

# Chiltern Residential Homes Limited

## Chiltern Rest Home

### Inspection report

23 Kingsfield Oval  
Basford  
Stoke On Trent  
Staffordshire  
ST4 6HN

Tel: 01782711186

Date of inspection visit:  
15 August 2019

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18 September 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Chiltern Rest Home is a residential care home registered to provide accommodation and personal care to up to 21 people. At the time of the inspection the home was fully occupied. The provider offered a service for older people and people living with dementia.

Chiltern Rest Home is located on two floors. Bedrooms, bathrooms and shower areas were situated on both floors. A lounge/dining area was located on the ground floor. A stair lift, and passenger lift were in place to enable people to access both floors. People had access to a secure garden.

### People's experience of using this service and what we found

The provider's governance was ineffective to review, assess and monitor the safety of the environment which placed people at potential risk of harm. Systems were in place to monitor hygiene standards within the home. However, the layout of the laundry was unsuitable to ensure clean linen did not come into contact with unclean linen.

Staff had the skills to recognise abuse and knew how to safeguard people from this. People were supported by skilled staff to take their prescribed medicines. Staff had access to risk assessments that supported their understanding about how to care for people safely. People were cared for by sufficient numbers of staff who had been recruited safely. When things went wrong action had been taken to reduce the risk of it happening again.

The assessment of people's needs ensured they received a service that met their preferences. People were cared for and supported by staff who were skilled and who had access to one to one supervision sessions. People had access to a choice of meals and staff were aware of suitable meals for the individual with regards to their health condition, likes and dislikes. The provider worked with other organisations to ensure people received a seamless service. People had access to relevant healthcare professionals to promote their physical and mental health.

The home had been adapted for people with reduced mobility, having grab rails, assisted baths and showers. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and compassionate and had a good understanding of people's specific needs. People were involved in decisions about their care and their right to privacy and dignity was respected by staff.

Equality, diversity and human rights were explored during people's assessment to ensure they were not discriminated due to their culture, religion, sexuality or protected characteristics. People were encouraged by staff to pursue social activities. People were able to maintain contact with people important to them.

Complaints were listened to, taken seriously and acted on. At the time of our inspection visit no one was receiving end of life care.

There was a clear management structure in place and people who used the service and staff were aware of who was running the home and were very complimentary about the management support. People's views and opinions were sought through meetings and quality assurance surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chiltern Rest 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Chiltern Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was not present on the day of the inspection.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started and ended on 15 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with three care staff, the head cook, assistant cook, a domestic and the assistant manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including staff training records and quality audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The environment was unsafe and placed people at risk of potential harm.
- We observed that fire doors had been propped open by furnishings which, meant in the event of a fire, these doors would be ineffective in reducing the spread of the fire.
- We saw an armchair, small table and a wheelchair in the corridor which compromised the fire escape route on the first floor.
- Cleaning chemicals and toiletries which could be harmful if ingested were not securely maintained and were accessible to people who used the service.
- The cupboard where the boiler was located was unlocked. People living with dementia could enter this cupboard and experience difficulties getting out.
- The electric metre was not appropriately secured and could be accessed by people who used the service which could place them at risk of harm.
- We saw that some personal emergency evacuation plans had not been fully completed to ensure staff were aware of the support people required to evacuate the home safely.

Preventing and controlling infection

- The layout of the laundry was unsuitable to ensure that unclean linen did not contaminate clean linen which placed people at risk of avoidable infections.

This is a breach of regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection visit the assistant manager took action to address some of the shortfalls we had identified.
- After our inspection visit the assistant manager informed us that daily health and safety checks would be carried out to ensure the safety of the environment. This will be reviewed at our next inspection visit.
- Staff told us they had access to personal, protective equipment (PPE) such as disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of avoidable infections.
- Audits were in place to monitor the hygiene standards in the home. We observed that the home was clean and tidy.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse because staff knew how to safeguard them.
- People told us they felt safe living in the home. One person told us, "I feel exceptionally safe knowing staff

are here for me."

- Another person said, "I do feel safe here because the staff look after me so well and always ask how I am." A relative told us, "Having (person's name) here is peace of mind knowing they are safely looked after with 24/7 care."
- The assistant manager demonstrated a good understanding of when to share concerns of potential abuse with the local authority safeguarding team to protect people from the risk of further harm.

