

Mrs S Dewing

# Chiswell 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 ●

# Summary of findings

## Overall summary

### About the service

Chiswell Residential Home provides accommodation and personal care for up to six people with mental health needs in one adapted building. On the day of our inspection, there were six people using the service.

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

People felt safe living at the service, relatives and healthcare professionals confirmed the care and support provided maintained people's safety. Training had been provided to give staff the skills to safeguard people from potential abuse. Risks to people's safety and well-being were assessed and mitigated as much as possible. The provider ensured pre-employment checks were completed before new staff were employed. People, staff and external professionals confirmed staffing levels were appropriate to meet people's needs.

People's medicines were managed safely. The provider undertook assessments of staff practice to satisfy themselves that staff were competent to safely administer medicines. The home was clean with no malodours. Staff had received infection control training and protective clothing including gloves and aprons was available to them. There was a process in place for reporting, recording and investigating any accidents and incidents.

People's needs and preferences had been individually assessed and were kept under constant review. People's relatives and external professionals told us the care and support provided met people's complex needs. The staff team were very experienced in providing care for this group of people. Some training had not been refreshed in a timely way which meant the staff team may not all be fully up to date with current practice in some areas. However, there was no evidence this had an impact on the quality of care provided to people. Staff felt fully supported by the provider and often worked alongside them providing care and support to people.

People enjoyed the home cooked food provided for them. People accessed healthcare services as needed. Specialist services were available to help guide staff on making positive changes in people's lives, including their mental health needs. 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.

People were supported by an established staff team who knew them well. Staff treated people with respect and dignity. People were fully involved in their care as much as they could be. The service operated as a family home and people's wishes were central to the provider's ethos. People's right to privacy and confidentiality was respected and integral to the ethos of the home.

People received care and support that was entirely flexible and responsive to their individual needs. People were encouraged and supported to be part of the local community they lived in. Opportunities for engagement were routinely brought into the home for people to enjoy. Relatives and other visitors were

welcomed into the home at any time. The provider had a policy and procedure to support people to raise complaints. The provider and staff team were very clear that Chiswell Residential Home was people's own home and they would be supported to stay in their own home should their health deteriorate.

The provider and staff team demonstrated a clear culture of ensuring people and their needs were a priority. Staff greatly enjoyed working at the home, they felt supported and involved. The provider was in day to day contact with the service and always available for staff should they need advice. Quality assurance processes were in place to help ensure the provider's standards were upheld. People, their relatives and external professionals were encouraged to give feedback about the way the service operated. The provider maintained their skills and knowledge and kept themselves up to date with changes in legislation and practice.

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 10 May 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Chiswell Residential 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 undertaken by one inspector.

#### Service and service type

Chiswell Residential 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and relatives of two people about their experience of the care provided. We spoke with four members of staff including the provider and care workers. We spoke with a visiting health care professional to gain their feedback about the quality of the service provided for people. 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 two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Training had been provided for the staff team to give them the skills to safeguard people from potential abuse. Staff members were able to clearly describe actions they would take to report any concerns externally to the local authority safeguarding team.
- People said they felt safe living at Chiswell Residential Home and we noted they happily engaged with staff and the provider. A relative told us, "The strength of the service lies in the small intimate nature of the home. It is loving and caring and yes, my relative is completely safe living there."
- External professionals who were regularly involved with the home told us they felt people were very safe living there because the staff team were skilled and professional.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and mitigated as much as possible. Assessments included risks associated with such areas as choking, accessing the kitchen unsupervised, and using the stair lift. Staff were clear about how they supported people to keep safe from these and other risks.
- The provider had procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place. These included information for supporting people in the event of an emergency such as a fire.
- The provider had a fire risk assessment in place. Fire drills, emergency lighting checks and regular fire alarm tests were carried out.

Staffing and recruitment

- The provider had ensured appropriate pre-employment checks were completed before new staff were employed. These included receipt of satisfactory references and criminal record checks. It is a recommendation of good practice for references to be validated with the referee to ensure they are genuine and for the provider to countersign copies of identity documents to confirm they had seen the originals.
- People, staff and external professionals all confirmed that staffing levels were appropriate to meet the needs of the people using the service. The service did not use agency staff, the staff team and registered manager covered any absences for annual leave or sickness.

