

A&A Care Homes Limited

# Chiltingtons Residential 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?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

Chiltington's Residential Home provides care and support for up to 18 older people with a variety of long term conditions and physical health needs. It is situated in a residential area of Worthing, West Sussex. At the time of our inspection there were 16 people living at the home. People had their own room and rooms were en-suite. There was a dining and lounge area and a garden area that people could access.

There was a registered manager on the first day of our inspection however on the second day of our inspection we were told that there was no longer a registered manager in place. Following the inspection the provider confirmed that there was no registered manager in place. 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. However the provider was in the process of appointing a new manager.

The previous comprehensive inspection was undertaken on 24 and 26 November 2015 and the service was rated Requires Improvement. As a result of this inspection, we found the provider in breach of regulations relating to safe care and treatment as the provider had not ensured that the premises were safe. Action had not been taken following visits by the Fire and Rescue Service. We saw that fire doors had not been wedged open, fire exits had fallen off the walls and emergency lighting had failed testing. At this inspection we saw that the provider and registered manager had actioned the recommendations from the Fire and Rescue Service. However, we saw a further breach of this regulation. We identified issues with the assessment of risk for people who smoked. Some systems were in place to identify risk and protect people from harm, however, not all necessary assessments had been carried out. We saw that there were three people living within the home who smoked, but the risk to these people and others had not been assessed and steps had not been taken to reduce this risk. These three people used flammable emollient creams and this risk had not been considered.

This was the first inspection of Chiltingtons Residential Home since a change to the provider's legal entity. At the previous inspection we also identified concerns with the maintenance of the premises and the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Several areas were in need of improvement, the building was not well maintained or decorated to a good standard. While some improvements had been made, we identified concerns with other areas relating to the maintenance of the premises. The provider did not have a legionella testing certificate in place and following the inspection confirmed that legionella testing had not been carried out. We saw that areas within the home were not well maintained, carpets were ripped and radiator covers were hanging loose from the wall. We spoke to the registered manager about the premises and they told us "family tolerate the environment due to the good care their relative gets".

At the previous inspection the provider was in breach of Regulation 17 relating to good governance as the home did not have a system to monitor the quality of the service which people received. There were no

quality assurance systems in place and the registered manager did not receive any formal feedback. At this inspection we saw that some action had been taken to improve this area and quality assurance systems were now in place. However, we saw that while areas for improvement were identified the provider did not respond to these concerns or at other times did not respond in a timely way.

People told us they felt safe living at the service and able to raise concerns with staff. Staff knew what action to take if they suspected abuse and had received training in keeping people safe.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We observed that people were not left waiting for assistance and people were responded to in a timely way. However, we saw that there were not enough staff on duty to meet people's social needs and ensure that people were supported to take part in meaningful activities. New members of staff were checked to ensure they were safe to work at the service.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, given to people as prescribed and disposed of safely.

While mental capacity assessments were completed we could not check if applications for Deprivation of Liberty Safeguards had been made appropriately as the registered manager was not at the service on the second day of our inspection. We spoke with the deputy manager and the provider, however, they were not sure whether applications had been made and could not locate records which may confirm applications had been made. The provider and deputy manager were unsure how they would check where applications had been made or how they would follow this up in the absence of the registered manager.

There was a supervision and appraisal process in place for care staff. Staff received supervision every two or three months, they also received a yearly appraisal. They received supervision and appraisal minutes which detailed what had been discussed. However, the registered manager did not receive supervision or support to ensure that they had opportunities to reflect on their practice or discuss concerns.

People had enough to eat and drink. The chef had details of people's dietary needs, including soft food diets kept within the kitchen and ensured that they were aware of any changes to people's diet.

People were supported to maintain good health and had access to health professionals. Staff worked with professionals such as doctors and dieticians to ensure advice was taken when needed and people's needs were met.

People's care plans included information on people's relationships, mobility, nutrition and communication needs. However they did not contain information relating to people's life history.

People told us there was not enough to do and they often felt bored and lonely. We were told, "I ask to go out for a walk and I always get the same answer.. no". The information within care plans on people's interests and hobbies was limited and the activities offered did not always reflect people's personal preferences.

