Chrissian Residential Home Limited

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Inspection report

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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

Overall summary

We inspected this service on the 28 October 22015 and it was unannounced. The service was last inspected on the 12 June 2014 to follow up concerns identified at an earlier inspection on the 9 April 2014. Therefore not all the standards were looked at just the areas of concern and the service was compliant.

The home provides accommodation for up to 22 older people who may or may not have dementia.

There is a registered manager: '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.'

The registered manager has been on extended leave and the home was being managed by an assistant manager,

Summary of findings

deputy manager and the provider. There had been a number of changes to the staffing team with a number of new appointments. Staff said there were enough staff but we observed staff to be busy through-out the morning and felt that people did not always receive enough mental stimulation. The staff were kind and caring and knew people well.

Medicines were given to people safely by staff who were trained to do so. Staff were appropriately supported through an induction and received on- going support, supervision and on the job training to help them develop the skills needed for their roles. Not all staff had received training around people's specific health care needs/ conditions such as dementia which might have helped staff support people more appropriately particularly where people were anxious. Care plans were centred on people's needs and gave a good insight into people's needs. Their needs were kept under review and we could see when someone's needs had changed and the impact that had. However some people did not have life stories and there was a poor analysis of distressed reactions and how staff should support a person before they were acutely distressed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider and staff understood the necessary legislation and worked within the legal framework.

Staff understood how to keep people safe and risks to people's safety were documented. We saw staff encouraging people's independence whilst being mindful of unnecessary risks.

People were supported with their nutritional needs and could make day to day choices. The home was a small homely environment where families were welcome and people had freedom in accordance to their wishes and abilities.

The provider consulted with people and was seen to have a good relationship. They carried out audits to identify where the service required improvement. They were responsive to people's concerns but these were not formally recorded so we could not see recorded actions taken. We also found it difficult to see if all the records in relation to the running of the business and maintenance were up to date and records were not easily produced.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff but there was no tool in place to assess this.

Risks to people's safety were documented and steps taken to try and reduce them.

People received their medicines by staff that were trained to administer them and audits and staff competencies were carried out.

Staff recruitment processes were robust.

Staff had knowledge of adult safeguarding and knew what actions to take to protect people from abuse.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills and competencies which were developed through training and supervisions of practice.

People were able to make their own decisions and processes were followed if a person lacked capacity to ensure their rights were upheld.

People were supported to eat and drink enough for their needs.

People's health care needs were monitored and where the need arouse people were referred to the relevant health care professional

Good

Is the service caring?
The service was caring.

Staff were caring and facilitated people's independence whenever possible.

People and their families were consulted about the care provided.

Good

Is the service responsive?
The service was responsive.

Activities were provided to help keep people motivated but people would benefit from an extended programme to try and facilitate everyone's social needs.

Records told us about people's needs and were kept under review. Some records did not have sufficient information about the person's background although staff knew people well.

Good

Is the service well-led?
The service was well led

The home had staff that were in a position of management and led the staff. There were processes in place to measure the effectiveness and quality of the service.

Good

Summary of findings

There was positive family input but we did not see evidence of wider community involvement.

Chrissian Residential Home Limited

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 the 28 October 2015 and was unannounced. The inspection was undertaken by an 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. Our expert had personal and professional experience of older people.

As part of this inspection we reviewed information we already held about this service including notifications which are important events affecting the well- being and, or safety of people using the service the home is required to tell us about by law.

We spoke with the provider, assistant manager, and eleven people using the service, three relatives, four staff members, the chef, activities coordinator and a visiting professional. We looked at staff records, three care plans and carried out observations across the day, including lunch and social activities. We looked at other records relating to the management of the business and observed care across the day.

Good

Is the service safe?

