

Chiltern Residential Limited

Chiltern Retirement Home

Inspection report

23 Kingsfield Oval
Basford
Stoke On Trent
Staffordshire
ST4 6HN

Tel: 01782711186

Date of inspection visit:
22 June 2016

Date of publication:
03 August 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 June 2016. At our last inspection on 29 April 2013 the provider was meeting the standards we inspected. Chiltern Retirement Home provides accommodation and personal care for up to 21 older people. There were 20 people using the service at the time of our inspection.

There was a registered manager 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.

There was an audit programme in place but the information gained was not used to identify where trends and patterns were highlighted. People and their families were given opportunities to share their opinions and views on the service which was provided.

Staff understood how to recognise and keep people safe from harm, poor care practices and abuse and the action they should take to ensure people were protected. People's risks associated with their care and health were identified, assessed and managed to reduce these. People and their relatives were happy with the number of staff available to meet their needs. There were suitable processes in place to recruit staff and maintain the environment.

Staff understood the needs of the people they cared for and had the skills to provide care which met their requirements. Some people were unable to make certain decisions about their care for themselves. Staff understood the need to gain people's consent and the legal requirements in place to protect the people who were unable to do so for themselves.

People were provided with a choice of food and drinks which met their individual needs. People's health and wellbeing was monitored and the support of healthcare professionals was sought and followed whenever necessary.

Staff knew people well and provided polite, kind and considerate care. People were supported to maintain their dignity and staff recognised the importance of promoting people's independence. People were supported to maintain the relationships which were important to them as relatives and friends could visit when they wanted to.

Staff gained information about people so that they could provide care which met their preferences. People were offered opportunities to socialise together or spend time pursuing their own interests to prevent them from becoming socially isolated. Staff listened to people's concerns and there was a complaints policy in place if people wanted to escalate concerns on a more formal basis.

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 were cared for by staff who understood how to protect them from abuse, poor care practices and avoidable risks. Medicines were managed safely to ensure people received their prescribed treatments to support their health and wellbeing. There were a sufficient number of suitably recruited staff.

Is the service effective?

Good ●

The service was effective. People's rights were protected by staff because staff understood the necessity to gain people's consent for care and the legislation which supported this. Staff received training to provide them with the knowledge to care for people. People received a varied diet of their choice which met their individual needs.

Is the service caring?

Good ●

The service was caring. People were cared for by kind, caring and considerate staff. People were supported to maintain their privacy, dignity and independence. Visits from relatives and friends were welcomed.

Is the service responsive?

Good ●

The service was responsive. People were asked about their likes and dislikes to ensure the care they received met their preferences. People were offered opportunities to socialise together or spend time pursuing their own interests. There was a complaints procedure in place and people felt empowered to speak to staff if they had any concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. The quality of the service was monitored but the registered manager was not using the information to identify trends and reduce risks. People, relatives and staff were provided with opportunities to discuss their views about the service and thought the home was well-led.

Chiltern Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 June 2016 and was unannounced. The inspection was undertaken by one inspector.

Whilst planning the inspection we looked at the information we held about the service and the information contained within the Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service and their plans for the future.

We spoke with five people and three relatives. We also spoke with three members of staff, a visiting healthcare professional, the registered manager and the provider. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care plans for people to see if they accurately reflected the care provided to them. We also looked at three recruitment files and records relating to the management and maintenance of the home.

Is the service safe?

Our findings

There were arrangements in place to keep people safe. One person said, "I couldn't cope without the staff. They keep me safe". One relative told us, "They do everything they can to keep my relation safe". Staff demonstrated a good knowledge of their role in keeping people protected and safe from harm. Staff recognised the risks of abuse and poor care and understood how they should raise their concerns. One member of staff said, "I'd report everything, even if the person thought they'd dreamt it". Another member of staff told us, "I'd go straight to the manager. I know they would take the right action".

Some people had risks associated with their care and support. We saw that one person had a history of falling. We saw that action had been taken to reduce their risks including a review of the medicines they were taking to see if this was a factor. We saw that the person's risk assessment had been reviewed to reflect their mobility needs and outlined how the person should be assisted to keep them safe. The risk assessments also recognised that some people's demeanour and behaviour could change if they were physically unwell. We saw that staff were reminded to check, if someone was behaving out of their normal character to they were physically well. One relative told us, "My relation can be very challenging to staff if they have an infection. They check for that".

