Cheriton (SW Care) Ltd

Cheriton Care Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cheriton Care Home is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection.

Cheriton Care Home accommodates up to 45 people across two floors. The service supports people living with dementia.

People's experience of using this service and what we found
People and relatives felt people were safe at the service. However, we found risks were not always managed effectively to mitigate the risk of harm. Medicines were not always managed safely. Systems to monitor the quality and safety of the service were not always effective.

There were sufficient staff to meet people's needs. People were supported by staff who understood their responsibilities to identify and report concerns of harm and abuse. There were effective systems in place to manage the risk of infection.

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.

There was a variety of meal choices and people's dietary needs were met. Staff had the skills and knowledge to meet people's needs. People were supported to access health services to enable them to live healthier lives.

People were treated with kindness and compassion. They were encouraged to maintain and improve their independence. Staff respected and valued people as individuals and ensured they were involved in all aspects of their care.

Staff knew people well and developed positive relationships with people. Whilst staff had a clear knowledge of people, care plans were not always person-centred. Relatives were made welcome at the service and staff understood the importance of supporting people to maintain and develop relationships. Complaints were resolved in line with the provider's complaints policy.

The registered manager was open and approachable. There were systems in place to enable the provider to seek feedback from people, relatives and staff.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the lack of effective systems to ensure safe care and treatment and to monitor the quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Cheriton Care 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 two inspectors.

Service and service type
Cheriton Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the registered manager,

the area manager, the deputy manager, nurse, the chef and care staff. We also spoke to one visiting health and social care professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 six 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, including policies and procedures were reviewed.

After the inspection
The registered manager provided additional evidence of quality assurance systems and an improvement plan.

Requires Improvement

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 of the previous registration of this service 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

● Risks relating to pressure damage were not always effectively managed. One person had developed a pressure sore, there was equipment in place to reduce the risk of pressure damage. However, this was not being used correctly. The person's wound had worsened and a second wound had developed.

● Where people required repositioning to reduce the risk of pressure damage, this was not always done in line with guidance in care plans. One person's care plan stated they required repositioning every four hours. They were not always supported in line with this guidance. The person had a pressure wound.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During and following the inspection the registered manager and provider took action to address these issues and ensure risks associated with pressure care were being effectively managed.

● Records relating to the management of risk were not always fully completed. One person required support with the maintenance of equipment to support nutrition 'at least once a week', records identified significant gaps in the recording of this support.

● Where people were at risk relating to their food intake, records were not always up to date. One person's care records showed that following a visit from a health professional, the person was to be 'nil by mouth'. The information available to staff on the electronic care plan system stated the person required a specific consistency of food and fluids.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● Processes in place to ensure the safe administration of covert medicines were not always followed. Covert medicines are medicines administered in a disguised format. One person had been assessed as requiring their medicines to be administered covertly. However, this had not been reviewed to include medicines prescribed since the initial assessment had been made. There was no record of the pharmacist being

involved in the best interest process for these medicines to ensure they were safe to be administered covertly.

Systems were either not in place or robust enough to demonstrate covert medicines were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicine administration records (MAR) were fully and accurately completed.
● Staff responsible for the administration of medicines had completed training and their competencies were assessed.

Systems and processes to safeguard people from the risk of abuse
● People felt safe. One relative told us, "Yes, they are as safe as they can be."
● Staff understood their responsibilities to identify and report any concerns relating to harm and abuse. One member of staff told us, "Any concerns, I'd document and report, I'd make it clear to people I may need to report any safeguarding concerns."
● The provider had safeguarding policies and procedures in place. All concerns were investigated and shared with external agencies appropriately.

Staffing and recruitment
● There were sufficient staff to meet people's needs. People told us staff responded promptly to call bells. Throughout the inspection staff responded in a timely manner to people's requests for support. People who preferred to stay in their rooms were visited regularly. One person told us, "There's enough staff. They're always popping in."
● Staff told us there were enough staff. Regular agency staff were deployed where there were staff absences.

● The registered manager completed a monthly dependency assessment to ensure staffing levels were sufficient to meet people's needs.
● The provider had recruitment systems in place that supported safer recruitment decisions. This included preemployment checks to ensure staff were suitable to work at the service.

Preventing and controlling infection
● The service was clean and free from malodours. There were cleaning schedules to ensure cleanliness was maintained.
● Staff had access to personal protective clothing and used them appropriately.

Learning lessons when things go wrong
● Incidents and accidents were recorded and reported. Records showed that action had been taken to minimise the risks of reoccurrence.
● There were systems in place that enabled the registered manager to look for trends and patterns.

Good

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 of the previous registration of this service this key question was rated 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
- People's needs were assessed prior to accessing the service. Assessments were used to create care plans, identifying people's needs and how needs should be met.
- Care plans reflected current standards, which included National Institute of Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience
- New staff completed an induction programme, which included training and shadowing experienced staff. One member of staff told us, "I enjoyed my induction. I did online training also practical, moving handling and fire. Two weeks shadowing, a week on each floor."
- The provider ensured staff had the skills and knowledge to meet people's needs. Staff were positive about the training they completed. One member of staff said, "We have regular training. The company [provider] will also pay for clinical training such as catheter or venepuncture."
- Staff had access to regular supervisions and felt supported.

Supporting people to eat and drink enough to maintain a balanced diet
- People were positive about the food in the service. One person told us, "You get a choice of three meals [at lunch and supper]. You can have something else if you don't like the choices."
- Where people had specific dietary needs, the chef ensured food was provided that met these needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People had access to health and social care professionals when needed. This included, G.P, Speech and Language Therapist (SALT), Parkinson's nurse and podiatrist.
- Health professionals told us staff referred people to them appropriately and that advice and guidance was followed.

