

Mrs J J Pope

Chatham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 3 May 2016

Chatham House is registered to provide accommodation and personal care to up to 26 people. The home specialises in the care of older people. At the time of the inspection there were 13 people living at the home.

The registered provider manages the service on a day to day basis. 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 last inspection was carried out on 9 April 2015. At that inspection we found improvements were needed. The recruitment practices needed to be more robust to ensure people were fully protected. We found that although new staff were interviewed, and limited checks were carried out to make sure they were suitable to work with vulnerable adults, there was no information about their previous employment.

At the last inspection we also found that there were no effective quality assurance systems in place to monitor the quality of the service offered and plan ongoing improvements. There were no records of how people had been involved in planning their care or treatment and no evidence that they, or their representative, had been involved in reviewing their care plans.

At this inspection we found that all staff files had been audited and additional information had been sought. This meant the provider now had a full record for each person they employed.

A quality assurance system had been put in place to monitor the quality of care, seek people's views and plan ongoing improvements to the service offered to people. There was a range of audits in place which helped to ensure people's safety and welfare.

Action had been taken to address the issues raised at the last inspection but we found further improvements were still needed to make sure the systems in place identified all shortfalls and took timely action to address them. For example audits had not identified issues with care plans identified at the inspection. Whilst it is acknowledged that improvements had been made in the systems in place to monitor quality it was too early to establish the effects of this over a period of time. Although people were receiving the care they required, the lack of accurate records about people's needs meant staff did not have clear guidelines to enable them to meet people's needs. This could place them at risk of receiving care that did not meet their up to date needs.

People were cared for by a stable staff team who they were able to build relationships with. Staff were kind and people felt comfortable and relaxed with them. Staff were attentive to people's needs and treated people with dignity and respect. People's privacy was respected and they were able to choose where and how they spent their time.

Staff had received training which enabled them to carry out their roles effectively. One person said "The girls are well trained. They know what they are doing." Another person said "They [staff] know their stuff. We're well looked after here." People received their medicines safely from staff who had received specific training to enable them to carry out the task safely. There were sufficient numbers of staff to make sure people were not rushed and were able to maintain their independence.

Staff were well supported and told us they enjoyed their jobs. This created a happy and relaxed atmosphere for people to live in. One person told us "The nice thing is you can have a laugh with them."

People were complimentary about the food served in the home. Comments included "Definitely plenty to eat" and "Always a good choice of food." Where people required support or encouragement to eat this was provided.

People told us the management in the home was open and approachable and they would be able to raise any concerns or complaints with them. The provider was very visible in the home and people were very relaxed and comfortable with them.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff to meet their needs.

People felt safe at the home and with the staff who supported them.

People received medicines from staff who had received training to enable them to carry out the task.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were happy with the food provided and received the support and encouragement they needed with their meals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and attentive to their needs and wishes.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was responsive but improvements were needed to make sure there were accurate records of people's up to date care needs.

People said they would be comfortable to make a complaint or discuss issues with the provider.

There were activities and trips out for people to take part in.

Is the service well-led?

The service was not always well led.

Improvements had been made in the monitoring of quality but further improvements were needed to make sure the systems in place identified and addressed all shortfalls.

The management team were open and approachable and people felt listened to.

Staff were well supported which created a happy atmosphere for people to live in.

Requires Improvement 

Chatham House

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 3 May 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with eight people who lived at the home and one visitor, five members of staff and the registered provider. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, three staff personnel files, medication records and records of audits.

Is the service safe?

Our findings

At the last inspection of the service we found the recruitment practices were not always robust and did not include seeking references from previous employers. This meant the provider did not have any information about how the new member of staff had conducted themselves in their previous job. We issued a requirement notice regarding this issue and the provider sent an action plan stating that improvements had been made. At this inspection we found that improvements had been made and staff personnel files contained appropriate checks and references from previous employers. This helped to minimise the risks of abuse to people who used the service.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. All medicines were administered and signed for by two staff. One person said "They give me my tablets when I need them."

Records of medication administration were generally well completed however we noticed that two entries that had been hand written on the administration records had not been signed and counter signed. A counter signature would show that the addition to the records had been checked by a second member of staff which reduces the risks of people receiving the wrong medication. One person was prescribed a variable dose of their medicines. The actual dose given was not always recorded which meant that it would be difficult to monitor the effectiveness of the dosage.