There were maintenance arrangements in place. We saw there was a programme of health and safety reviews in place to regularly check that the equipment and building was in good working order. Contingency plans were in place to ensure people were supported appropriately if they needed to leave the building in an emergency, for example a fire. This demonstrated that to ensure the home remained safe for people to live in.

People told us there were enough staff available to meet their needs. One person said, "They always come when I need them". A relative told us, "Staffing has never been a problem when I've been here". We saw that people's level of dependency on staff support was regularly assessed and the registered manager told us that this enabled them to 'flex' the number of staff to match the needs of people. We observed that staff responded promptly to people's request for support. This demonstrated that there were sufficient staff to meet people's support requirements.

People received their medicines as prescribed. One person told us, "They give me my tablets regularly". We saw staff encouraged people to take their medicines and ensured they had taken them successfully before moving away from them. One member of staff said, "Have the tablets gone? Let me have a sneaky peek". When people were prescribed medicines on an 'as and when required' basis, such as for pain relief, we heard staff asking them if they were in any discomfort and needed medicine. We saw that medicines were stored according to their requirements and staff recording was accurate. This demonstrated that there were processes in place to manage people's medicines safely.

Staff told us there were recruitment processes in place. One member of staff said, "After I had my interview I had to wait for all the checks to come back before I could start. It didn't take too long". We looked at three recruitment files which confirmed that references and police checks were completed before new staff were

able to work with people in the home. This demonstrated that there were checks in place to ensure staff were suitable to work in a caring environment.

Is the service effective?

Our findings

People received care from staff who knew them. One person said, "They look after me properly; they know what they're doing". Staff told us they were supported to gain the knowledge and the skills they needed to care for people effectively. A member of staff told us, "There's been so much training. We've had loads". Another member of staff said, "People come in to do the training, it's much better than just reading through it yourself. It goes in better". New members of staff confirmed that they received support and were given time to learn about people when they started working at the home. One member of staff told us, "I spent some time reading people's care plans and shadowing other staff. I was offered more time if I felt I needed it". Staff received regular opportunities to discuss any concerns, their performance and identify if they had any training needs. One member of staff told us, "We can discuss anything including personal problems". This demonstrated that staff were supported to enable them to care for people effectively.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We heard staff gaining consent from people before providing care. One member of staff said, "Can I have your hands to give them a wipe for you"? We saw that people were offered choices, for example where they would like to sit. There were capacity assessments in place for those people who needed them. Where decisions had been made on people's behalf staff had demonstrated why this had been taken in their best interest.

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). Some people who lived in the home were unable to leave without the supervision of staff as they did not understand the risk this would present to their continued health and safety. Staff we spoke with had an understanding of the Act. One member of staff told us, "Some people here have to have them because otherwise they wouldn't be safe and they could come to harm".

People were offered a choice of nutritious food and plentiful drinks. One person said, "The food is smashing. They always come round and ask us what we want". A relative told us, "The food is really good. I've had Christmas dinner here and it was lovely". Staff offered people the opportunity to clean their hands before eating and the use of protectors to cover their clothes before eating. We saw that meals were served which met people's individual needs and preferences. People who needed support were provided with kind and patient assistance and we saw that people were able to eat their meals at their own pace.

People's weight was monitored closely and we saw appropriate action was taken if there were concerns about weight loss. For example one person told us they did not like a large meal and we saw their food was served on a tea plate. The person told us, "They know I don't like too much dinner so they don't give it to me. They give me special drinks as well to make sure I get enough".

People told us they had access to their doctor and the services provided by other healthcare professionals. A relative told us, "The manager insisted the doctor came in when my relation wasn't well. They've also arranged for them to go to the dentist and have been seen by the optician". Another relative said, "The staff are straight on the phone to let me know if my relation is unwell". We saw from people's care plans that referrals were made in a timely manner whenever specialist advice and assistance was required to support people's health and well-being. A visiting healthcare professional told us, "If there are any concerns they always ask us to come in. If anyone has a wound it always heals quickly because the staff follow advice, they're very good".

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and the care that was provided. One person told us, "I like it here. I'm very happy". Another person said, "I'm every bit looked after. It couldn't be any better. I love it here". A relative told us, "The staff are really good to my relation". We saw there were good relationships between people and staff. Staff listened to people and showed interest in what they were saying. One person said, "The staff are really helpful and very patient with me". A relative said, "The staff are so patient with my relation". We saw staff sitting with people and spending time with them. Staff provided reassurance to people and we saw they offered physical gestures, for example stroking a person's arm or holding their hand as they chatted. We saw one person was struggling to relax. Staff noticed this and said, "Are you feeling a bit restless today? Why don't you come here and sit with me so we can have a chat". This demonstrated that staff were sensitive to people's needs.