#### Staffing and recruitment

- People told us they did not have to wait a long time for staff support. We observed that staff were nearby to assist people when needed.
- One person told said, "There are always enough staff about."
- Staffing levels were determined by people's assessed care needs. The provider had recently provided additional staffing between 6pm to 9pm, to assist people who experienced 'sundowning.' Sundowning is where some people living with dementia experience more confusion and agitation in the late afternoon and evening.
- The provider's recruitment process ensured safety checks were carried out to ensure the suitability of staff who worked in the home.

#### Using medicines safely

- People were assisted by skilled staff to take their prescribed medicines. Medicines were recorded and stored appropriately.
- One person told us, "The staff bring my tablets around regularly on time. I take them myself with a drink that they offer me."
- Another person said, "I take my own tablets when they come on the round with them. The staff are regular as clockwork."
- Written protocols were in place for the safe use of 'when required' medicines. When required medicines are prescribed to be used only when needed. For example, for the treatment of pain.
- A risk assessment was in place for a person who managed their medicines to ensure they took them as prescribed.
- Medication competency assessments were carried out to ensure medication practices were safe.

#### Learning lessons when things go wrong

- When things went wrong, action had been taken to mitigate further risks. For example, one person had sustained an injury after a fall. Their bedroom had been rearranged to reduce the risk of injury and their care plan and risk assessment had been reviewed and up dated.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant 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

- A pre-admission assessment was carried out before people moved into the home. Information obtained from the person or their advocate was used to develop the care plan.
- The care plans we looked at contained detailed information about the person's diagnosis and the relevant care and support they required.

Staff support: induction, training, skills and experience

- Staff told us they had access to training to ensure they had the appropriate skills to undertake their role safely.
- New staff members were provided with an induction. Induction is a process to support new staff in their role. One staff member told us, "I found my induction interesting and it helped me to understand my role."
- Staff were provided with one to one supervision sessions to review their work performance and to support them in their role. One staff member told us, "Supervision helps to look at me strengths and where improvements are required."
- One person told us, "The staff are all well trained and skilled in all that they do for me. I feel so much better for being here and safe."

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

- People told us they had a choice of meals and had access to drinks at all times.
- One person said, "The food is very good. The staff ask you what you would like. I have eaten well since being here."
- Staff demonstrated a good understanding of suitable meals regarding people's health condition, likes and dislikes.
- We observed that staff were nearby to support people with their meal when needed.
- People had access to specialised cutlery and crockery to enable them to eat and drink independently.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies such as the local authority and healthcare professionals to ensure people received an effective service.
- On the day our inspection visit we heard the assistant manager making arrangements for a person to attend the falls clinic for an assessment.

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

- The home was situated on two floors which were accessed by either a passenger lift or a stair lift.

- Bedrooms and bathrooms were located on both floors.
- Grab rails, assisted baths and raised toilet seats were in place to help people with reduced mobility.
- A photograph of the person was placed on their door to help people living with dementia to find their bedroom and pictorial signs were on bathroom/shower rooms.

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

- Discussions with people who used the service and the care records we looked at confirmed they had access to relevant health care services to promote their physical and mental health.