At this inspection we identified areas that required improvement. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe.

Improvements had been made in some areas since the last inspection, however, we saw that people who smoked did not have the needed risk assessments in place to mitigate this risk.

People were kept safe by staff who recognised the signs of potential abuse and knew how to respond to any concerns.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

Some aspects of the service were not effective.

Capacity assessments had been completed for people, however, we could not locate evidence that applications had been made for Deprivation of Liberty Safeguards (DoLS).

Staff received the training they needed to support people effectively.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to health professionals when needed.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People were mainly treated with kindness in their day to day care, however, staff did not always have time to interact with people to ensure they felt that they listened to and valued.

People were treated with dignity and their privacy was respected.

People were encouraged to maintain contact with their family and people that mattered to them.

### Is the service responsive?

Some aspects of the service were not responsive.

Staff did not always have the time they needed to deliver care in a person centred way.

There were not enough structured and meaningful activities for people to take part in.

**Requires Improvement**



### Is the service well-led?

There was a registered manager in post on the first day of our inspection, however on the second day of our inspection there was no registered manager in place.

Quality assurance systems were in place, but were either not responded to or not responded to in a timely way.

Staff felt able to discuss concerns or challenges with management, but were not confident that they would be acted on by the provider. The registered manager had reported issues to the provider however these were not responded to or actioned.

The provider had not ensured the financial viability of the service. Following our inspection we became aware that a possession order was being sought for the property due to substantial rent arrears.

**Inadequate**



# Chiltingtons Residential 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 is 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.

The inspection took place on 13 and 18 September 2017 and was unannounced. One inspector undertook the inspection.

Before the inspection, we checked the information that we held about the home and the service provider. Before the inspection, the provider completed 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 any improvements they plan to make. We also reviewed previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. 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 spoke with six people and four staff and we spent time looking at records. These included six care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

The service was last inspected on 24 and 26 November 2015 and three breaches of regulation were identified. These related to the management of risks regarding the premises, limited governance and quality

assurance processed and the lack of oversight by the provider.

# Is the service safe?

## Our findings

At our previous inspection we identified a breach of Regulation 12 due to concerns regarding fire safety. The previous inspection found that not all risks associated with the safety of the environment and equipment had been identified and managed appropriately. The provider had not taken action to make improvements in fire safety following recommendations from the Fire and Rescue Service. At this inspection we saw that improvements had been made in this area and all the fire safety actions recommendation had been completed. However, we identified issues with the assessment of risk for people who smoked. Some systems were in place to identify risk and protect people from harm, but not all necessary assessments had been carried out. We saw that there were three people who smoked, the risk to these people and others had not been assessed or steps taken to reduce this risk. All three people used flammable emollient creams; this risk had not been considered. One person also had a diagnosis of dementia. This person also used flammable emollient creams. The care plan read "staff are to supervise (named person) outside when she is having a cigarette". Staff told us they did not supervise that person when they smoke. Another person's care plan read that the person often smoked quickly which lead to dizziness and an increased risk of falls. The guidance given was that staff should supervise when smoking". We spoke with staff who advised that they do not supervise this person when they smoked. We spoke with staff who told us they were not aware that the creams people used were flammable. The registered manager was not present on the second day of the inspection so we were not able to discuss this issue with them during our inspection. Due to the lack of risk assessments and plans to mitigate these risks people may have come to significant harm.

Systems were not in place to assess, monitor and mitigate the risk relating to the people's health, safety and welfare. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On reviewing people's records we saw that there were risk assessments regarding falls and for the moving and handling of people. We reviewed risk assessments and saw that the people had a risk assessment in place to ensure safe moving and handling. This assessment detailed what equipment should be used and how to make the person more comfortable when being supported to move. The assessment reminded staff to be patient and offer reassurance. Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers and how staff should monitor and mitigate this risk.

People told us they felt safe. One person told us, "I feel very safe here.". People were protected by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse, including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained that they would discuss any concerns with the registered manager or the provider. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager was able to explain the process which would be followed if a concern was raised.



All people living at the service had personal evacuation plans. Personal evacuation plans detail the support people would need to evacuate the home in an emergency situation.