Our findings

Most people told us they felt safe. We asked people who were able to share their experiences with us and if they felt safe and well cared for at the home. People said they did feel safe and staff were there when they needed them. However one person said. "I can't sleep at night as there are a couple of wanderers here." indicating that they were a bit concerned about other people coming into their room. They told us that this unsettled them. We looked at people's monitoring charts and saw people were supervised regularly for their safety and would identify any one who was up throughout the night. However it was not clear from people's records what was done to promote people's 'sleeping patterns.' We spoke with the provider who told us sensor pressure mats had been fitted where people were getting out of bed and might be at risk if they did so. This would alert staff to the fact they were on the move.

We observed safe care being provided to people. Staff were close at hand to respond to people and gave them adequate supervision. We observed manual handling practices and saw staff encourage people with their mobility. Staff told us, one person had not been able to walk when they had first arrived but gradually were gaining their confidence and had been able to take a number of steps independently. We saw staff interacting with a person when helping to move them in their chair, they asked, made certain that the person was alright with this. They made sure the environment was safe before using the equipment's such as moving other chairs and furniture out of the way before starting,

All the people spoken with said the staff always asked before helping them in any activity or being moved.

We asked people if they were restricted in anyway or were free to come and go as they pleased. One person said "I go to the shops by myself." and another person said they did go out when they needed to go to the clinic for out- patient appointments. Where people were unable to go out safety by themselves there were arrangements in place for them to be accompanied by family or staff at the home. Another person told us staff supported them to visit their husband who lived in another care home.

None of the people that were spoken with on the day could recall any accidents that they had had at the care home. People had a call bell to hand and we observed that staff acted promptly to the call system in any of the rooms and also responded quickly to people's requests.

We observed one person using the chair lift on the stairs. The person did not use the side arm supports nor the seat belt when travelling up the stairs and there were no staff that were around to witness this. This person had capacity to make their own decisions, however unwise. However later on another person used the chair lift with the staff present in which the arm supports & seat belt was used. We fed back to the manager this potential hazard so they could consider action to take to keep people safe whilst using equipment.

We observed the environment to be as risk free and safe as possible. The only exception to this was a hoist and a wheelchair which blocked the corridor restricting access to people, which could potentially be a hazard for people.

Risks to people's safety were documented and kept under review such as people's skin integrity and steps were taken to ensure people's skin remained intact. Where a person had fallen their risk status was reviewed and where possible measures put in place to reduce the risk. People's weights were monitored and we saw that where people had unintentional weight loss they were weighed more frequently and referred to the dietician. However reading through the records we could not always see the conclusion to action taken and therefore could not assess if the intervention was successful. Reviews were not always sufficiently succinct.

Staff understood how to protect people from harm or actual abuse and who to report concerns too. They were aware of both internal and external agencies. Staff had received training in adult protection which was kept up to date. All staff spoken with felt any concerns they might need to raise would be taken seriously. The provider told us no safeguarding concerns had been raised about their service but they had raised a number and had a clear understanding of how to do so. They were following local safeguarding protocols and raising notifications with us as appropriate.

People received their medicines safely. We observed people receiving their medicines and this was done in a timely, effective way by staff who were trained to give

Good

Is the service safe?

medicines. One person said "I don't always get my medication on time, it can be 10:30 before I receive them." indicating that the medication they were on needed to be given on time. We did note that medicines took a long time to administer; staff said this was not usual.

Another person said, "My only complaint is with my medications, I looked after them at home but now they are under lock and key at the Care Home." The person administering their medication said no one could take their medicines safety but there was a process to assess people for self- administration.

Staff administering medicines took their time and were patient with people, explaining what they were administering and asking people if they needed prescribed, 'when required' medicines like analgesics. We looked at people's records and this included medication protocols and included information about the medicine. This included how and when it should be administered and any known side effects or specific instruction like half an hour before food, do not take with grapefruit. A records of creams administered were kept in people's rooms. Some creams were not dated when open so staff may not know when to discard medicines.

Staff administering medicines said they did on line medicine training and then were observed a number of times until they were confident and deemed as competent to administer medicines safely. We saw a number of competency assessments.

