Chaston House Ltd

Chaston House Care Home

Inspection report

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Acton
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Chaston House is a residential care home providing personal care to nine people aged 65 and over at the time of the inspection.

People's experience of using this service:
People were happy with the service they received at Chaston House. One person said, "You get exactly the care you need when you need it."

During this inspection we found one breach of regulations. This was because recruitment practices were inconsistent. There was a lack of references for some staff as well as a reliance on former employer's criminal checks on staff.

There were discrepancies with the recording of safeguarding incidents, however, staff knew what to do if they suspected abuse. There was enough staff in place. People were risk assessed to ensure their needs were met safely. Medicines were administered safely. There were infection control measures in place. Lessons were learned when things went wrong.

People's needs were assessed. Staff received training how to do their jobs. Staff told us they received induction and supervision. People enjoyed the food they were provided and were supported to eat and drink healthily. The service was adapted to meet people's needs. People were supported with their healthcare needs. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives told us they were treated well. Staff understood equality and diversity. People could express their views and be involved with choices around their care and treatment. People told us their privacy and dignity was respected and their independence promoted.

People's care plans recorded their needs and staff understood these needs. People participated in activities within the home. People were able to make complaints and when doing so these were responded to appropriately by the service. The service worked with people who were at the end of their lives and respected their wishes.

People told us they thought highly of the management team, however, we had concerns around the overall managerial oversight and felt improvements could be made to aspects of the service. The registered manager told us about changes they had made and those they wished to make. The service completed audits to monitor the safety and care of people using the service. The service had links with other agencies.

Rating at last inspection: At the last inspection the service was rated Good. (report published on 27 July

2016)

Why we inspected: This was a planned inspection

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Chaston House Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
There was one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Chaston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chaston House is registered to provide support to a maximum of eleven people in one adapted building over three floors. At the time of the inspection there were nine people living at the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:

before the inspection:
- We looked at notifications we received from the service
- We looked at the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections
● We looked at other information we held regarding the service.

During the inspection:
● We looked at six people's care records
● We looked at records of accidents, incidents and complaints
● We looked at audits and quality assurance reports
● We looked at six staff file records
● We spoke with three people and three relatives
● We spoke to four members of staff. Two members of staff with caring responsibilities, the registered manager and the nominated individual. The nominated individual is the person with responsibility for ensuring the provider completes their regulated activity correctly.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Recruitment practices were inconsistent. We looked at six staff files and found five did not contain references from previous employers, one contained no application form and where there were application forms, these did not fully explore people's histories and gaps in employment were not explored. We also noted that the provider had accepted Disclosure and Barring Service (DBS) checks completed by previous employers for three staff members. Employers complete DBS checks to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. In accepting ones from previous employers, the provider had not assured them self about the suitability of staff to work with vulnerable people, but rather had accepted certificates that could be considered out of date.

●We asked the registered manager about this and they told us that they were unable to state what the previous registered manager had done with the references but stated they would certainly ensure references were sought for anybody they employed. Following our inspection, the provider wrote to us about the feedback we'd provided at inspection. They took responsibility for the lack of references stating they had, 'thinned down the employee's files' and 'archived all records prior to our last inspection.' However, some of the staff files we had looked at were of staff who had been employed since the last inspection. This meant that people were not being kept safe by the provider as they were cared for by people who might not be suitable to work with them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

● People told us there were enough staff in place. One person said, "There's always enough, I personally feel secure." A relative told us, "For my relative there are, and they never said they had to wait or no one was available." We observed staff working attentively with people and that if needed the registered manager helped. We saw the staff rota and could see that there were sufficient staff to care for people. The registered manager told us that in lieu of staff being ill, "We'll call another member of staff or me - there's always someone to cover." This was confirmed by other staff members. This meant there were enough staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at the home. One person said, "I don't feel in any danger, they are all friendly." Another person said, "I do feel safe… They check on you four times a night." Staff knew what to do should they suspect abuse. One staff member told us, "Report [suspected abuse] to registered manager, and if I think they haven't done anything we'd report to the local authority." We saw staff had received training on safeguarding and there was a policy in place. However, the safeguarding recording system was not good enough. The registered manager was unable to tell us how many safeguarding referrals to the local authority had been made.

●The registered manager assured us that given the small size of the service any safeguarding would be dealt

with in a personalised way and safeguarding records were kept in people's paper care plans. They were able to show us evidence of when safeguarding concerns had been raised and responded to appropriately. This meant that as much possible people were kept safe from risk of abuse.