Medicines were stored appropriately. Only trained staff administered medicines. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, given to people as prescribed and disposed of safely. We observed the lunchtime medicines being dispensed and we saw they were signed off by a member of staff once they had been administered. There was also a clear protocol for administering any PRN medicines (when required). This meant that medicines were managed so that people received them safely. Staff confirmed that they were confident and understood the importance of this role. Medication Administration records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines was maintained. We spoke with the member of staff dispensing medicines about the reasons opening dates were recorded on medicines however they told us they did not know that dates needed to be recorded. We carried out a random check of store and saw that liquid medicines had dates recorded on when they were opened. The registered manager told us that they would speak to this member of staff and ensure that were aware of the process and reasons for recording dates on liquid medicines. At the time of the inspection there were no covert medicines being administered and nobody was administering their own medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines

People were supported by suitable staff. Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service checks (DBS) were undertaken. DBS checks identify if potential staff are not suitable to work with people in a care setting.

There were sufficient numbers of staff on duty to keep people safe, however, we saw that people's social needs were not always met and we have commented on this in the Responsive domain. People told us they felt there were enough staff and they responded quickly when needed. We spoke to someone about the staff and they told us, "They're brilliant, if I need them, up straight away they are" and "I've got my buzzer here and there here in a minute." Staff told us they felt there were enough staff on duty. We saw that during the day there were four members of staff on duty and during the night there were two members of staff. The registered manager told us she regularly reviewed people's needs to make sure that there were enough staff on duty and they were able to meet people's needs during the day and night. Each person had an individual care needs assessment tool which recorded their needs for tasks, such as personal care. This allowed the registered manager to monitor the support people needed and ensure that changes to staffing were made when needed. We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeks and saw that shifts had been covered when staff were sick or on annual leave. The rota stated which member of staff was on call. We saw that the home at times used agency staff when permanent staff could not cover shifts. The registered manager told us that they tried to use regular agency staff to maintain the quality of care which people received. They also check people's views on the agency staff which had been used. They also told us that they are currently recruiting for a permanent member of care staff to reduce the need for agency staff and ensure people receive consistent care. From our observations people were responded to in a timely way by staff.

The home was found to be clean and measures were in place for the prevention and control of infection. There were supplies of protective equipment such as gloves and aprons, staff wore the appropriate personal protective equipment when needed.

## Is the service effective?

### Our findings

The previous inspection identified issues around the premises. Several areas of the environment were in need of improvement. We saw that there was a stair gate in the corridor and curtains were missing from one person's bedroom. At this inspection we saw that some improvements had been made, however, we identified other areas of the environment that needed improvement. Several areas of the home carpets were worn and ripped and radiator covers were loose and hanging from the wall. The carpet in the upstairs hallway was ripped and had been taped down between the hall and the communal bathroom. People had varying levels of mobility and this created a hazard and trip risk. The walls within the communal areas and people's bedrooms were chipped and the paint was discoloured. There was a hole in the door in the downstairs hallway. We spoke to the registered manager about the premises and they told us, "Family tolerate the environment due to the good care their relative gets". We saw that the registered manager had documented the improvements needed and reported them to the provider. Staff acknowledged the poor condition of the home and said, "We try to focus on the good care rather than the surroundings." However, we saw no evidence of a response from the provider. We could not find evidence of legionella testing or certificate and saw that the registered manager had notified the provider of this in April 2017. However, we did not see any evidence that this had been responded to or actioned. Following the inspection the provider confirmed that testing had not been carried out and there was no date arranged for this testing to be carried out.

The building had not been well maintained or decorated to a high standard. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care from staff who had the necessary skills and knowledge. Staff had undertaken all relevant training to ensure they had the skills and competencies to meet people's needs. Training records showed that staff had received training in fire safety, safeguarding adults and medicines. Staff training records confirmed that all staff training was up to date. Staff had regular supervision with the registered manager and they spoke positively of the supervision provided. However, the registered manager did not have regular supervision or guidance from the provider and we have written about this in the Well-led domain. Staff meetings took place regularly. Topics such as the needs of individual people, safeguarding and support plans were discussed at team meetings. New staff undertook a comprehensive induction programme which included essential training such as health and safety, alongside shadowing experienced care staff. Staff had completed the provider's induction which involved familiarisation with policies and procedures and support plans. Time was allocated to allow new and agency staff to familiarise themselves with people's support plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. 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 were being met. Mental capacity assessments were completed however we could not check if applications for DoLS had been made appropriately as the registered manager was not at the service on the second day of our inspection. The deputy manager and the provider were not able to provide this information and were unsure if or how many applications had been made.

