Stowcare Limited

Chilton Court

Inspection report

Chilton Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Chilton Court on 9 May 2018. This was in response to our previous comprehensive inspection on 16 March 2017, where we rated this service as overall 'requires improvement'.

During our inspection on 16 March 2017 we found there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding safe care and treatment and meeting nutritional and hydration needs. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection.

At this inspection on 9 May 2018 we found no breaches in regulations, as the necessary improvements had been made and sustained. We were encouraged by the progress made by the management team to address the previous concerns and have rated this service overall 'good'.

Chilton Court is a residential care home that does not provide nursing. 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. Chilton Court accommodates up to 47 people who require support with their personal care needs, some of whom are living with dementia. There were various forms of accommodation provided such as houses, flats and bedrooms. At the time of this inspection there were 28 people using the service.

A registered manager was 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.

Systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. The registered manager worked closely with the provider's nominated individual and this had led to the overall quality and safety of the service improving. A nominated individual has the responsibility for supervising the management of the regulated activity, represents the provider and is a point of contact with CQC.

People and their relatives were positive about the approach of the registered manager; saying they were accessible to them and that communication in the service had improved.

People and relatives were complimentary about the care and support provided. Staff consistently respected people's privacy and dignity and interacted with them in a kind and compassionate manner. They were knowledgeable about people's choices, views and preferences and acted on what they said.

Staff understood what constituted abuse and what procedure they would follow to report any concerns. Staff also received training in safeguarding.

There were sufficient numbers of staff effectively deployed to meet people's needs who had been recruited safely. Staff were trained and supported to meet people's needs. They knew how to minimise risks and provide people with safe care.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Improvements had been made to ensure people's care records reflected personalised care which were regularly reviewed and amended to meet changing needs.

People received care that was responsive to their needs. They participated in meaningful activities and were supported to pursue their interests. The service listened to people's experiences, concerns and complaints and took action where needed.

People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. Appropriate referrals were made and acted on where concerns had been identified and people were encouraged to attend appointments with health care professionals to maintain their health and well-being. Where required people were safely supported with their dietary needs.

Staff understood the need to obtain consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made to the security of the service. The environment met the needs of the people who lived there. All areas of the service were clean and in good state of repair with equipment maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed in a safe way.

There were systems in place to assess the numbers of staff required to meet people's needs. The recruitment of staff was undertaken safely.

Staff knew how to keep people safe from abuse and felt supported in reporting concerns.

Ricks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

Steps were taken to protect people from the risk of infection.

Accidents and incidents were recorded and reviewed regularly.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy nutritional intake. Timely referrals were made when concerns were raised about a person's nutritional intake.

Staff received regular supervision and undertook training relevant to their role.

Staff understood the Mental Capacity Act 2005 and there was clear documentation to show that people's capacity had been assessed.

People's care needs were assessed prior to them living in the home.

People could access other healthcare professionals in relation to their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who were attentive to their needs.

People and their relatives where appropriate were involved in the planning of their care and these decisions were respected.

People could have friends and family visit without restriction.

Staff knew people well, respected their preferences and consistently
cared for them in a way that maintained their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs.

People were provided with the opportunity to participate in activities and to pursue individual hobbies.

Systems were in place to ensure people's feedback was acted on, valued and used to improve the service.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and staff felt supported in their work.
There was a positive morale amongst the staff team.

Regular meetings were in place for people and their relatives to attend.

Systems had been implemented to monitor quality and to drive improvements within the service.

Staff worked with other agencies and health care professionals in a collaborative and open way.

Chilton Court

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 checked 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.

This unannounced inspection took place on 9 May 2018. The inspection team consisted of an inspector and a specialist professional advisor who had knowledge and experience in nursing and dementia care.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch and members of the public.

We spoke with fourteen people who used the service, three relatives and a visiting health care professional. We observed the interactions between staff and people. We spoke with the registered manager, the provider's nominated individual and director, deputy manager, activities coordinator and eight members of staff from care, domestic, and catering. We also received electronic feedback from two health and social care professionals.