Assessing risk, safety monitoring and management

● There were risks assessments in place to monitor people's health, safety and wellbeing. We saw individual risk assessments for people using the service that included assessments for falls, nutrition, weight, sleep, behaviour and personal hygiene. The service monitored all these aspects of people's care and recorded them electronically. There were proposed actions in place to mitigate against risks. The service also monitored and checked for risks regarding environmental factors in the home such as fire safety and building and appliance safety. They did so through regular monitoring and checks and had robust plans in place to ensure that people were kept safe in the event of emergency. This meant that people were kept safe as the service did what it could to minimise risk of harm for people living at the home.

Using medicines safely

● The service administered medicines to people. One relative told us, "[Relative] can have mood swings, staff know [relative] and what they're trying to say and in what way they are uncomfortable, staff know how to check if [relative's] in pain and when to give medication." Staff were trained to administer medicine and their competency to do so was checked regularly. We counted people's medicine and checked how it was recorded and found everything in order. There were policy and procedures in place to guide staff on what to do. This meant people were supported to use medicines safely.

Preventing and controlling infection

● People told us their home was clean. One person said, "Yes it's clean here." another person said, "It's as clean as your own home, it's nice like that, it makes you feel good." A relative added, "It's kept clean and tidy." Staff understood the importance of infection prevention and control. One staff member said they prevent infection, "By wearing gloves and appropriate clothing." Another staff member said, "Make sure that things are clean, commodes are washed daily, make sure it's all clean - wear gloves and aprons." Staff had been trained in infection control and the service kept cleaning schedules and records to monitor the cleanliness of the home. This meant that people were kept safe from the spread of infection.

Learning lessons when things go wrong

● Incidents and accidents were recorded when things went wrong. One staff member said, "Accident book is kept, we put it on the system as well." Another staff member said, "Call an ambulance and report in an accident book and inform other staff on shift. "We saw that incidents and accidents were recorded in an accident book, medicine errors were recorded in the Medicine Administration Record (MAR) folder and incidents documented in people's care plans. We saw an example of when a medicine error occurred and how the staff team learned where to improve to ensure it didn't happen again. This meant that people were kept safe as the service responded appropriately when things went wrong.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed before they started using the service. Assessments recorded people's ongoing physical and mental health needs and provided the service with the opportunity to assess whether they could meet those needs.

Staff support: induction, training, skills and experience

● People told us that staff were appropriately skilled to do their jobs. One person said, "They are trained, the carers know exactly what they are doing." A relative added, "To my eyes yes, there's nothing lacking as far as I can see, they look after my relative really well." Records showed that staff completed the Care Certificate, a recognised foundation training certificate for people working in health and social care. Staff also completed further training that assisted meeting people's needs such as safe handling of medicines, moving and handling and safeguarding. This meant the people were supported by staff who had been trained in how to meet their needs.

● Staff told us they received inductions at the beginning of their employment. One staff member said, "Yes - I was shown all the policies and procedures, I was informed about people's different needs." However, inductions were not recorded in staff files. We spoke to the registered manager about this and they told us they would begin recording people's inductions. Staff receiving inductions meant that people received care from staff who were ready to work with them and understood how to work with their needs.

● Staff received supervisions and appraisals. One staff member told us, "One to ones, yes we do, and appraisals. We're able to talk about what we want." This meant people were cared for by staff who were supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

● People ate food they wanted to eat. One person told us, "The food is pretty good, I like it. I can eat everything, but they do offer you alternatives, and if you don't fancy anything on the menu, they will try and find something that you'd like. They ask you what you want." Another person said, "If I don't fancy what's on the menu, they get me something else…I have diabetes, they measure my sugars each morning and they make sure I don't eat too much sweet stuff." A relative said, "My [relative] has to have purified food, but they eat it up."

● We observed people eating a meal and they were smiling and relaxed. The weekly menu was posted in the lounge and chosen by residents and management weekly. Care plans contained people's food preferences and needs and we saw records of interaction with healthcare professionals regarding food and fluids. This meant people were supported to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care

● The service communicated with agencies about people's care. We saw various correspondence with other agencies and services whom staff had communicated with at the request of or in the best interests of people living at the service. This included health and social care professionals. The staff team recorded and shared important information either using people's electronic care plans, their paper copies or other systems such as communication books. This meant people's care was provided in a holistic manner.

Adapting service, design, decoration to meet people's needs

● There were mixed views on some of the changes that had been made to service structure and appearance. One person told us, "The patio is dangerous because of the gradient, I have nearly slipped a couple of times." A relative told us, "It's fine, especially as it was decorated recently." We saw that there were various adaptations in the service for the purpose of meeting people's needs such as hand rails and a stair lift.