Adapting service, design, decoration to meet people's needs
- People's rooms were personalised with items that were important to them.
- There were areas of the service that required refurbishment. The provider had identified this and had a development plan to improve the quality of the environment.

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

- Staff had completed training in MCA and understood how to support people in line with the principles of the Act. One member of staff told us, "I would treat people as able to make own decisions."
- Care plans contained mental capacity assessments relating to specific decisions. The registered manager had identified the need to have improved recording regarding best interest decisions and was developing this.
- Where people were assessed as lacking capacity to consent to support that was considered a restriction, the registered manager had made applications under the deprivation of liberty safeguards.

Good

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 of the previous registration of this service this key question was rated good. At this inspection this key question 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, relatives and staff described a family atmosphere at the service. One relative told us, "It's great, really good. It feels like home. Staff facilitate people in their own home."
- People were supported by staff who were kind and caring. One person told us, "Staff are very caring. They take pride in their job."
- Throughout the inspection staff supported people with empathy and compassion. One person showed signs of distress, a member of staff responded immediately, reassuring and distracting the person to reduce their distress.
- Staff treated people equally, recognising their individuality. Staff spoke with people about their past lives and showed interest in them.

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

- People were encouraged to be involved in decisions about their care. Staff took time to explain to people what was going to happen and ensured people understood. People were offered choice and staff respected people's decisions. One relative told us, "[Person] doesn't get out of bed. That's [person's] choice. They respect that."
- Relatives felt fully involved in people's care and were kept informed. One relative told us, "They always let me know if anything has happened. Always update me when I visit."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and improve their independence. One person told us how staff encouraged them to continue to be independent with personal care. Staff stayed with the person to encourage them and ensure they felt safe.
- Staff spoke with and about people in a respectful manner, addressing people by their chosen name.
- People were treated with dignity and respect. One person told us, "I think they respect my dignity."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection of the previous registration of this service this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans detailed people's support needs and how those needs should be met. However, care plans were not always reviewed and updated when people's needs changed. For example, one person's 'movement' care plan had not been updated when there had been changes to their skin condition.
- Care plans were not always person-centred. There was not always information in care plans relating to people's past, their interests and what was important to them.
- People were involved and in control of their care. One person told us, "Whatever they come for (to do) we discuss together." Another person said, "They look after you. It's what you want. Not what they want to do."
- Staff were responsive to people's changing needs. One relative told us, "They are proactive rather than reactive." The relative described the significant improvements in their loved one's condition since moving to live at the service, describing the change as, "[Person] has come alive."

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

- Staff knew people well and had created positive relationships with the people they supported. People were encouraged to maintain and develop relationships. One relative told us, "Staff are excellent at facilitating relationships."
- Staff spent time with people chatting about their past and encouraging positive interactions between people. One member of staff asked people what activity they would like to do, this resulted in a reminiscence discussion about outings and card games people had enjoyed in the past. It was clear people enjoyed this interaction.
- There were a range of activities organised for people. This included visits from local community groups. Records showed people enjoying a visit from a local children's language group.
- Staff used their knowledge of people to arrange activities that were person-centred. One person enjoyed a specific type of food. The staff had arranged a themed evening that included food from a specific country. This had meant a great deal to the person and their relative.

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.

- Care plans included assessment of people communication needs and how those needs should be met.

One person was not able to communicate verbally and had a communication board. Staff were aware of the communication board and how to use it with the person.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedure in place. Whilst formal complaints were recorded, investigated and responded to, there were no systems in place to record concerns that were not taken to the formal complaints procedure. The registered manager stated they would introduce a system to record all issues.

● People knew how to raise concerns and were confident action would be taken to resolve issues. One person told us, "I saw [registered manager] when I had a complaint and she sorted it out."

End of life care and support

● The service supported people with end of life care. The service worked closely with a local hospice to ensure people were comfortable and kept pain free.

● Care plans reflected people's wishes relating to whether they wished to be resuscitated if they experienced a cardiac arrest.

Requires Improvement

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 of the previous registration of this service this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant that systems in place were not always effective in ensuring the quality of the service.

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

- Systems in place to monitor and assess risks to people were not always effective. The registered manager and provider completed a range of audits; however, they had not effectively assessed or mitigated the risks to people relating to pressure care. This had resulted in a breach of regulations.
- Care plans were reviewed monthly, however there was no system in place to audit care plans to ensure information was correct and up to date.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager told us they were implementing a care plan audit to improve the quality of care plan information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an open culture that valued people as individuals. People and relatives told us the registered manager was approachable and visible in the service. One relative told us, "I know [registered manager] she's very nice, I am comfortable to come to her."
- There were systems in place to enable people to provide feedback on the service. This included quality assurance surveys and meetings. Action was taken as a result of feedback. This included change to menus and improvements in the outdoor facilities.
- Staff were proud to work at the service and enjoyed their role. One member of staff told us, "It's the feeling you have when you go home, and you know you helped someone."
- There were regular staff meetings and a daily handover which enabled staff to share their views on the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager looked for ways to ensure they kept their skills and knowledge up to date. This included attending registered manager conferences, local manager forums and on-line forums.
- The provider and registered manager were committed to developing and improving the service. The

'director report' showed the significant investment planned to improve the service over the coming 12 months.
● The service worked closely with the commissioners of the service and other professionals to ensure improved outcomes for people.

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 provider and registered manager understood their responsibility to be open and honest when things went wrong. The registered manager had provided all information requested in relation to concerns raised prior to the inspection.
● The provider submitted notifications about specific events to CQC as required by law.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure there were effective systems in place to mitigate the risks of harm to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that systems in place to monitor the quality and safety of the service were effective. This resulted in increased risk to people's safety.