To help us assess how people's care needs were being met, we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection on 16 March 2017, there were concerns relating to the key question of 'Safe'. This included a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. During this inspection on 9 May 2018 we found that the provider was no longer in breach of Regulation 12. Improvements to address the previous shortfalls including safe management of medicines, people's records and security of the building had been made and we have changed this rating from 'Requires improvement', to 'Good'.

People's medicines were stored, administered and managed in a safe way. We found that staff authorised to handle and give people their medicines had received training and had their competence assessed to ensure they managed people's medicines safely.

Medicines were stored securely for the protection of people who used the service and at correct temperatures. Records showed people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks, administration and their records.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities.

There were person-centred care plans in place about how to give people their medicines. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how and when to give them to people to ensure they were given consistently and appropriately. There were additional records in place when people were prescribed skin patches showing they were applied in a rotational manner (which reduces the risk of skin sensitivity occurring), and also confirming they were later removed before the next patch was applied.

For people with limited mental capacity to make decisions about their care or treatment and who would refuse their medicines there were records of assessments of their mental capacity and best interest decisions to give them their medicines crushed and hidden in food or drink (covertly). There was also written information available to show staff how and when to give them their medicines in this way to ensure they were given consistently and appropriately.

A relative shared with us their previous concerns about their family member missing their medicines due to spitting them out and how these had been addressed. They explained how the staff had met with the pharmacist and an alternative had been prescribed which helped the person to take their medicines.

Previous shortfalls with the security of the service had been addressed. People were safeguarded from others who were not authorised to access the building. Windows which faced the public highway had

restrictors in place to prevent intruders entering the building. External fire doors were kept closed and were alarmed. If an external door was opened staff were alerted through their handheld pager or could check the central monitoring panel.

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings and internal communications, so that prevention strategies could be used to prevent others experiencing similar events. All of the staff we spoke with told us that they had received training in safeguarding. Training records we looked at confirmed that staff had attended this training.

Improvements had been made to people's care records and included risk assessments which provided guidance to staff about how these risks were minimised. The records included risk assessments in areas including mobility, falls, diet and skin integrity. Where people were at risk of developing pressure ulcers their care records reflected the involvement of relevant professionals, frequency for repositioning them and the specialist equipment such as pressure relieving cushions and mattresses in place to maintain their skin integrity.

Where new concerns were identified these were communicated through handover notes left in the person's bedroom or in paper files, e.g. for one person who had become ill and was receiving end of life care, a highlighted note prompted staff to offer fluids at every half hour welfare check. This measure was in place as the service held people's records on the computer and not all staff had immediate access to the daily records. This was being resolved as the service was implementing hand held tablets (an electronic device) for recording notes throughout the day.

People who were vulnerable because of specific medical conditions such as diabetes, mental health needs and living with dementia had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Previous inconsistencies in the recording of people's food and fluid intake where they had been identified as at risk had been addressed. These were monitored on a daily basis by the management team with any issues picked up and swiftly dealt with. Weight monitoring charts highlighted changes to people's weight and staff reflection on possible causes and the actions taken to address this. For example, a recent loss of weight for one person had been attributed to a bereavement. Plans were in place to monitor and encourage food and fluid intake for this person. For another individual who had sustained weight loss there was no clear cause and they had been referred to dietetics.

There were consistently enough staff to support people in a safe way. People told us that they thought there were sufficient numbers of staff. One person explained, "Yes, there do seem to be enough staff, there's always someone around if you need them." A second person commented, "There's always someone around here, [the staff] check on me from time to time." Throughout our inspection visit we saw that call bells were responded to promptly. People had call bells within their reach when in their bedrooms and wore personal alarms when accessing other areas of the service.

There were processes in place to ensure that suitable staff were recruited. We looked at the recruitment files

for five members of staff and saw that appropriate references had been sought and that satisfactory checks from the Disclosure and Barring Service had been obtained. Staff confirmed that they had not commenced their employment before their DBS check came back.

People and relatives told us that they felt that the service was clean and hygienic and staff took good care of people's belongings. One person described the daily clean and weekly 'deep clean' of the service and said they were very satisfied. Another person said, "It is clean and tidy." People told us how the laundry arrangements had improved and that staff took good care of their clothes. People were protected from the prevention and control of infection. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection.

