

Chilton Care Homes Ltd

Chilton Croft Nursing 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?	Requires Improvement ●

Summary of findings

Overall summary

Chilton Croft Nursing Home is a care home registered to also provide nursing care. 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 home is arranged over two floors and offered nursing care based on people's particular needs and requirements. The service provided care and support for up to 32 people. There were 31 people living at the home when we inspected on 8 June 2018.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good overall. Whilst we have rated the key question of Well-Led Requires Improvement. This was because we were notified earlier this year that the provider had admitted more people into the home than they are registered for. This was a breach of their conditions of registration of the home. We have written to the provider separately about this. There was no other evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also a director in the provider company. We have referred to this person as the registered provider throughout this report.

People continued to receive a good standard of care. People we spoke with told us they felt safe living at the home. Risks were assessed and safety of people was monitored by staff on an ongoing basis.

Risks to people were assessed, monitored and updated as and when necessary. Action was taken to reduce the risk of incidents and information about risks to people were documented in their care records so that staff were aware.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received a service that was caring. Staff knew people's needs well and were responsive and supportive.

The service had a complaints procedure which was made available to people and their relatives. People were happy living at the home and had no complaints.

People who lived at the home, relatives and staff told us the service was well led. Staff were aware of their roles and responsibilities and were well supported.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service is not always well-led</p> <p>The provider had breached the conditions of their registration of the home when they had admitted more people that they are registered for.</p> <p>The management of the service was visible, approachable and responsive.</p> <p>There were processes in place to ensure the quality and safety of the service were monitored.</p>	<p>Requires Improvement ●</p>

Chilton Croft Nursing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 8 June 2018 and was unannounced. The inspection team consisted of an inspector, a specialist advisor who was a trained nurse 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.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We spoke with nine people who lived at the service. We also spoke with five people's relatives and two healthcare professionals to seek their feedback on the service.

We looked at the care records of four people in detail to check they were receiving their care and support as planned. We looked at records including six staff recruitment files, training records, meeting minutes and some management records.

We spoke with seven members of care staff, the administrator and one of the kitchen staff. The registered manager was on leave at the time of our visit however we spoke with them via the telephone on their return and they also provided us with a number of documents that we requested electronically.

Is the service safe?

Our findings

At our last inspection on 14 June 2016, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

The service continued to provide safe care. One person told us, "It's pretty good here, staff are very good, I feel safe here as I get 'fed and watered'. I've got a buzzer and if nobody in the queue before me they [care staff] come straight away, basically I get the same attention as if I was at home, I feel safe when they do the hoist as well." Relatives also were confident that their relatives were well cared for and felt they were safe living at the home. One relative told us, "I know [family member] is safe, they are beautifully cared for and happy, that is more important than anything."

Staff received safeguarding training and were confident they could identify any concerns. Policies and procedures were in place and provided guidance to staff on how to report concerns both internally and externally. Staff told us they were confident that the registered manager or clinical lead would follow up on safeguarding matters if needed.

Risk assessments continued to be in place and completed to establish potential risks to people, including risk of falls and malnutrition, for example. Where risks had been identified, care plans described the measures in place to manage and minimise these risks.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were visible in communal areas and the provider had introduced a member of staff, referred to as the observation carer, to be in the lounge with people at all times to help prevent the risk of people falling. One member of staff commented, "The observation carer was first put in because one [person] at risk of falling kept trying to stand and the risk was high as they were doing it all the time. The number of falls in the lounge has reduced a lot."

People continued to be protected against the employment of unsuitable staff. Safe recruitment and selection processes were followed and staff had been subject to criminal record checks before starting work at the home. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People continued to receive their medicines from staff that had been suitably trained in the safe management of medicines. There was a robust system of audit and review in place for the safe administration of medicines. Medicines were stored and administered safely. Medicines were kept securely in locked trolleys and in a locked room. We undertook a stock take of medicines and found them to be accurate.

Systems were in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff. Staff received training in infection control and were clear of

their role in this. We observed staff hand washing at frequent intervals.