Using medicines safely

- People's medicines were managed safely. Robust systems had been developed for receiving medicines into the home, administering and storing them appropriately. Medicine administration records (MAR) indicated people had received their medicines as prescribed.
- Staff had received training to support them to safely manage people's medicines. The provider undertook

assessments of staff practice in this area to satisfy themselves that staff were competent to administer medicines.

- Medicines were stored safely and at the correct temperatures. Daily stock checks took place and monthly medicines audits were carried out to help ensure procedures were followed.

#### Preventing and controlling infection

- The home was clean with no malodours. Staff had received infection control training, and protective clothing including gloves and aprons was available to them.

#### Learning lessons when things go wrong

- There was a process in place for reporting and recording any accidents and incidents. These were investigated and any trends or themes identified and acted upon. For example, one person got out of the bed too quickly in the morning and fell due to dizziness. Staff explained that they had identified this and the instruction for staff had been updated to state the person must sit up on the edge of the bed for a minute or two before standing to allow the dizziness to pass. Records showed this had been effective in reducing the person's risk of falling.

# 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 has 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

- People's care plans showed that their needs and preferences had been individually assessed. This helped to ensure that people who used the service could live as normal a life as possible including maximising choice and independence in their lives. People were included in this process wherever possible.
- Details of people's needs, including their daily routines, cultural, religious and dietary preferences were recorded. This helped to ensure that their individual needs could be met by staff.
- People's relatives told us the care and support provided for people met people's complex needs. One relative told us, "[Person] is much more communicative than they have ever been. They went downhill dramatically after a period in hospital. As soon as they returned to Chiswell they picked up, it was like a switch had been turned on."

Staff support: induction, training, skills and experience

- The staff team were very experienced in providing care for this group of people. Some training had not been refreshed in a timely manner which meant that the staff team may not be fully up to date with current practice in some areas. However, there was no evidence this had an impact on the quality of care provided to people. The provider undertook to explore various strategies to access training updates for the team.
- An external health professional told us, "Our team deliver mini training sessions in areas such as challenging behaviours, medicines management and mental health conditions. The provider and the staff team are totally open to feedback, advice and guidance."
- Staff told us they felt fully supported by the provider and often worked alongside them providing care and support to people.

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

- People enjoyed the food provided for them at Chiswell Residential Home. We observed lunchtime and noted it reflected a family mealtime environment with home cooked and nutritious food being served to people. The provider told us, "One thing we are really proud of is the food. I have three very good staff who cook beautiful meals for people." A person told us, "All the food is home cooked, it is really lovely."
- People's weights were stable. A person newly admitted to the service had started to gain weight because they enjoyed the food and the atmosphere was calm and relaxed which helped to reduce their anxiety.
- Staff told us, and records confirmed, that if any concerns arose with people's eating and drinking, external professionals were consulted and their guidance incorporated into people's daily care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services as needed. Specialist services were available to help guide staff on making positive changes in people's lives, including their mental health needs.
- A health professional visiting the service during this inspection told us, "The people living here have very complex needs which are excellently managed by the provider and staff team."

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

- Chiswell Residential Home was a two-storey domestic property. The service was not distinguishable from other buildings in the area and was close to services and facilities people may wish to access.
- Each person had their own bedroom which could be personalised as they wished. The communal areas were homely, with minimal adaptations such as a stair lift to help people access the first floor safely. The provider acknowledged that the communal areas were starting to become tired and had plans to redecorate in the spring when the weather improved.

#### 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 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.

- People who used the service had variable and fluctuating capacity to make decisions affecting their daily lives. Throughout the inspection we noted people being encouraged to make choices about what they did, the food they ate and where they spent their time.
- The provider told us, "People's rights are paramount regardless of rules and regulations. When it comes to people it is their rights I am concerned about."