Accidents and incidents were fully recorded and reflected any subsequent action. People at high risk of falls had been identified with measures in place to mitigate the risk. One person described how staff had talked to them about how to reduce the risk following them having had several falls. This included the use of different equipment for different environments within the service, such as mobilising independently with a frame when in their own residence and being assisted in a wheelchair when they visited the communal areas. They said they were pleased with this system.

For another person who had experienced a series of falls in a short time, we saw from their daily records that staff suspected that this was due to a change in their medicines and the person had been referred to their GP. Accidents and incidents were regularly reviewed by the management team so they could identify any patterns such as whether more people had falls at a certain time of day and to take any necessary preventative action.

The management team made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. The management team followed this up with competency checks to ensure best practice.

Good

Is the service effective?

Our findings

At our last inspection on 16 March 2017, there were concerns relating to the key question of 'Effective'. This included a breach of Regulation 14: Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to us about the measures they were taking to address the shortfalls found at the inspection. This included the inconsistencies in the recording of people's nutritional intake to help staff manage the risks to their health. During this inspection on 9 May 2018 we found that the provider was no longer in breach of Regulation 14.

Improvements to address the previous shortfalls had been made and sustained, we have changed this rating from requires improvement to good.
Further training had been provided to staff including how to document food and fluid intake for people using new documentation. Staff understood the importance of good nutrition and hydration in maintaining health and wellbeing for people. They told us which people were at risk and described the measures in place to support them with adequate hydration and nutrition. This included regular prompting and encouraging people if they hadn't had much that day with drinks and food that they knew they liked.

Inconsistencies in the daily monitoring records had been addressed; staff documented what people had eaten and had to drink. This included information on food portion sizes and what they had had drunk during the day. Where appropriate people's daily records provided guidance to staff on what consistency the person's food needed to be, to minimise the risks of not eating enough and choking. However not all fluid charts seen showed the recommended daily target or total for each person so it was not always possible to know if a person had met their target fluid intake. The management team assured us they would address this.

People who had been identified at risk were monitored closely with actions taken to improve their food and fluid intake. This included people who had their food fortified with extra calories such as high calorie homemade milkshake. Where a person had not eaten or drunk much their records reflected the actions taken by staff. This included escalating concerns to the registered manager or contacting healthcare professionals such as the GP, speech and language therapist and dieticians where appropriate. Where professional advice had been given to help the person, this had been shared amongst the staff and their care plan updated. One relative told us how they were unsure that the meals provided were always suited for their family member who had dementia and been known to throw their food. We saw that the person ate very small portions of their meal and their food charts showed they ate more if a soft meal was provided, this did not seem to be to do with swallowing difficulties but due to their dementia; as they were less likely to throw soft foods. Staff confirmed the person responded better to soft food but that the person's care plan did not fully reflect this. They described the various ways they supplemented the person's diet with extra snacks including cheese and biscuits. Staff advised us that the person's care plan was due for review and would be updated to ensure food charts were used to inform future menu choices for the individual.

People told us that they were satisfied with the choice and quality of food provided. They explained how the cook freshly prepared the food, knew their preferences and they were able to make suggestions about the menu which were accommodated. One person told us, "The food is very good. They [catering staff] will always make you something different if you don't like the menu options." Another person said, "We have lovely home cooked meals, I thoroughly enjoy the roast dinners." Other comments included, "Lovely traditional dinners, we had steak and kidney pudding yesterday, it was delicious." And "I like a cooked breakfast, I asked for black pudding, I now have a slice with my bacon and eggs."

We observed the lunch time meal served in two areas within the service. People enjoyed a positive meal time experience with staff attentive to their needs. The atmosphere was calm and relaxed. Staff offered people a choice of drinks and were efficient and well organised in serving people their food. There were two options for the main course on the menu. Where required people were shown both plates of food and supported to choose one. One person asked for something not on the menu as they were not feeling very hungry. A staff member knowing the person's food preferences made some suggestions which helped the person to decide. People told us they could eat wherever they wanted to in the service for example their bedrooms or outside in the garden if they wished. One person explained that if they chose to eat somewhere else the, "Staff will bring me a tray but I like to come and sit here, it's a lovely room. You can see the pond." Food was well presented and where people needed assistance with their meals, this was provided in a sensitive way and with due regard for their dignity.