The medicines trolley was left secured when left unattended and people's records were signed after medicines were administered. We saw regular medicine audits but felt these could be in more detail as it was not always clear what had been audited. So for example it would state no gaps in MAR sheets but we could not see how many had been audited.

The home appears well staffed and the home had the number of staff it said it needed. Staff had the right competencies and skills. The feedback we had from staff and people using the service was that there were enough staff and staff met people's needs in a timely way. However people and relatives commented on how busy the staff were. One person said, "They are lovely girls who work here but they are busy." Another said, "They are a bit stretched but we all try and help." One relative said, "the staff are busy, always on their feet." We spoke with the provider as our observations confirmed that staff were busy but not unduly rushed. The provider said they and other members of the senior team often and without hesitation helped out when required if the staff were busy. They also said staff could be redeployed at the busiest times of the day, where required. They told us about a number of recent changes to the staff team and staff on long term sick. The provider told us they had also let some staff go where their performance was not up to scratch. This had temporary impacted on staffing levels. We advised the provider to carry out observations and use a dependency tool to formally assess how many staffing hours were needed to accurately meet the dependency levels of staff.

Staff recruitment was robust. Staff files showed evidence of appropriate checks being in place before staff were employed which acted as a safeguard and tried to ensure only appropriate staff were employed. Checks made included references, checkable work history, criminal records check and proof of identity, address and eligibility to work in the UK. Staff files also showed evidence of induction, and shadowing for staff during their probationary period.

Good

Is the service effective?

Our findings

People's liberty and freedom was respected. People were able to move around freely without restriction. Where people needed support to access the community this was provided. Where people were considered as unsafe to leave and would try to do so the provider had applied to the Local Authority for a Deprivation of Liberty safeguard. This was to ensure any restriction put in place protected the person and was lawful. Staff respected people's wishes and received training on the Mental Capacity Act.

Staff were observed as being knowledgeable and familiar with people's needs. When we spoke with staff they told us about their training and how they had put it in to practice. We looked at training records and although we could see that staff had completed mandatory training for their role not all staff had completed training around the specific needs of people using the service. For example not all staff had received training in palliative care and, or dementia care. This meant there were gaps in their knowledge A number of staff were signed up or had completed advanced qualifications in care. There were no identified champions in the service, which meant staff with specific skills/responsibilities for a key aspect of practice. This might help to support and develop staff.

We spoke with four staff. One told us the home was very good and care was centred on the needs of individuals. They told us when they first started they had a few days induction, followed by shadowing a more experienced member of staff. They confirmed they had completed all the necessary training.

We saw evidence that there were systems in place to support staff through direct observations of practice, and one to one supervisions. Medication observations were completed and the number completed varied according to staffs competence and confidence.

People received good nutritious food. We asked people about their meals. One person told us after they had finished their plate, "We get home-made apple pie and custard, food is of a consistently high standard." Another said, "We get a full English breakfast at the weekend."

We observed lunch and most people ate in the dining room and this was encouraged by staff. People were given a choice of menu and it was good to see that food was flavoured according to people's preferences. One person we were sat with had hot chilli. People were supported to be as independent as they could be. Staff served people quickly but did not sit with people which affected a number of people who left the table without finishing their meal.

The cook was very knowledgeable about people's dietary needs and food preferences but we could not see this information recorded in the kitchen. The cook said information was passed on a need to know basis but as there were several cooks this was risky where people might have a food allergy or specific diet. Menus were seasonable and we saw a good variation of meals. We also saw snacks being available to people to promote their appetites. People were offered hot drinks and had access to cold drinks and water.

The cook we spoke with had relevant experience and up to date training for their role.