People's weights were recorded on a monthly basis and people's dietary needs and nutritional requirements had been assessed and recorded. We saw a care plan for someone which detailed what support they needed to eat, the type of food needed and their preferred place to eat. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. Referrals or advice was sought when needed. We saw that when one person's weight was being monitored monthly and staff observed they had lost weight, a referral was made through the GP to a dietician.

People told us they had enough to eat and drink and one person told us the food was "marvellous". People's hydration needs were met and we saw people were offered regular hot and cold drinks throughout both days of our inspection. The chef had details of people's dietary needs including soft food diets kept within the kitchen and ensured that all kitchen staff were aware of any changes to people's diet. The chef made sure there were healthy eating options available. We observed a lunchtime meal and saw people were served their choice of meal from the menu by the chef. Throughout the meal we could hear people speaking positively about the food. People's meals looked hot and appetising; people had enough to eat and were offered support when needed. The chef told us they try to accommodate people's preferences, they spoke with us about someone who had asked for steak. The chef had ordered steak in and agreed to cook it how the person like it. They told us, "I will cook them whatever they want, it generally brightens their day." On the first day of our inspection we saw the chef walk around the home and speak with people about the menu choices.

People were supported to maintain good health and had access to health care professionals when needed. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care planned and delivered as advised by health professionals.

## Is the service caring?

### Our findings

People spoke positively about the staff. We were told, "They're absolutely brilliant and caring. Couldn't ask for better staff", "I've got a lovely keyworker, she's brilliant", and "They're really, really caring, every one of them". People were treated with kindness while receiving day to day care and support. However, we spent time observing staff practise in the communal area and saw staff did not always have the time to interact with them. We saw six people sitting in the lounge area on the first day of our inspection and each staff member passed by these people without speaking with or smiling at them. Each time a member of staff walked by people looked up and were keen to interact.

People felt that staff knew them well and they felt listened to. We saw that staff knew where people liked to sit at mealtimes and what equipment they needed to move around safely. We observed staff maintained people's privacy and they knocked before entering people's bedrooms. We spoke with staff about how they ensure people are treated in a respectful way. A member of staff told us, "I always pull the curtain, shut the door. I always talk them through everything and ask if they're ok. For some residents we can tell by their body language if they are ok." Care plans also reminded staff to maintain people's dignity, they read "maintain privacy and dignity at all times".

People told us they had a choice in the care and support they received such as morning and evening routines. We saw one plan that reminded staff to let the person make choices about their care and whether they would prefer to have a bath or a shower each morning. Staff told us they found this information out through the assessment carried out by the registered manager before the person moved in and through speaking to the person. They told us that if the person was not able to tell them their preferences they would speak to family or friends.

People were encouraged to be as independent as possible and offered support when needed. We saw that people's care plans recorded the tasks that people were able to do themselves and what tasks they may need support with. Staff promoted people's independence where possible. Care plans reminded staff to encourage people to carry out tasks for themselves when they are able. People's rooms were personalised with possessions such as paintings, photographs and bedding to make them feel comfortable and at home. However, people's rooms had not been well maintained and we have commented further in the Effective question. People told us that they were encouraged to maintain contact with their family and people that mattered to them. Some people's family chose to visit the home while others chose to phone them.