People's health and wellbeing was assessed prior to them moving into Chilton Court. This was so the management team could be assured that they could fully meet people's needs. Pre-admission assessments detailed people's physical and wellbeing needs, medicines information and their personal history. People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met.

People fed back that staff were well trained and competent in meeting their needs. One person described their confidence in the staff when assisting them to mobilise. They said, "All the staff are quite capable of transferring me. They do this very carefully; I feel perfectly safe." This was confirmed in our observations where we saw several instances of staff moving people comfortably and safely using the appropriate equipment. Staff took their time and throughout the transfers provided reassurance and an explanation of what they were doing. This put people at ease and we saw them sharing a laugh and a joke with members of staff.

Staff were provided with the training that they needed to meet people's needs. The provider had a training programme in place for the staff. New staff completed the provider's mandatory training within the first few days of their employment. This training included fire awareness, moving and handling, infection control and safeguarding. As part of their induction new staff would also spend time shadowing more experienced colleagues as they were introduced to people who lived in the service

Staff told us that they had the training they needed to carry out their role effectively and this was updated regularly. This included training associated with peoples' specific and diverse needs such as catheter care, pressure area care, nutrition and hydration and diabetes awareness. Records showed that staff had also received dementia training provided by the local authority where they had worn a GERT suit. The GERT suits provide a simulated experience of how people living with dementia experience the world around them, and as a result staff were able to understand better some of the challenges people faced on a daily basis, for example, how disorientated people can become. One member of staff said, "It was a real eye opener wearing the suit; made you realise how sometimes the simplest things can be a massive challenge." Another

staff member told us, "Training is relevant to the job and if you want more you just have to ask."

The management team explained how staff were encouraged with their career progression. This included being put forward to obtain their Care Certificate if they were new to the health and social care industry. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers. More experienced members of staff were supported to complete nationally recognised accreditation courses and or qualifications, such as the Diploma in Health and Social Care. This Diploma gives staff the opportunity to develop their knowledge in topics such as nutrition, communication and person-centred care.

Feedback from staff about their experience of working in the service was positive. Records and discussions with staff showed that staff received supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. A member of staff told us that they thought that supervision was useful for identifying their strengths, areas in their role to develop and an opportunity to share if any personal difficulties were affecting their work. They said, "I feel I can raise anything with [management team] and they listen, help and don't judge."

Staff worked in collaboration with other professionals to ensure that people's care needs were met. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included staff or a member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process, care staff took key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met.

People were supported with their healthcare needs and had access to healthcare professionals if any concerns were raised about their health or wellbeing. One person said, "I can see a doctor if I need to." Another person commented how quickly the district nurses came out and the effective relationship with the local community team and the service. Their records showed they had been referred to the district nurses at midnight by the service as they had not passed urine for a few hours. The district nurse attended and replaced the person's catheter within a couple of hours, the person told us they were very pleased with the swift action taken by all involved.

People were involved with the decoration of the premises. They told us about choosing the colour of their bedroom and that they were consulted on changes to communal areas. The environment provided opportunities for people to access communal areas and quieter spaces if they so wished. There were areas for people to meet with their family and friends other than their bedroom. There was also secure and accessible outside space that people could access. Appropriate signage was in place to enable people to move safely around the service. Activities boards were displayed which showed people the range of activities available. All bedrooms had clear numbers and coloured doors to assist people to find their room. Some had been personalised to aid orientation. The management team advised us there were plans to further enhance the building to make it more accessible and people and relatives would be fully consulted on the proposed building works.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager understood when DoLS referrals needed to be made and had made them in line with guidance to ensure that any restrictions on people were lawful.