● We spoke with the registered manager about the internal and external decorations and adaptions. They told us they had recently completed some decorations but were aware some more needed to be made and hoped to do so over the coming year. We specifically asked about the patio exit from the lounge and they told us that it had been designed for garden access for wheelchair users and had been built with anti-slip materials. They told us they would consider improving the grip so people could better access the garden during winter. The service had been adapted to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to meet with health care professionals when they needed to. People's care plans held information about their health needs and interactions the service had with health care professionals about people's health. Where appropriate healthcare professional's instructions and guidance led people's treatment. For example, we saw correspondence with speech and language therapists about people's dietary requirement. We also noted that health care professionals visited the service regularly. We met with some on inspection and asked their views of the service and they said staff were, "Friendly and professional and always willing to support." This meant people were supported to lead healthier lives.

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found them to be compliant. There were Mental Capacity Assessments completed with people with capacity issues and best interest decisions made to best support people with their lives. There were records of interaction with the local authority ensuring people had advocates when their interests needed to be protected and involvement with the court of protection. Staff understood the need to obtain consent and working with people with capacity issues. One staff member said, "Mental capacity is when someone who knows what they are doing and can sign things themselves etc those who don't have it often need people with them to support them and or a family member help make decisions." This meant people with capacity issues were supported and protected by the service.

● At the time of our inspection there was no one with a DOLS application or authorisation.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People and relatives told us that people were treated well. One person said, "They are like friends, the staff get involved and want to know me." A relative told us, "The way they talk to [relative] is so kind and caring, they are always saying how they are warm, they are safe, 'I'm fed, I like it here.'" Another relative said, "They treat [person] like a family member, they know them, they are interested and rub along in a gentle and friendly way." We observed staff interacting with people and saw that they were kindly, caring and thoughtful. We saw people smiling when staff were working with them and staff were unhurried in the tasks they completed with people. We also noted numerous written compliments from people who had received care, highlighting how they thought the staff treated them well. This meant that people were treated and supported in a compassionate way; how they wanted to be treated.

● We asked people and staff about equality and diversity. One person said, "A lady comes every Friday to [provide religious service] which is nice and we always have a chat too." Staff told us the care they provided was universal and would not differ for people other than for their personal choices. One staff member told us, "The care would be the same, we wouldn't treat people differently." They were able to tell us about people with different faiths and that they understood their cultural needs. This meant that people's human rights were upheld with regard to equality and diversity.

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

● People told us they were involved with their care. One person said, "There is a meeting and you are invited...They involve the doctor when they need to." Another person said, "My [relative] takes care of all of that for me, they talk to the staff about my treatment. I've got a lot better since I came here." Another person said, "Yes, me and my [relative] have discussions with [registered manager] quite regularly and then they're very good at making things happen. But you don't just need to speak to [registered manager], all of them are very helpful and they know what's going on." A relative said, "Yes, we are fully involved, it's a joint approach, together we come up with the best care we can for [person]." Documentation we saw demonstrated that people and relatives were involved in decisions made about their care and where appropriate signatures confirmed people's consent. This meant that people could express their views and were involved in their treatment decisions.

Respecting and promoting people's privacy, dignity and independence

● People told us their privacy and dignity was respected. One person said, "I can lock my door so I know no one is going to come in." A staff member told us, "Personal care, you do it in their room, or we have a lady who uses the toilet and we have a screen to protect her dignity." Staff understood the need to give people space when necessary and that people's dignity was to be upheld always. This reflected what was written in various policies we read. This meant that people's human rights regarding a right to privacy were upheld.

● People and their relatives told us people's independence was maintained. A person told us, "I am independent, ... I dress myself and wash myself." Another person said, "I like to do as much for myself as I can, they encourage me to keep my room tidy, I even empty my pot myself in the morning. It's things like this that I'm grateful for, it's like being at home but with extra support. I need help to make phone calls, they do that for me, and they find me when someone calls for me." A relative said, "They encourage [person] to keep active." Another relative told us, "As far as possible, they really try to encourage [person], even though [they] can't do much for [themselves]." We saw that people were encouraged to do things where possible and were supported to go out into the community. This meant that people's independence was promoted.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us their needs were met. One person said, "Yes, so far they have attended to my needs very well." A relative said, "The have met all of my relative's needs, they manage the service really well." Another relative said, "[Relative] isn't the easiest of people, they know how to calm them when they get distressed, staff know their different moods."

●People's needs were recorded in their electronic care plans, which family members could access remotely should they wish to. These care plans were comprehensive and personalised. People's care plans were reviewed monthly by the registered manager and updated as and when necessary. This meant that people were supported by staff who knew their needs.

