appraisals. Staff attended training to meet the needs of people currently living in the service, for example, dementia training and manual handling training. Staff training records showed the staffs completion of additional training for example, health and safety. We saw further training was planned to update and support staffs continued learning.

Staff had received supervision and appraisals. Staff felt this gave them an opportunity to discuss any issues or concern. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve.

People, when appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. One person had a best interest meeting to determine if they had the capacity to sign their end of life plan. The outcome of the meeting was documented.

Staff had knowledge, understanding, and had received training about the MCA and DoLS. The registered manager

confirmed no one was currently under a DoLS authorisation. However they had applied for a DoLS for one person and it was agreed with the DoLS assessor at the local authority this was not needed. This showed us the registered manager understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

People were supported to make every day decisions about their care and staff were observed gaining people’s consent to the care and treatment provided. For example, when assisting people moving to the dining room for lunch. They waited for people’s response before assisting them.

People had signed consent forms to agree or not to have night checks carried out by staff. The registered manager and staff encouraged people who lacked capacity to make decisions. For example, people were offered a choice of food. People’s care plans recorded reviews had taken place and showed people had been involved in their care and were consenting to the care plans which were in place.

People were supported to have enough to eat and drink and to maintain a balanced diet. Records showed what food people liked or disliked and listed what each person required in order to maintain a healthy balanced diet. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. The cook confirmed they had detailed information on each person’s dietary requirements and was able to give people choice and meet their needs effectively. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, if people required a soft diet. We observed people received the specialist diet they required and staff were fully aware of people’s nutritional needs. People’s identified at risk of malnutrition had their weight monitored and food and fluid charts were completed.

People were relaxed during lunch. They confirmed the meals were “excellent”, hot enough and of sufficient quantity. Comments included; “I’m fussy with my food but it is always very good here.” People who required assistance were given the support they needed. Nobody appeared rushed and all were able to eat at their own pace.

Is the service effective?

People told us of the upgrades to their bedrooms, including painting and decorating and some new carpets. The registered manager talked through planned upgrades. There were rooms suitable to accommodate wheelchairs and lifting equipment to meet people's needs.

People had access to local health and social care services for example GPs. When people's needs changed, the staff

made referrals to relevant health services for support. Health and social care professionals said that staff kept them up to date with changes to people's needs and contacted them for advice. Healthcare professionals also confirmed they had regular contact with the service and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the good quality of the care they received. A relative confirmed when they visited; “Mum always looks nice.” This showed staff took time to assist people with personal care.

Staff showed concern for people’s wellbeing. For example, time was taken to support people to move from the lounge to the dining room and assisted to make them comfortable to enjoy their lunch. The support was given at people’s own pace. They asked people if they were happy with the support being offered. For example, one person chose not to come downstairs and needed additional support at times to make them comfortable. This person told us; “Yes the staff are very very caring – excellent - [...] (the registered manager) is a very caring person.”

Staff were attentive and prompt to respond to people’s emotional needs, for example people who became confused or distressed received prompt and caring support from staff. People were supported to express their views whenever possible and involved in decisions about their care and support.

People had information on their planned end of life care. Records showed that end of life care had been discussed and recorded with the person and their relatives so that their wishes on their deteriorating health were made known. Where a person had been assessed as lacking capacity, involvement with family members and other

professionals had been sought to ensure decisions were made in the person’s best interest. People had their “preferred priorities for care” documented. This discussed and recorded people’s preferred choice of their end of life care. For example, records showed people had been involved and had signed this document.

Staff responded to people’s needs in a discreet manner. For example, if people required assistance with their personal care needs, this was done discreetly without staff drawing attention to people. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People told us their privacy and dignity were respected. Staff knocked on people’s doors and, if people were unable to respond, asked if they could enter. Staff informed us how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, they ensured curtains and doors were closed when supporting people and gaining consent before providing care. Staff told us they felt it was important people were supported to retain their dignity and independence. A relative told us they visited regularly and had never seen staff being anything other than respectful towards the people they supported.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helped the staff to have a better understanding of the care needed to support people living with dementia.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People were assessed by the registered manager before admission. The pre-admission assessment of people's care needs helped to ensure the service could support people. The registered manager confirmed the assessment enabled them to assess if they were able to meet and respond to people's needs before admission. Records showed information had been recorded on people's health and social care needs. For example, if people required input from the district nurse team this was actioned.

People, where possible, were involved with planning their care. People's care records contained detailed information about their health and social care needs, physical needs and personal care needs. Other information recorded included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved.

People's planned care was well documented for example, when people had a bath or shower, hair wash and nail care was recorded. The registered manager confirmed people were involved as much as possible in updating their care plans.

Care plans were personalised and reflected people's wishes. The registered manager ensured each care record had been updated and reviewed to ensure staff had the correct information to support people's current care needs. Staff knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had care records including a 'this is me' section. This told a brief story about the person their life, their interests and how they chose and preferred to be supported. Relatives confirmed the staff responded to their relative's care needs. People were supported by staff who knew them and their needs well. Staff interacted with people in a caring and supportive way. Staff had access to

people's files and could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Care plans recorded people's physical needs, such as their mobility and personal care needs choices. People told us they could have a shower or bath whenever they chose to. Additional information included how staff could support people's emotional needs and if a person had additional needs, for example those people living with dementia.

People had access to call bells if they were sitting in the lounge or in their own bedrooms. There were mobile call bells to enable people to call for assistance at any time so the staff could respond quickly if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were answered quickly. One person said; "I know if I need help they will come." This showed people were able to summon staff for assistance at all times to respond to their needs.

People were encouraged and supported to maintain links within the local area. For example, staff assisted people to local shops and people also went out with family members.

People received regular activities provided by the staff. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. For example armchair aerobics or going out to a pub for a cream tea. The staff provided pictures of activities to help people make choices. People said they were happy with the activities provided in the home, although some people preferred not to join in.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People agreed the service would take action to address any issues or concerns raised. People said they'd speak to the registered manager who was in the service most days.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was displayed in the entrance to the home and complaints forms were made available to people. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and

Is the service responsive?

appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented. People said they had never needed to make a complaint.

Visitors had access to a “how was your visit today” form when they entered the service. The registered manager collected the forms daily to evaluate the response. Comments recorded from a healthcare professional included; “Consistent professional positive atmosphere.”

Is the service well-led?

Our findings

People spoke very positively about the registered manager. Comments included; “[...] (the registered manager) is lovely, she always sits and chats.” A relative said; “The manager is always approachable and yes, agreed it’s well-led.”

People were involved in the day to day running of the service. Residents’ meetings were held and, where any issues were highlighted, the registered manager sent people letters to confirm they had addressed the issue.

Chatsworth Residential Home was well led and managed effectively. The provider’s values and visions of offering people dignity, independence, choice and to live in a safe and comfortable environment were recorded in the information provided to people when they moved into the service. Staff understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the providers.

Staff told us they were happy in their work, the registered manager and senior staff motivated them to provide a good quality service and they understood what was expected of them. During our visit, the registered manager was available and spoke kindly and compassionately with people, visitors and staff. Staff were aware of the role of the

registered manager and they told us they were approachable and had a regular presence in the home. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the staff and the people who used the service. Staff said the registered manager had an open door policy and often worked alongside them by providing care to people. One staff said of the service; “If I can go on working here until I’m 90 I would!”

The service held regular staff meetings to enable open and transparent discussions about the service and people’s individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on medicines and people’s care records. Surveys were sent to people who used the service, relatives, staff and professional. These covered all aspects of the service provided.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.