People told us that their consent was sought before care or treatment was provided, which was confirmed in our observations. Staff ensured that they sought consent from people before providing any care. For example, after the lunch time meal we heard a member ask one person if they would like support to go to the lounge or to lie down in their bedroom. Staff we spoke with knew the importance of offering choice. One staff member commented, "Don't assume anything you must check." Another staff member explained, that if they went to assist a person with personal care, and the person did not want it, they would explain why they were wanting to give them support with their care to help them make an informed choice.

Staff had received training in the MCA and DoLS and we saw them consistently seek people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Improvements had been made to people's care records which included their capacity to make decisions and if they lacked capacity, any best interest decisions made. Records showed that people or, where they were not able, their representatives where appropriate had signed consent forms to show they had agreed with the care they were to be provided with.

Good

Is the service caring?

Our findings

At our last inspection on 16 March 2017 this key question was rated as good. At this inspection on 9 May 2018 we found the staff were caring and treated people with respect. The rating therefore remains good.

People told us that they felt cared for by staff. One person explained, "I like it here, everyone is really nice and kind. It's warm and friendly; it's homely." A second person commented, "[The staff] are lovely, they look after us so well. Nothing too much trouble." Many of the staff and people who lived in the service had been there years and positive and caring relationships had been established. One person said, "It's like family here."

Both people and relatives described how the staff were patient, calm and supportive. One person said, "I'm never made to feel a nuisance however much time or help I need." A relative shared with us, "The staff are very tolerant and understanding. They know the residents well and take their time with them. They never rush people. It's very peaceful here."

There was a warm and friendly atmosphere in the service. People were relaxed in the presence of the staff and management team. Staff consistently treated people with compassion and took opportunities to interact with them and ask if they needed anything. Throughout the day staff and people were seen smiling and laughing together. Staff helped people to safely mobilise around the service; holding people's hands to gently and patiently guide people to where they wanted to be. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us, "I am very settled living here. I feel I am part of the furniture now. I have found companionship; making friends with the staff and some of the other residents and am very happy."

People and where appropriate their relatives were involved in the planning of their care. One person told us that they were asked to be involved in their care planning but had declined saying they did not want to contribute. They added, "I'm quite happy with everything that is in place." One person's relative told us how they were actively involved in the ongoing care arrangements, they said, "From when [person] first moved into the home I have been part of the process. Overtime I have met with the senior staff to discuss [person's] care. If things change I am made aware and we talk about what needs to be done."

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. One person said, "I'm quite comfortable to tell the carers what I like and don't like. But to be honest they know me that well I don't have to say anything." Staff told us that they had enough time to spend speaking with people about their care needs and engaging them in general conversation.

Within people's care plans we saw that they had been involved in their development. People's records included their likes and dislikes and prompts for staff to use to help engage with people. There was also information about topics of conversation that may cause distress to people and how staff should support

them. For example, one person's record stated, 'avoid talking about person's relative, unless they bring it up'. This showed staff were sensitive to people's feelings and were prepared if needed to provide support if a person wanted to talk about something they may find upsetting.

The routine in the service reflected people's choices. Activities were planned in the afternoon and evenings as people preferred to take part at these times. People told us they were happy with this arrangement. They said they enjoyed having, 'a quiet morning, no rushing' 'I like to come and chat and see who's here in the morning. I may go out this afternoon'.
Information was available to people in formats they understood to assist them in making decisions about their care. This included access to independent advocacy services and healthcare services.

Staff supported and encouraged people to maintain their independence as much as possible. We saw that people had access to an adapted plate and cutlery so they could eat independently. Two people had their food cut up for them so they could manage to eat their meal without staff support.

Where staff recorded information for monitoring purposes about people's skin integrity support, food and fluid and personal care, this information was kept secure which respected people's privacy. The language used in people's records including their care plans, risk assessments and daily records was enabling and respectful.

People were cared for in a way that upheld their dignity and maintained their privacy. Staff were quick and discreet when supporting one person to wipe their face. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering. Staff explained how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. A relative described to us how their family member was supported to maintain their dignity at meal times, during times of distress or anxiety. However, some people were left wearing their tabard aprons used during the breakfast meal throughout the remainder of the morning. It would have been more dignified if the tabards had been removed when the meal had finished.