## Is the service responsive?

### Our findings

The assessment and provisions for people's social and recreational needs was limited and did not take people's personal preferences into account. People told us there was not enough to do and they often felt bored and lonely. People told us, "I ask to go out for a walk and I always get the same answer. n" and, "Before I was always walking my dog, it has impacted on my mood some days I feel quite down". "A lot of people get quite down in here. All we want is to see the outside world I have my lunch, then I come upstairs again and that's me till supper time". We saw that people's care plans had a section for social care and activities. However, "Watching TV" was listed as a preferred activity for most people. We saw that for one person their care plans read that they should have 1-1 time with their keyworker. We spoke this this person and they told us they did not have 1-1 time with staff, they said "It would be nice if I had some 1-1 time with my keyworker". Staff also told us that they rarely had time to have 1-1 time with this person. We checked people's activity diaries and saw that the information was limited. From the records it was not possible to see what activities people had taken part in. We reviewed the staff meeting minutes and saw that discussion had taken place around activities in the afternoon as they had not been taking place. Activities within the home were not personalised to people's individual likes, one person told us they did not take part in the activities as they did not enjoy them. They also told us, "They've always got on those old war songs. I like Status Quo".

During our inspection we saw that people spent long periods of time sat in the lounge area with the television on. There was little interaction between staff and people as they passed through the lounge area to get to the bedrooms of the home. We saw a member of staff walk through the lounge area and switch on the TV without asking people if they wanted it on and what they would like to watch. We did not see the channel being changed for the rest of the day.

The above evidences a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection we saw six people taking part in armchair exercises. People enjoyed the activity and reminiscing. This was provided by an external agency. People told us they enjoyed this activity but wished that it happened more often.

We saw that care plans included information on people's key relationships, mobility, nutrition and communication needs. People's care files contained a section detailing communication with healthcare professionals such as the GP. Care plans did not contain information relating to people's life history. We spoke with staff and they were able to tell us about people's history, however, this information would not be available for agency staff. The registered manager told us they knew that the documented life history information was limited and they planned to speak to people and relatives to gather this information. People told us they felt the staff knew their backgrounds and history and knew how they liked to be supported. They also contained information on people's social and physical needs. Where appropriate people had Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person.

Daily records were kept in individual diaries for each person. These had a section to record what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. Staff used these diaries to guide the conversation with other members of staff at the shift handover to ensure that they knew how people's day had been and highlight any concerns, such as changes to someone's appetite.

People told us they would feel comfortable raising a complaint with staff and were able to tell us how they would make a complaint. However, they did not feel confident that if the complaint related to issue, such as the condition of the premises, that the provider would take appropriate action. Most of the people at the home had not met the provider. One person told us that they knew he visited at times and they had asked to speak with them, however they had not received a response. They did not expect that the provider would respond now, as a significant amount of time had passed since they made the request. Staff demonstrated an understanding of how to deal with a complaint. We reviewed the complaints records and saw that no complaints had been made; the registered manager also told us that there had been no recent complaints. However, we spoke with someone who advised that they had raised their concerns around the limited time that staff had to support people to take part in activities. They had spoken to a member of staff and the registered manager; the registered manager had agreed to speak with the provider about additional hours to support with activities. However, there had been no change and a member of staff told us "He (the provider) won't employ anymore". The service did not always listen and respond to people's concerns. This is a breach of Regulation 16 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

At our previous inspection the service was rated Requires Improvement prior to re-registering with a change of name. At the previous inspection we identified issues around the quality assurance and checks on the home. Quality assurance was limited and there were no audit system in place. The registered manager regularly raised concerns with the provider about the premises and these concerns were not responded to. During our inspection there was a registered manager in place on the first day however on the second day we were told by staff that there was no longer a registered manager in place. Following our inspection the provider confirmed that the registered manager was no longer working in the home.

At this inspection we saw that while quality checks were now in place, concerns were either not actioned or not actioned within an appropriate timescale. There was an audit schedule for aspects of care, such as infection control, medicines, care plans and privacy. The registered manager told us that any concerns identified which needed discussion and agreement from the provider such as repairs to the home or equipment needed was reported to the provider however they rarely received a response. The registered manager showed us a folder which they used to store the emails which had been sent to the provider and they marked whether a response had been received. The registered manager also kept the email response to show the timescales in which they received a response and whether action was taken. We saw that they had notified the provider of general maintenance and repairs such as repairs to cupboard doors, carpets and walls which were needed within the home. The registered manager notified the provider of this on a monthly and at times weekly basis and these had not yet been responded to. We also saw that other requests such as for protective equipment were not actioned in a timely way and the registered manager's records indicate the provider needed several reminders and prompts to order these. This meant quality assurance systems were not always effectively used to drive improvement within the service.