The management team reviewed any accidents and incidents on an on-going basis, and carried out monthly analysis to ensure appropriate action was taken, and lessons learned, to stop things from happening again. For example, in response to people experiencing a number of falls whilst in the communal lounge, an additional member of staff was now in this area at all times to support people as they were mobilising.

Is the service effective?

Our findings

At our last inspection on 14 June 2016, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before they moved to the service to discuss their needs. When indicated, technology was used to support people's care needs. For example, call bells were located in each bedroom to enable people to call for staff assistance.

People and their relatives continued to be happy that staff were able to competently and confidently care for their individual needs. Staff described and told us about a supportive working environment where they had access to training in which they felt at ease approaching the provider and other senior staff for advice or support. Staff told us that formal supervision was held infrequently however they were able to speak to the provider when needed and this enabled them to discuss their working role and any training and development needs they may have.

People continued to be supported to eat and drink enough to meet their hydration and nutritional needs. People were complimentary about the food they received and told us there was always a choice of meals. One person commented, "You get choice and if you say you don't like something they endeavour to get you sometime you like." A relative said, "[Person] is really lucky, they ask what [person] wants, and if they have not got it the chef will get it in, like tinned salmon for sandwiches, they got that, they do listen." We saw that food and fluid intake was recorded where needed and that action had been taken when people's weight or intake had changed.

People continued to have access to the healthcare support they needed and the home worked cohesively with others such as healthcare professionals to enable this. One person told us, "They take me to hospital appointments. I've seen the doctor here and I saw a chiropodist last month. I went to the optician, I went to their premises and staff took me in my [wheel] chair." During our visit we observed a member of staff went out to accompany a person to a planned hospital appointment.

The environment was suitably designed to meet people's needs. People had their own bedroom which had been personalised to their specific taste and choosing and in some cases included many items people had brought in from home. There was suitable shared space such as a lounge /dining area. There was also a garden area that people could access.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where needed staff assessed people's capacity to make specific decisions about their care and support. Staff also continued to demonstrate a good understanding of the main principles of the MCA and we observed they followed this in practice and supported people to make their own day to day

decisions, wherever possible.

Is the service caring?

Our findings

At our last inspection on 14 June 2016 we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People we spoke with told us staff continued to be caring and treated them with kindness and respect. One person said, "Staff are all likeable, we have a laugh and a joke." Another person told us staff were, "Very attentive and caring."

Relatives were also complimentary about the kindness and friendly approach of staff. One person's relative told us, "It looks very nice and feels like a proper home, everyone is friendly and as they saw us approach, the front door was opened before we got to it and we were welcomed in." Another relative told us, "Staff treat [people] with love, the staff are really good. If [family member] is troubled they go and talk to them and try and find out what is wrong, [people] are listened to."

We saw many examples throughout our visit where staff approached people living at the home and enquired about their comfort and wellbeing. Staff were caring and kind and clearly took time to listen and engage with people. We also observed some kind and caring interactions between people living at the home and staff. One person said to a member of staff who was talking to them, "I am okay, I love you [staff]." During another interaction between another person and member of staff, the person said, "love you forever," to the member of staff to which they both laughed out loud.

Staff spoken with knew people well and understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, preferences, backgrounds and personalities. A relative told us, "It's wonderful, the way the staff treat people and their relatives. They treat us all well. [Family member] is clean and shaved all the time, they talk to [family member] and I see the staff pop in if they have been away for a few days. We have a real friendship with the staff. Handing [family member] over after looking after them for 60 years, they have made it easier for me."

Throughout our visit we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People continued to be empowered to make their own decisions. Staff also continued to support people to maintain their privacy and dignity and promoted independence. One person's relative told us, "[Family member] is very well cared for, always fully dressed in their own clothes and always clean." We observed people being supported to carry out some self-care tasks for themselves, promoting their independence.

Is the service responsive?

Our findings

At our last inspection on 14 June 2016 we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People continued to have their needs assessed before they moved into the home. This meant that the registered manager and staff were confident that they were able to meet people's needs before care commenced. People had care plans in place which were detailed. Staff told us they knew people well and had a good understanding of their family history, personality and interests which enabled them to engage effectively and provide person centred care. One person told us how they were supported in the way then wanted, "I go downstairs in my chair every day, I have my breakfast in my room and have lunch and tea in the dining room and the lounge. I can get up at any time, when I came here they asked me what time did I want to get up and I said 6am and bed 9pm, that is my choice and that is what happens."