People who used the service were supported to maintain relationships with others and were supported to see family and friends if they wanted to. People's relatives and representatives could visit the service when they wished.

Good

Is the service responsive?

Our findings

At our last inspection on 16 March 2017, the service was rated as requires improvement. There were inconsistencies in people's documentation. During our inspection on 9 May 2018 we found that shortfalls in people's records had been addressed and we have changed the rating to good.

The service was responsive. Many of the people who lived in the home were living with dementia. The deputy manager explained to us how they tried to make people's move to Chilton Court as comfortable as possible. They explained how the staff would try and arrange the lay out of their bedroom to match the one the person was used to living in, be it at home or at another service. They described how they encouraged the person to bring personal items and furniture so they felt surrounded by familiar items.

To support younger family members in understanding conditions like Parkinson's and dementia, the deputy manager had sourced children's books which provided information in ways they could understand and these were made freely available in the service.

People told us that they were satisfied with the care and support they received which was personalised to their needs. One person commented, "The staff are kind, caring and know how I like things done. You don't have to keep telling them."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We saw a member of staff sensitively respond to a person who showed signs of being upset, calling out worried that that they had missed the lunch time meal. The member of staff spoke with the person, reassured them and offered to walk with them to the dining room where lunch was being served. The person accepted and was smiling as they walked with the member of staff.

We observed interactions throughout our inspection which showed that the staff were responsive to people's individual needs. During the lunch time meal, a member of staff saw that one person, who ate independently had not eaten much of their food. They sat with the person and with their permission assisted them to eat. The person ate all their meal later telling us they had; "Thoroughly enjoyed it." We spoke with the member of staff who told us that the person was very independent but they were aware the person was feeling under the weather that day so had gone to check if they needed any assistance. This showed us that staff were knowledgeable about people's needs and routines and were able to respond accordingly.

Improvements had been made to people's care plans and risk assessments. They were individualised and provided clear guidance for staff about what support people needed. Regular reviews took place of people's care records and these records were updated when people's care needs changed. Staff kept detailed daily notes about how people had been throughout the day and night. These notes helped staff to continuously monitor the changing needs of people.

People's care records were accurate and detailed in respect of their plan of care and support. They provided

guidance to staff on the level of support required and included details about people's specific needs, conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. One member of staff said, "The care plans and risk assessments have all been updated, they [registered manager] went through them with a fine-tooth comb; they tell you what you need to know; so you're caring for people safely." The reviews included feedback from the person and or their representatives where appropriate, staff and health and social care professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

People's daily records identified the care and support provided to people. The management team explained how they regularly reviewed the daily records to ensure they provided detail about people's mood and wellbeing, areas of good practice and ways to improve were highlighted and shared. This had resulted in the majority of daily records we sampled being highly person centred, supporting staff to provide care which promoted quality of life for people and not focusing just on tasks.

Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care, this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs

Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing such as smiling and engaging with one another and the staff. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We saw that people moved confidently about the service choosing where and with whom to spend their time. One person who in the morning had been in their bedroom confirmed this saying, "I fancied getting out so am off soon to the trip to Felixstowe Beach; it's a grand day outside."

We observed lots of laughing and positive interactions with the activities coordinator and people during our inspection. People participated in activities and hobbies that interested them, both on an individual and group basis. The activities coordinator told us they felt well supported by the management and staff team and activities were a shared responsibility. They said, "It's not just when I am here that people do things there is a plan but all the staff are involved as people can request to do things whenever." They went onto explain how they usually visited the service in the afternoons as 'the residents prefer to do activities later in the day' and arranged activities such as trips out and visits from the local nursery one afternoon a week. Evening staff provided activities including board games, quizzes, films and reminiscence. One person said, "I like the film nights and quizzes." Activities were held in various communal spaces around the service, this meant that people who chose to only sit in one lounge could also participate.

People had access to the garden and told us they liked to go outside. One person said the staff, "Take good care of the grounds, it's nice to sit outside, we have greengage trees."