The response when we spoke with people, staff and the registered manager regarding the provider was not positive. People told us that the provider did visit the home but did not speak to the people who lived there. They took responsibility for arranging the food order and at times for maintenance and repairs. They did not feel he knew how the home ran. One person told us, "He doesn't come if you ask". Staff also told us that they did not feel listened to or valued by the provider. They did not feel confident he would take action on any concerns raised. The registered manager was not supported by the provider and did not meet regularly to discuss any concerns or changes. While the registered manager told us they felt comfortable addressing any issues with the provider and were open with him about concerns they did not feel supported or confident that the provider would respond as needed. The registered manager did not have opportunities to meet with managers from other local homes to discuss best practice or reflect of their own practice and learning as their time was spent managing the home and covering care staff shifts.

The registered manager had started resident and relative meetings following the previous CQC inspection. These took place once every two months. We reviewed the records and saw that six people and one relative attended the most recent meeting. The registered manager told us that if people chose not to attend, she



spoke to them individually, if they preferred. At residents' meetings they discussed the menu choices, care plans and activities. While people's views on the home had been sought, the provider had not taken action on the concerns raised regarding activities.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection we were made aware that the freeholder of the property which Chiltingtons Residential Home operates from intended to forfeit the lease due to substantial arrears. This would mean that the residents at the home would need to move to alternative accommodation. If the possession order was granted the residents would have 6-8 weeks to find alternative accommodation. We passed this information onto West Sussex County Council to ensure that people were notified and suitable accommodation was arranged. The provider did not ensure that they had the financial resources needed to provide and continue to provide the services as described in the statement of purpose. This is a breach of Regulation 13 of the Care Quality Commission (Registration) Regulations 2009.

Staff and people did not feel they were listened to or involved in developing the service. People told us they felt comfortable speaking to the registered manager and care staff but they did not feel that the provider would take notice of their views or respond to these. Following the last CQC inspection the registered manager had introduced questionnaires which checked on people, relative and health professionals views on the care provided. The most recent survey was carried out in July 2017. The feedback was mainly positive and the comments from the seven people and relatives who responded to the survey included, "The staff here are very friendly and kind" and "My mother is happy here and that is because the staff are so kind and helpful. She feels like she is with her family". However, comments relating to the lack of activities had also been noted. One person commented, "I would like to be able to go out more often." A relative had also commented, "I do wish that we could have a few day trips to make the atmosphere happier in the summer.". This feedback had not been responded to in a timely way.

During the inspection we saw that staff mainly responded to people in a dignified and compassionate way however when we spoke with the staff about the vision and values of the home but they were not able to give a view on this. They did not feel that this was something which they had knowledge or understanding of. The registered manager was not present on the second day of the inspection to have a conversation on their views on the vision and values of the home.

Throughout the inspection, the registered manager spoke with people and staff in a warm and supportive manner. Staff spoke positively about the registered manager and told us, "She's one in a million, she's lovely and caring", another person told us, "I don't know what I'd do without her." One comment on the relative's questionnaire read, "I find all members of staff very welcoming and approachable. (Registered manager) is very efficient and understands resident's needs". The registered manager told us they made sure they had regular contact with all members of staff to ensure that they could monitor their practice and ensure that any issues were identified and resolved in a timely way. The registered manager frequently covered care staff shifts which they told us meant they knew people well and were able to informally monitor staff practice. Staff meetings took place every six weeks and discussed agenda topics such as safeguarding, training and individual residents. Staff felt that they worked well together and that the team was supportive of one another.



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	<p>Regulation 13 Registration Regulations 2009 Financial position except health service bodies and local authorities</p> <p>The registered person had not ensured that they had the financial resources needed to provide and continue to provide the services as described in the statement of purpose.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that the care and treatment of service users met their needs and reflected their preferences.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not assessed the risks to the health and safety of service users receiving care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not ensured that the property was properly maintained.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

The registered person had not ensured that appropriate action was taken to respond to failures identified by a complaint.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not assessed, monitored and improved the quality and safety of the services.