People's health care needs were met. We saw regular chiropody visits recorded and other health care appointments recorded in people's care plans such as dentist, continence service, and optical services. We met with the visiting GP who did not have any concerns about the home and felt people they had seen received appropriate care although said they were not that familiar with the home. We asked them about the number of people we had observed with coughs and colds and they told us it was usual for the time of year. A possible impact on people's health was the communal areas were uncomfortably hot as confirmed by a number of people using the service, some of whom were close to hot radiators without the means of controlling the temperature

Good

Is the service caring?

Our findings

Staff helped promote people's safety and independence. One person said, [about the staff] "They know our quirks." and another said "Carers talk to me about my needs and wishes." Another said, "They, [the staff] are kind & caring."

People were observed as being comfortable and some were interacting with staff, others had things to occupy them in a relaxed atmosphere. However a number of people were unwell during our visit. We joined a number of people for lunch and they all interacted well with each other. We asked them about their experiences of living in the home. One person told us, "The staff are all very nice, you can't fault them, but you have to realise you are not the only one." One relative told us, "I don't know how to show my appreciation to the staff for the care they have given my family member."

Staff were very kind and regularly interacted with people. On seeing a person distressed staff immediately provided comfort and a number of people told us about their favourite staff whom we observed they had good relationships with. We met a couple of visitors who were always welcomed and supported appropriately by staff. Staff were observed cuddling people, offering them reassurance and knowing about their individual circumstances and history which helped staff engage with people effectively.

Through our observations we saw that staff treated people respectfully. The staff always talked to people using their first or preferred names in a very kind and professional manner. When people were in their rooms with the door open, all staff knocked and asked if they could come into their rooms. Even the domestic staff knocked on the door even though they knew that the room was empty. People said that they were treated at the care home as an individual. All the people spoken with said that they were treated with respect at all times. One person said, "The staff here are heroes."

People told us they felt listened to and respected. One person said, "Staff are attentive" and another, "Yes the staff listen to you, but they are busy."

We saw people being engaged in personal hobbies, such as word search, walking in the garden or helping to lay the table. This helped to maintain the person's independence.

People told us where they could they were involved in their care, although two people had told us they wished to have more control over their medicines and another person felt staff did not know them well, (as they were quite new.) Their care plan did not include enough information about the person which might help staff have a greater insight into their needs and help them settle in. One relative told us, "Yes we [the family] have been involved and worked with my [family members] care plan with the Care Home."

Good

Is the service responsive?

Our findings

People's needs and wishes were mostly met. People were complimentary about the care and support they received. Everyone we spoke with said their needs were known by staff and care was provided flexibly around their needs. For example some people were still in bed through their choice and said they would rather get up later. People said that they could choose where they wanted to eat and observations confirmed that people were given a choice of meal options.

A staff member was employed to help provide activities for people and we observed them painting a number of people's nails in the morning. In the afternoon there was a session of bingo which most people in the home participated in and seemed to enjoy. A number of people had hobbies and interests they were engaged in. We spoke with staff, relatives and people using the service and found the level of activity in the home might not always be sufficient or designed around the individual needs and wishes of people using the service. This is an area which could be improved upon. For example we observed some people sitting in the lounge and not participating in anything planned. A number of people told us they did not like bingo but there was no an alternative. One person told us their passion was opera but this was not recorded in their care plan. One person said, "I am religious I use to go to church every Sunday but I have never seen a priest here." Another person said "I don't get to see a preacher." This meant that not everyone had the opportunity to join in activities which suited their individual needs.

For other people their needs were being met. One person told us, "We have papers delivered every-day." Another said, "I help to wash up." Other people were encouraged (where they could) to do chores around the home, for example it was observed one person setting the table for lunch. One person said, "We play games, and we have a Halloween party this Saturday and bingo, indoor bowls and other games. A list of activities was displayed and included cake making, eye spy, and a Halloween party. There were people that came in including a person selling clothes for those unable to get out. The hairdresser also visited regularly.