Events, both past and planned, were promoted throughout the service. These included garden parties and annual events such as Mother's Day were celebrated. Staff were mindful of people's feelings and memories associated with festivals. For example, this year's Mother's Day, people had created flowers and remembered their own Mother's. This inclusive activity was therefore appropriate to the men who lived there, and also those people with no children. . There was a mini bus available that took people out on trips and accessing the local community. Visits from local faith groups supported people with expression of their religious beliefs.

There were many sensory items that people who were living with dementia could touch, look at and feel. These included different types of materials, dolls and aids. We saw people were offered some of these items which gave them comfort. There were also items around the service which could stimulate memories of the past. Several people commented how a member of staff brought their dog to work which they liked.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last six months. Themes included caring staff approach and supporting an individual and their family during a difficult time.

Discussions with people, relatives, staff and the management team told us that the service responded to people's comments and concerns. Records seen confirmed this for example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements such as times people wanted to get up in the morning or have their personal care. One relative said, "They are usually pretty good take on board what you say, and if they can't solve a problem they will tell you why."

No one at the time of our visit was receiving end of life care. However, care records showed us that staff had sought the wishes and preferences of people, including if they wanted to be resuscitated and these were kept under review. Staff were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

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Good

Is the service well-led?

Our findings

At our last inspection on 16 March 2017 we found that systems to monitor and assess the service were not robust. During our inspection on 9 May 2018 we found that improvements had been made and sustained. We were encouraged by the progress made since our last inspection by the management team, to make the necessary improvements, and as a result we have changed this rating from requires improvement to good.

There was visible leadership in the service. The registered manager worked closely with the provider's nominated individual and this had led to the overall quality and safety of the service improving.

Systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. Incidents, accidents, falls and complaints were monitored and analysed. This analysis supported the registered manager to identify any trends and patterns and to act to reduce further risks. Regular audits and checks were carried out on all aspects of the service, this included infection prevention and control, care plans and health and safety. The outcomes and actions from these fed into a development plan for the service providing the registered manager and the nominated individual the oversight needed to identify any shortfalls and take action to address them. They shared with us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing improvements to staff development, recruitment, safe management of medicines, infection prevention and control, records, complaints, staffing and creating a dementia friendly environment.

Records of medication management showed continuous development and moving the service forward in line with best practice. A visiting healthcare professional told us they had seen improvements in safe management of medicines practice. They explained how they supported the service providing refresher training and answering specific medicines queries raised by the staff.

The registered manager demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach. One person told us, "The manager is good, always has time for you. Knows exactly what is going on." People told us the staff were approachable and liked that there was not a high turnover of staff so they got to form relationships and know the staff.

People and where appropriate their representatives feedback was collated through regular care reviews, 'resident and relatives' meetings, and daily interactions and communications. One person said, "My [relatives] have come to the meetings." Another person told us, "Residents meetings, I don't go but you can read or find out what was discussed." A relative commented, "I have not been to one of the meetings yet but I intend to go. I have some ideas." The minutes of meetings were made available for people, and included information about the actions taken as a result of their comments. This included changes in activities, the menu and planned improvements to the environment.

Staff were clear on their roles and responsibilities and told us they felt supported by the management team and could go and talk to them if they had concerns. Morale was good. Staff said that there was an open

culture in the service, communication had improved and they felt positive changes had been made. One staff member said, "It's a nice place to work." Another staff member commented, "[Registered manager] wouldn't expect you to do something that [they] wouldn't do. Their door is always open to everybody; knows everybody, if you've got a problem you can go to them and they will listen."

Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. They were kept updated with the ongoing developments in the service. Staff told us they were committed to the improvements being made and to providing a safe quality care to people. One member of staff said, "We have worked so hard to address the previous wrongs found at the last inspection."

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people services to ensure they were following good practice and providing a quality service. Feedback from health and social care professionals told us that the staff had engaged with them proactively and, "Made appropriate referrals for people" and that staff followed the advice given.

The management team were aware of their responsibilities regarding notifying us of important events. We looked at the statutory notifications sent to us by the service. A notification is information about important events, which the provider is required to send us by law. The notifications provided accounts of the incidents reported to us and we were informed of these events in a prompt manner.