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 make 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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person told us, "Staff never force you to do anything here. I come and go as I want and can get up and go to bed when I want as well."
- The assistant manager told us four authorised DoLS were in place because these people lacked capacity to make decisions about their care and treatment. A further ten DoLS application had been submitted to the local authority to deprive people of their liberty.
- Mental capacity assessments had been carried out to ensure the application for DoLS were appropriate.
- Staff had a good understanding of MCA and DoLS.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- During the pre-admission assessment people's culture, religion, sexuality and protected characteristics were explored and incorporated in their care plan.
- We observed that staff were kind and attentive to people's needs. For example, we observed that one person was experiencing pain and discomfort. Staff reassured them and took immediate action to obtain medical intervention.
- One person told us, "The staff are very nice here and look after you well. They will do anything for me."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and where appropriate their relatives were also involved.
- During the review of people's care and meetings carried out with them, they were asked if they were happy with the care and support provided to them.
- A staff member told us, "We (staff) work well together as a team to care for people."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of the importance of respecting people's right to privacy and dignity. A staff member told us, "I take the time to talk with people and treat them with dignity and respect."
- One person told us, "The staff always close the door behind me when washing or taking me to the toilet and if I have a wash in my room they draw the curtains."
- Another person said, "I can do things myself mostly, but I need help to go to the toilet and they will close the door and leave me until I call them."
- Dignity champions were in place. This meant there was a positive emphasis in the home to ensure people's care was delivered in a dignified manner and their privacy was always respected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assistant manager was aware of AIS. They told us, "Information is available in large print if and when required. Alternative materials would be made available such as communication boards. In the past we used pictorial methods. For example, pictorial menus."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We looked at three care plans which provided detailed information about people's specific care and support needs and equipment required to promote their safety.
- Staff told us they had access to care plans to support their understanding about how to meet people's care needs.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain contact with people important to them. One person told us, "My family come to see me regularly at any time."
- The assistant manager told us that people had access to the home's telephone. Some people had a mobile phone and others received letters and postcards from their family and friends.
- We asked people about access to social activities and one person told us, "The staff do activities with us."
- Another person said, "The staff help me to move about to talk to others, that is nice, and I like that."
- The assistant manager told us they had requested funds to appoint a staff member to support people with their specific interests.

### Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and acted on.
- All the people we spoke with said if they had any concerns they would share this with the staff or a member of the management team.
- We observed that complaints had been recorded and showed what action had been taken to resolve them.

### End of life care and support

- At the time of our inspection visit no one was receiving end of life care. The assistant manager told us they were in the process of updating care records to ensure they contained people's wishes regarding their end of life care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance was ineffective to ensure people were not placed at risk of harm due the environment and unsafe practices.
- Monitoring systems had not identified that some personal emergency evacuation plans had not been fully completed, so staff were aware of the support the individual would need to evacuate the home safely.
- Audits that reviewed the safety of the building were ineffective. For example, cleaning chemicals were accessible to people and posed a risk to people.
- The provider's governance had not identified unsafe practices of wedging fire doors open with furnishings. This compromised fire safety within the home.
- Safety audits had not identified the risk to people where the boiler and metre cupboards were not appropriately secured.
- Monitoring systems were ineffective to review the layout of the laundry to ensure clean linen were not contaminated.

This was a breach in Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A dignity audit was in place which, looked at human rights and ten 'dignity do's' promoted by the National Dignity Champion, as well as staff's attitude and behaviours that promoted dignity.
- People and staff were aware of the management structure and who was running the home and were complimentary about the management team.
- One person told us, "The owners come in to see us as well. They are all very nice to talk to."
- One person described the registered manager and the assistant manager as, "Very nice and approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed that the culture of the home was warm and friendly.
- All the staff we spoke with told us they would be happy for their loved ones to live in the home if they required care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The assistant manager understood the duty of candour and was able to demonstrate action taken to review the service to reduce potential risks.

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

- Meetings were carried out with people who used the service and their relatives. This gave them the opportunity to have a say about the service they received and to be provided with information about forthcoming events and changes to the service.
- One person told us, "The home is very well run, and I am happy being here. They do have resident's meetings once a month and family can come if they want to. We talk about anything, even the cook joins in and asks what we would like on the menu."
- Another person said, "If I am unable to attend the resident's meeting, the staff will tell me what has been discussed."
- Quality assurance questionnaires were given to people who used the service and healthcare professionals to obtain their views in relation to the service delivery and where improvements could be made. We saw that comments were positive.
- The assistant manager told us that arrangements were in place to involve people in staff recruitment. This would ensure people had a say who worked with them.

Continuous learning and improving care

- The assistant manager was very enthusiastic in providing a safe and effective service for people. They acknowledged the shortfalls identified during the inspection and started to take action to mitigate the risk to people.

Working in partnership with others

- The provider worked with healthcare professionals, social workers, community psychiatric nurses and local places of worship to ensure people received the relevant support when needed.

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- Audits that reviewed the safety of the building were ineffective. For example, cleaning chemicals were accessible to people and posed a risk to people.
- The provider's governance had not identified unsafe practices of wedging fire doors open with furnishings. This compromised fire safety within the home.
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contaminated.

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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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The environment was unsafe, and staff's practices compromised fire safety which placed people at risk of potential harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance was ineffective to assess, monitor and improve the quality of the service or to ensure the safety of people.