We looked at people's records to see how clearly they documented people's needs. Records were informative but some records were not completed, such as end of life plan because staff had not discussed this with everyone. The care plans started with what was important to the person and what their goals were and the plans tried to focus on people's individual needs and wishes. Some of the language used was ambiguous and disrespectful in terms of describing people's behaviour. For example, words were used like, 'bad behaviour'; there was no description of what this meant. Care plans did not always make it clear why a person might become distressed and the best way to support them back to a state of well-being. Some people had medicines to help with their anxiety and it was not clear when staff might administer these. Some people did not have information about their life history, previous employment and details about family which might help staff know people better and understand their preferences. Where these documents- 'All about me,' were in place they were very good and gave some insightful information.

Care plans were kept under review and we saw that when changes had occurred such as a result of infection this was recorded.

The home had a complaints procedure and this was displayed in a central place. People we spoke with told us they could talk to the staff or the manager if they ever felt the need to. No complaints had been recorded and we had not been notified of concerns about this service other than a number of safeguarding which were reported to us. People were routinely asked for feedback about the service and the provider told us changes were made as a result of feedback to ensure people were satisfied with the service, examples given were how people's food preferences were met through varying the menus according to individual taste.

Good

Is the service well-led?

Our findings

Everyone we spoke with said they would be happy to recommend the care home. One staff member said, "I have been a (Member of Staff) in a few care homes and this is the best one I have worked in. I would happily let my mother live here." People told us they knew the provider and assistant manager by name and all said that they saw them around the home on a regular basis. One person stated, "The care home always listen, they are always caring."

We observed the provider and assistant manager treating people in an attentive way and with kindness and respect.

The provider was in the home shortly after we arrived. They explained that the registered manager is on extended leave and there were suitable management arrangements in place. They said they were often in the home and it was evident that they knew everyone and went around chatting and joking with people. Staff spoken with said they felt well supported and there were a number of senior staff and management they could go to if they had a problem and were confident it would be dealt with.

The provider told us they asked people to complete a form to comment on the service provided which helped them assess the quality and effectiveness of the service being provided. This was completed every six months and was made available to people using the service, relatives and visitors. In the entrance there was information about the service and what people could expect and how to make comments or a complaint if they felt this necessary. We looked at a sample of comments made and saw these were mostly positive and complimentary about the home. In addition to surveys, resident/relative meetings were held. However the assistant manager said, "We have residents meetings but we didn't get much interaction, so we tend to get the staff to tell us from casual interaction with people which they then pass on." And they said, "We have had relatives meetings but no one turned up." We felt more creative ways of capturing people's experiences as part of the homes quality assurance process should be considered.

Staff told us they were a good team and provided good care. They said they were regularly supported and met as a team every couple of months to discuss the home. This gave them the opportunity to give and receive support and to reflect on what worked well and what they found difficult.

We looked at audits completed which included daily checklists, cleaning audits and records relating to people's welfare and safety such as monitoring checks and food and fluid charts. Most people were checked two hourly by night staff but we saw there were lots of domestic tasks for them to complete. We saw from food and fluid charts these were not always totalled up and we could not always see what actions had been taken when people were not eating and drinking much. This had not been identified by the homes audits.

We looked at accident/incident and monitoring of falls and actions were appropriate.

The provider was not able to access records quickly and some were out of date. We suggested to the provider that they carry out a records audit so they could see at a glance when equipment had been audited and serviced. Some records were being archived. Staff meeting minutes and resident meeting minutes were produced for 2014, but not 2015 although staff assured us these were taking place. Checks on equipment appeared to be out of date based on the evidence shown to us but when we asked for additional information it was found.

Fire plans and weekly fire alarm/emergency lighting were in place. We saw cleaning schedules and test of water temperatures and for the present of legionnaires. This demonstrated that people we cared for in a safe environment. The provider told us there had been no recorded safeguarding concerns against the service, although they had raised some and there were no formal complaints.

We felt on the whole the service was well managed but formal engagement through resident/relative meetings could be strengthened and we could not see much involvement with projects to encourage best practice or any clear innovations for driving up improvements.