

Chilton Care Homes Ltd

# Chilton Croft Nursing Home

## Inspection report

Newton Road  
Sudbury  
Suffolk  
CO10 2RN  
Tel: 01787 374146

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 09 and 10 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulations 10, 21 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chilton Croft Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Chilton Croft Nursing Home provides accommodation and nursing care for up to 32 people who require 24 hour support and care. Some people also have dementia and a physical impairment.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

At our last inspection on 09 and 10 October 2014 we found a lack of proactive managerial oversight which failed to ensure that risks to people's safety and welfare were being identified and managed. The provider's quality assurance system was not being used effectively to demonstrate where improvements to the service were needed. The provider had failed to recognise and address issues identified by us, in relation to staff recruitment, induction and training. This resulted in a failure to ensure that staff recruited were suitable to work with older people, and had the right mix of skills, experience and knowledge to meet their needs.

During this inspection we found that improvements had been made. The improvements enabled the provider to be assured that people received effective care from staff

who were suitable to work with older people, and had the knowledge and skills they needed to carry out their roles and responsibilities. The provider had implemented quality assurance systems, and records showed that identified shortfalls were being addressed promptly. As a result the quality of the service had continued to improve. This enabled the provider to identify risks to people's safety and welfare and manage them promptly and effectively.

People, their families and friends were involved in changes being made to the service. Their feedback about this service was consistently good. Communication about CQC's findings and the key challenges facing the service had been shared in an open and transparent way with people at a recent 'Resident and Relatives' meeting.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

We found that action had been taken to improve the induction and recruitment processes to ensure staff employed were suitable and had the right skills and experience to meet people's needs and keep them safe. This improvement needs to be sustained.

**Requires Improvement**



### **Is the service effective?**

We found that action had been taken to improve staff induction, supervision and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities. This improvement needs to be sustained.

**Requires Improvement**



### **Is the service responsive?**

We found that action had been taken to improve the assessment and planning of people's personal, social and emotional needs. This improvement needs to be sustained.

**Requires Improvement**



### **Is the service well-led?**

We found that action had been taken to implement systems that proactively identified, assessed and monitored the quality and safety of the service.

Where shortfalls had been identified, action had been taken to address them. The quality assurance systems were effective; used for learning and to drive continuous improvement.

The provider had been open, honest and transparent with people, their families and friends about the improvements that were needed to improve the service. The provider will need to ensure that all the improvements made are sustained.

**Requires Improvement**



# Chilton Croft Nursing Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Chilton Croft Nursing Home on 19 February 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 09 and 10 October 2014 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. These were the areas the provider was not meeting some relevant legal requirements.

The inspection was undertaken by two inspectors. During the inspection we spoke with 11 relatives, two nurses, one senior member of staff and the registered manager, who is also the owner.

We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service. We also received information from other stakeholders which was the local authority.

# Is the service safe?

## Our findings

At our last inspection we asked the provider to take action to make improvements to ensure recruitment practices protected the people who used the service. At this inspection the registered manager told us, they had completed training delivered by the local authority, to promote safer employment practices for managers of care

services. Following this training they had developed a new recruitment policy, and had improved their recruitment processes. These changes included making sure that all appropriate checks were made to ensure that the right staff were recruited and to keep people safe. New job descriptions and interview questions had been written to ensure future employees were suitable to work with older people and for the role.

# Is the service effective?

## Our findings

At our last inspection we asked the provider to take action to make improvements to ensure people who used the service had their needs met by staff who had skills and knowledge they needed to carry out their roles. During this inspection we found the registered manager had taken steps to ensure that people's needs were consistently met by staff who had the right skills, knowledge and experience. A daily allocation system had been implemented ensuring that each shift was made up of care staff that had the right skills to meet people's needs. One member of staff had also been designated to the lounge between the hours of 8am to 2pm to ensure people had consistent and appropriate support when they were using that area. The registered manager told us although they were fully staffed they were in the process of recruiting six new additional staff which would provide greater flexibility in the way staff worked to meet people's personal and social needs.

New systems had been implemented so that staff received appropriate support, induction and training to equip them with the skills and knowledge they needed to meet people's needs more effectively. The registered manager informed us they had been looking at what training was available and provided a training report dated November 2014 setting out their planned training strategy. This showed that staff had been booked to attend further training on understanding dementia, mental capacity and deprivation of liberty safeguards. There was also on going training planned to enable staff to meet people's continuing healthcare needs, such as diabetes, epilepsy, and end of life care.

All existing staff had now completed the current induction workbook. The registered manager told us that any new staff would go through the new Care Certificate induction. New staff were to be supported by a senior or experienced member of staff until they were assessed as competent to carry out their role. Plans were in place so that new staff would have regular meetings with the registered manager to assess their competency and ensure they fully understood what was expected of them. A new checklist had been implemented, which was to be signed off by the individual and the registered manager, once completed. This would ensure staff understood their roles and the needs of the people they supported.