People continued to be supported and encouraged to have active lifestyles and access a range of activities both within the home and in the community. One person told us, "An activities person comes in and we do exercises, we have the piano, we play dominoes in the quiet lounge. On fine days they endeavour to get people out into the garden and sit on the patio. Staff have done an awful lot to improve the garden." People benefited from the addition of a second lounge area in which the provider had recently purchased and placed some large reminiscence screens depicting a choice of two scenes to create an ambience. One member of staff told us, "We've got a pub and beach screen and we use it for the lunch club. We are going to get some sand and have the beach one in the garden as well."

A 'befriender' was employed at the home to spend time with people on an individual and small group basis. One person told us, "[Befriender] brings two or three [people] into the memory lounge and I join them for lunch, I am given the option of joining them. [Befriender] is a nice [gender of befriender] and helps people and sits and chats to me, that is nice." One person's relative told us, "[Befriender] is money well spent. [Befriender] does more than they should, they go above and beyond. [Family member] gets exercise walking, music and dancing, they sit and talk with them."

There continued to be a complaints policy and procedure in place. A 'quick glance' version of the complaints procedure was displayed in the home entrance hall to ensure that it was freely available to people and their relatives. People and their relatives that we spoke with were clear how they would raise a concern if they had one. The registered manager maintained a log of complaints made, including who made the complaint, the nature of it, how and when it was investigated and the outcome.

We looked at how the registered manager and staff cared for people who were nearing the end of their life. People being cared for at this time were kept comfortable and supported sensitively. Some people's care plans included a 'do not attempt cardiopulmonary resuscitation' (DNACPR). All the forms we viewed had been made in agreement with the person, or with the involvement of their representatives when they lacked the mental capacity to make this decision. There were clear reasons why the decision had been made and agreed by the person's GP.

Is the service well-led?

Our findings

At our last inspection on 14 June 2016, we rated this key question 'Good'. At this inspection we found that the home had not sustained this rating because in March 2018 the provider, for a short time, admitted more people into the home than they were registered for. This was done to support people who were in a relationship to remain together, however the provider did not seek permission from the CQC prior, this is a breach of the provider's conditions of registration of the home. We have written to the provider separately about this.

There was a registered manager in post who was also a director in the provider company. 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.

People and their relatives we spoke with continued to be happy with the leadership at the home which included the registered provider and the clinical lead. Everyone we spoke with was positive about the ethos and values that meant people received the care they wanted. One person told us, "I would give this place 10 out of 10, it seems to be well managed. The [registered provider] is very nice and a jolly fellow." Another person's relative told us, "I've had lots of conversation with [clinical lead] and they are very caring and they get a good response from [family member]."

Most of the staff we spoke with told us there was an open culture in the service and they could comment on the service and how it operated. Staff described working as one big team and being committed to providing a good level of care to people. One member of staff told us, "[Registered provider] walks around a lot and he checks a lot. He's really into it here, here for one purpose, the people who live here. He makes it clear and shows authority when he needs to. Staff understand that."

The management team continued to have procedures in place to monitor the quality of the service provided and ensure that where necessary appropriate action was taken. Feedback was sought from people on a number of areas of their care such as the quality of the food at the home. In response to feedback and requests, changes had been made to the menu and choices available. We noted from a 'residents and relatives' meeting that an issue had arisen about housekeeping so additional housekeeping hours were employed. Overall, we could see that the responses were positive.

The registered provider and clinical lead continued to complete audits to gain assurance the service being provided was of high quality. This included reviewing that the premises and equipment were safe, regularly serviced and well-maintained.

People were enabled to express their views. Meetings were coordinated throughout the year during which people were invited to attend. From the meeting minutes we saw that the aim of the meetings were to gain people's feedback about the home as well as an opportunity for staff to share information and updates with

people.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.