People's dignity was maintained by staff. We saw that staff ensured that care was provided behind closed doors or a screen. Discussions about people's personal care needs were conducted in a discreet manner. Staff knocked on doors before entering and encouraged people to knock on the bathroom doors to check they were vacant before going in. One member of staff said, "Don't forget to put the 'engaged' sign on the door when you go in". This meant staff promoted people's privacy.

Staff supported people to remain as independent as possible; we saw that people were encouraged to move by themselves whenever they could. Staff reminded people to take their time and ensured they had their walking aids with them. We heard a member of staff say, "Stand up tall and take your time". Staff noticed when people were attempting to mobilise without their aids and went promptly to assist them.

People were supported to stay in touch with family and friends. One person told us, "My family come to see me". A relative told us, "I can visit anytime and the staff really do make me feel welcome". Another relative said, "I come here regularly. The staff are lovely and always offer me a drink". This demonstrated that people were able to maintain the relationships which were important to them.

Is the service responsive?

Our findings

People told us the staff knew them well. A relative told us, "The staff find out what people like, they know about them". We saw a member of staff completing a care plan for a person who had recently moved into the home. We heard the member of staff asking the person about their likes, dislikes and their preferences including their normal bedtime routine and adding the information to their care plan. A member of staff said, "We like to bond with people. There's information in their care plan for us to read and we talk to people to find out what they like". We saw that the care plans reflected people's tastes and choices for their care. We saw people's care was reviewed regularly to ensure the support they received reflected their current needs. We heard a member of staff explaining to a person what their care plan was and said, "This is private. Only you and the staff can look at this".

People were protected from social isolation. There were opportunities for people to join in with activities together or spend time following their own interests. We saw four people playing dominoes together. One person told us, "I like playing dominoes with the others. I'm good at it". Other people were doing colouring and one person said, "I really like doing this". A relative told us, "They do a lot. An organ player comes and everyone enjoys that. There was a party recently to celebrate the Queen's birthday". Staff spent time with people and engaged with them. The registered manager told us that they had recently chosen a puppy for the home. We heard staff talking with people about the puppy and encouraging them to suggest a name for it. A relative told us, "My relation will love having a puppy. I think it will be really good for them".

People and relatives told us they would be happy to raise complaints or concerns if necessary. One person told us, "I'd have a chat with the staff". A relative said, "Any concerns I have are few and far between, if any. I'd have a word with the [registered] manager or whoever was in charge at the time". We saw the process for making a complaint was displayed in the reception area of the home. This provided people and visitors with the information they required if they wanted to raise concerns.

Is the service well-led?

Our findings

We saw that the registered manager was gathering information on some of the quality aspects of the service with an audit programme. However they were not using the information to identify any trends or patterns to drive improvement. For example two relatives spoke with us about problems with the laundry service and people wearing the wrong clothes. There was no process in place to monitor the laundry and highlight the frequency of problems that arose. Information was recorded about all of the accidents and incidents which occurred in the home. However this did not provide an analysis, for example the number of falls which occurred at a particular time of day, so that risks could be identified and mitigated.

People and visitors we spoke with told us they felt the home was well-led and were happy with the management arrangements. One relative told us, "I'm quite happy with the way everything is run". We saw there were meetings for people who used the service, supported by their families if they wished. A relative said, "We have meetings. They talk about what they're planning, like a day trip for people and if everyone is happy with the food". A satisfaction survey was distributed regularly to enable people to comment about the care, anonymously if they preferred. A relative told us, "They ask us if we're satisfied with the way our relation is cared for". The registered manager told us, "We've just sent out the latest survey". We saw that relatives were provided with

Staff told us they felt well supported by the registered manager and felt they worked in an open and transparent manner. One member of staff told us, "The [registered] manager is really approachable. If you need anything, she's always there for you. We can ring her when we need to even when she's at home, it's never a problem". Staff told us communication was good and they were provided with meetings to learn about any changes which affected them. A member of staff said, "We have staff meetings so we know what's going on".

The registered manager was fulfilling the requirements of registration with us. We received information about important events in the home which affected people and the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a document which enables the provider an opportunity to share with us what they do well and plans they have to improve the service. We saw from the PIR that there was a programme of internal redecoration in progress. Staff told us, "There's never a problem with equipment or anything. If we need it we get it". The registered manager said, "The providers are very good. Really supportive to me. They visit every week and I get everything I need for people".