Relatives told us the care and support provided was exemplary. One relative told us, "This place is absolutely brilliant. My [person] is very happy here and well cared for." Another commented, "I cannot fault this home, it is like home, from home, it is lovely here, it is like an extended family."

The providers 'service improvement plan' sent to us following the last inspection, identified that a monthly observation screening tool, to monitor people's health and wellbeing had been implemented. This observation tool ensured that any changes in people's health would be detected and acted on as early as possible. This was confirmed in discussion with relatives. One told us, "They [staff] monitor and identify any changes in my [persons] needs." Another told us, since my [person] moved here, their health has improved, the change has been immense, such a difference. All the family have noted their improvement and how well they are."

# Is the service responsive?

## Our findings

At our last inspection we asked the provider to take action to make improvements to ensure people's social needs were properly assessed, planned and delivered. Since our previous inspection each person who used the service had been allocated a key worker. A key worker is a named member of staff who works with the person and acts as a link with their family. This provided an opportunity for people, and their relatives to have a say about their care, interests and what was important to them.

A dependency assessment was in the process of being introduced to assess people's personal, social and emotional needs. Additionally, a document referred to as 'About me' had been developed for each of the people using the service providing an overview of their daily life, interests and emotional needs. These had been developed with the help of relatives and personalised to reflect their personal preferences, and daily routines. For example, one person had stated, "I enjoy a peppermint tea before I retire to bed", as part of the evening routine. Staff spoken with confirmed this was happening.

Relative's surveys had been sent out so that ideas about activities could be discussed at the next 'Residents and Relatives' meeting. Suggestions had been made about how the service could improve upon activities. A relative told us, "There is always things going on and we were asked to fill in a questionnaire if we could suggest any more activities. My [person] doesn't want to do anything but they are offered and encouraged to be involved in whatever is going on."

People had been consulted about the activities they wanted to take part in and a wider range of activities had been implemented, most recently flower arranging. The previously unused quiet lounge was being used to show classic movies, and an entertainer provided themed musical events, every week. A person visited the service on a regular basis to provide exercises, including chair aerobics and stretching. The registered manager was also in the process of developing personalised activity plans. They had contacted other organisations, such as befriending schemes and had arranged for people to attend a local day centre so that they had more links with the local community.

# Is the service well-led?

## Our findings

At our last inspection we identified a lack of proactive managerial oversight which failed to ensure risks to people's safety and welfare were identified and managed. At this inspection we saw a new staff structure had been implemented with clear lines of accountability and leadership. The registered manager informed us they had learnt to delegate areas of responsibility to senior staff and had developed a good strong management team. This was confirmed in discussion with people and their relatives. One person told us the manager is visible at all times, "I can talk to him about my [person] at any time and he knows exactly how they are doing. If ever I have a problem, or I need a question answered, I can always go to the manager." Another relative told us, "The clinical lead is a diamond and the driving force, they are so positive, and communicates well, if they don't have an answer they will find one, they are brilliant, they have taken the bull by the horns and turned things around."

A range of audits had been completed. We looked at the minutes of weekly management team meetings. These monitored the quality and safety of the service and any action taken to address areas that required improvement. For example, the food safety policy was identified as requiring updating to incorporate new legislation. This had been completed and we noted that a recent inspection by an Environmental Health Officer had provided a five star rating for this service, five being the highest rating.

Systems had been developed, which analysed the outcomes of incidents, accidents, falls, complaints and safeguarding concerns in order to learn from these and to improve the quality of the service. The registered manager had also commissioned an external quality assurance

check of the service. The auditor's report identified where improvements were needed to improve the quality of the service and manage risks to people's welfare and safety. These improvements had been added to the providers 'service improvement plan', with dates for action to be completed.

The dignity champion provided us with a copy of their report produced following an audit. This identified good practice and areas for improvement. Where shortfalls had been identified we saw that action had been taken to put things right. For example, at mealtimes staff had been observed placing an apron on every person, regardless of whether or not they needed it. They had raised this at a staff meeting, informing staff that each person should be treated individually and asked if they would like an apron or a napkin. They told us this practice had now improved and people's choices were now respected.

Surveys about the quality of the food had been completed and returned and all provided excellent or good feedback. One relative told us, "They know [person] likes and dislikes; for example, the cook gives them their favourite cheese with every meal to encourage them to eat, as they are very picky." Another commented, "Food is fantastic, [person] loves the food."

People and their relatives told us the registered manager had shared the most recent CQC report at the 'Resident and Relatives' meeting and had been open about the improvements that were needed. One relative commented, "We have been aware about what is going on in the home, and we have seen some improvements, the home feels better." A second relative told us, "There is defiantly an open culture; the manager is very open and transparent, and I met with them before making a decision if the service was suitable for my [person]."