● People told us they participated in activities, however we were told people felt these could be improved upon. One person said, "There's lots of games, there's some activities but I don't join in." Another person said, "I would like to go out more, they do take you out now and again. I think they do less because they are scared things might happen to you and it would be their fault." A relative said, "There are activities in the day time but [relative] doesn't join in very much, they tell me about them, they like to watch what's going on." Another relative said, "[Relative] can't do that much and they can't move one arm at all, but as staff go along, they get [relative] to move and involve them, even catch and throw with the good side and they play games with them."

●We saw people participating in activities and saw they were smiling when involved. We saw activities posted in the lounge and noted these were all focused within the home. Records indicated that people were happy and did things they wanted to do in the community and staff supported them with this. This meant that people were supported to do things they wanted to do.

Improving care quality in response to complaints or concerns

● People knew how to make complaints. One person said, "I've never made a complaint but I'd come straight out with it, I don't need to worry, I feel I can say whatever I want." A relative said, "I've never had to, but it's so easy just to talk to the staff, they care for my [relative] in such a caring way, I can't imagine there ever being a problem, but if there was, it'd be easy just to say something." Another relative said, "I would feed back to [registered manager] but there's a constant line of communication, everything happens as it should, I can't imagine having to raise a complaint in any formal way."

● We spoke with the registered manager about complaints and they were able to show us how they dealt with a recent one where there was a communication breakdown. We noted the service were not strictly following their own policy of maintaining a complaints file, however as soon as we mentioned this to the registered manager they were able to create one. This meant that people were able to make complaints that could drive positive change at the service.

End of life care and support

● The service was not working with anyone who was currently at end of life. However, we saw that they had in the past and where they had done so they had received compliments from people in receipt of that care highlighting they had been made comfortable and staff had been accommodating. Similarly, we saw documentation regarding funeral plans and some had written wishes from relatives. This meant people were supported with their wishes at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People told us they thought positively about the management and staff. One person said, "[Registered manager] is quite nice, it's well organised, there's never a fuss, it just runs smoothly." A relative said, "I never have to chase them for anything, it's well run, they ring me, I am totally confident that they are on top of everything."
- Whilst people thought highly of the staff and management team we had some concerns about the oversight of the service. As highlighted elsewhere in this report we noted issues with recruitment practices, the recording and tracking of safeguarding and improvements needed to better capture feedback from people and relatives. There was confusion around storage of information due the maintenance of both electronic and paper systems. These areas could be improved to enhance the experience of care for people. The registered manager told us that they still felt new to their role and that they had not made changes that they would like to make due to time constraints and difficulties changing embedded systems. They told us they would seek to make improvements following our inspection. This meant that people could receive a better service than they had.

Continuous learning and improving care

- The service completed regular audits to monitor the safety and care provided to people. We saw that audits were completed on a regular basis. These audits covered health and safety, call bells, fire alarms, care plans, medication audits and emergency checks. However, we saw no staff file audits which would have picked up the issues we noted around recruitment. This meant that the service had not ensured continuous learning to improve people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We asked the registered manager about the meetings for people and their relatives and they told us they didn't hold any. They told us the service was small and people and their relatives could input to and be involved in the service more personally and informally, through one to ones with the management or staff.
- The registered manager told us they wanted to make changes to the feedback surveys they currently used. We saw their menu feedback surveys and satisfaction surveys. We agreed with the registered manager that these could be improved upon to better capture feedback from people and relatives.
- Staff told us they held meeting at the service. One staff member said, "[They happen] once a month…They are useful, if there are any issues then you can raise them." We saw minutes from the staff meetings and saw that topics raised include care of people using the service, the quality of the service and other issues

affecting the service and people within it. This meant that staff had the opportunity to be involved with service and how it worked.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● People told us they thought positively of the service. One person said, "The atmosphere is really very nice, the staff are very friendly." Another person said, "The staff are very good, they are very polite and very respectful, they make you feel special and cared for." The registered manager and nominated individual told us about the changes that had been made to the service since the last inspection, such the use of electronic care plans, changes to health and safety management services and decorations. They were also able to tell us about the future for the business such as further decoration and possible business changes. However, when we asked the registered manager to tell us about time scales for actions planned they were unable to do so and had not formulated any actual action plans. They said they would begin to do so following the inspection. This meant that the service worked towards improving the care provided to people.

Working in partnership with others

● The service worked well with other agencies to provide care and treatment. We met with the district nurse and saw records of visits and input from other health care professionals such as GPs, opticians and chiropodist. We also noted that people of faith came to visit people using the service. The registered manager and the staff team were also involved with activities and training organised by the local authority. The registered manager attended providers meeting run by the local authority as well as attending registered managers meetings. Recent training held by the local authority included safeguarding and training on red bags (emergency bags and information for people likely to be admitted to hospitals). This meant that the service sought to improve care for people through working with others.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character. In particular: They had not sought references for some staff employed by the service and relied on previous employers DBS checks.