# 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

- People were supported by an established staff team who knew them well. Staff anticipated people's needs and understood their wishes. For example, one person had a very short memory span and constantly sought re-assurance about all aspects of daily life. Staff regularly reassured the person in such a way that reduced their anxiety and stress.
- Staff spoke about people in such a way that showed they genuinely cared for them and enjoyed their company. A staff member said, "It's not like coming to work. I feel we provide really good care for people. I think we are family to the people that live here." The provider told us, "We are a very caring home, my staff are very kind, and very caring towards the residents who at times can be very challenging."
- A person said they were very happy living at Chiswell Residential Home and said, "This is because everyone is so friendly, just like a happy family." A relative told us, "As a family, we think very highly of Chiswell, it is a clean and very caring home. [Person] is totally happy there, it comes second only to being at home with us."

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

- People were fully involved in their care as much as they could be. Staff made sure people were involved in making decisions about their daily life. For example, we saw that people had made suggestions such as which biscuits they wanted to have with their evening drink, this had been listened to and acted upon.
- The service operated as a family home and people's wishes were at the centre of the way the home functioned.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected and integral to the ethos of the home. The provider told us, "I feel people are given the respect that I would like to be given in their position. It is a very warm and friendly home in every sense."

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support in a way that was entirely flexible and responsive to their individual needs.
- People's care plans contained information which was regularly updated to ensure they received the personalised support they needed.
- People's relatives told us they were kept informed and always felt able to talk to the management or staff.

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.

- People's communications needs were identified and guidance was provided for staff to help ensure they could understand people and be understood by them.
- Staff communicated with people using individual strategies appropriate to meet each person's needs. For example, speaking quietly close to a person's ear, sitting directly in front of a person so they could watch facial expressions and constantly re-enforcing communication for a person with very limited memory span.

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 encouraged and supported to be part of the local community they lived in. For example, staff supported people to access local services such as shops, cafes and public houses. Staff offered people opportunities to attend community activities but often people had a change of heart last minute and planned outings were abandoned.
- External engagement opportunities were routinely brought into the home for people to enjoy. These included such areas as art therapy sessions and exercise to music.
- People were supported to maintain family relationships and visitors were welcomed into the home at any time.

Improving care quality in response to complaints or concerns

- The provider reported they had not received any formal complaints. Minor day to day issues or conflicts were addressed at the time they arose. Some of these minor issues had been recorded including where a person had complained the radio was too loud and another person had not wanted to have a daily walk around that had been advised by GP for bad back and stiff joints.

#### End of life care and support

- No-one using the service at this time was considered to be at end of life. However, the provider and staff team were very clear that Chiswell Residential Home was people's own home and they would be supported to stay in their own home should their health deteriorate.
- Staff had not received formal end of life training, however, the team were experienced. The provider reported that people's end of life care needs would be driven by expertise from GPs, community nurses and hospice at home services.
- People's individual wishes had not always been discovered because people's health needs meant they did not always understand or did not want to discuss this aspect of care. When any information was shared this was documented. For example, staff had recently learned that one person wanted a specific song played at their funeral.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and staff team demonstrated a clear culture of ensuring people and their needs were a priority.
- There were clear lines of authority within this small organisation with the provider, who was also the registered manager of the service embraced the overall responsibility for people's safety and welfare.
- Staff said they greatly enjoyed working at the home, they felt supported and involved. A staff member told us, "It's not like coming to work." Another staff member told us, "I think the home is well organised, we work as a team."

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 service informed people's relatives of any concerns such as if an accident had happened.
- The provider fulfilled their responsibilities under the duty of candour and had advised local authority commissioning bodies when accidents happened. We discussed with the provider about the need to refresh their understanding of reporting certain incidents to CQC.

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

- The provider was in day to day contact with the service and always available for the staff to call on at any time if they needed advice or guidance.
- Quality assurance processes such as audits were in place. These included in areas such as medicines management, care planning and health and safety. We discussed the audits were not always meaningful to the service and suggested ways they could be amended to reflect the small intimate environment of the home.

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

- Systems had been developed to enable people, their relatives and external professionals to contribute their feedback about the way the service operated. The provider regularly distributed questionnaires to people but said they had not always received much response. We discussed ways of making this process more meaningful and relevant to the service. The provider undertook to review the quality questionnaires to align the feedback requested to the lives of the people using the service.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health professionals and people's relatives to help ensure people could live as normal a life as possible.
- The provider maintained their skills and knowledge and updated themselves about changes in legislation and practice through reading publications shared by CQC and other health and social care organisations.