To improve the recording of medication administration and ensure people received their medicines safely there was a monthly audit of medication administration records. These showed that where issues were identified these were addressed with staff. Records of the audits showed ongoing improvements were being made.

At lunch time we observed that people were given their medicines, including one person being supported with an inhaler, in the middle of their lunch. This interrupted their meal and did not promote dignity. We discussed this with the provider who said they would trial administering medicines after each meal.

To minimise the risks of abuse staff received training in how to recognise and report abuse. Some staff were completing this training on the day of the inspection and told us they had found it very informative. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

People told us they felt safe at the home and with the staff who supported them. One person said "I feel comfortable and safe here." Another person told us "I've never felt uneasy about anything." Throughout the day we saw people were very relaxed with the staff who assisted them and staff were very attentive to everyone.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried

manner. People told us they never felt rushed and staff spent time with them to help them to be independent. One person said "They don't do everything for you. They give you time to do things for yourself."

People had access to call bells to enable them to summon assistance when they required it. There were regular audits of call bell response times to check that call bells were answered in a reasonable time throughout the day and night. Where audits showed call bells had not been answered in what the provider considered a reasonable time, this was investigated and an explanation was written on the audit.

Care plans contained risk assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. One person was at risk of falling from their chair and a risk assessment in their care plan showed a different chair had been made available which reduced the risks of them falling.

There were procedures in place to make sure people could be safely evacuated from the building in the event of an emergency such as a fire. Each care plan had a personal emergency evacuation plan which gave details of the support the individual would need to be safely moved from the building in an emergency.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People thought staff had the skills required to effectively support them. One person said "The girls are well trained. They know what they are doing." Another person said "They [staff] know their stuff. We're well looked after here."

There was a stable staff team at the home and staff knew people well. Staff were able to tell us about people's individual needs and the support they required. One person said "They know me well." A visitor commented about how well the provider knew everyone who lived at the home.

There was a very limited turnover of staff. When new staff were appointed they had a basic induction programme and shadowed more experienced staff to enable them to get to know how each person liked to be cared for. Staff told us they were well supported and were never asked to carry out any tasks they had not received the correct training for.

After staff had completed their induction they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Training for all staff included; fire safety, infection control, dementia care, caring for people with diabetes and Parkinson's disease.

Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. One member of staff said "The training here is good. [Deputy manager's name] makes sure you're kept up to date with new rules and regulations." Another member of staff said "The training teaches you the right way to do things, like how to move people safely." Training was regularly up dated to make sure people received care from staff who had appropriate knowledge and were able to work in accordance with up to date best practice guidelines.

Staff monitored people's health and arranged for people to see health care professionals according to their individual needs. People told us that staff always made sure they were seen by doctors or nurses if they were unwell. One person said "They're pretty good health wise." Another person told us "They arrange the doctor for you. Actually they're very good at that." This made sure people received prompt care and treatment to meet their health care needs.

People's care and support plans showed people were helped to attend appointments when needed and staff sought advice from health care professionals when required. A visitor said the staff communicated well with them and always kept them informed about any changes in their relative's health or treatment.

People were complimentary about the food served in the home. Comments included "Always lovely food," "Definitely plenty to eat" and "Always a good choice of food." The main meal of the day was served at lunch time and most people chose to eat in the dining room. People chose their main meal after their breakfast and sauces and condiments were offered to people at the table. After the main meal staff offered people a range of deserts from a well-stocked desert trolley.

A member of staff told us about a person who they had concerns about their food and fluid intake. This person was being weighed on a weekly basis to monitor their weight and all food consumed was being recorded. At lunch time we saw staff encouraged the person to eat and drink. However when we looked at this person's care plan the support they required had not been recorded. Staff told us that information about encouraging the person to eat and drink and to record their nutritional intake had been communicated with them verbally.

Another person was reluctant to eat and had been seen by their GP. The staff were offering encouragement to them and making special meals which they agreed to eat. Staff weighed the person regularly and records showed their weight had stabilised.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person told us "They don't make you do anything you don't want to."

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.

Staff had received training about the MCA and knew how to support people to make choices. One member of staff told us about a person who had limited verbal communication. They said "I draw pictures and that makes them smile and helps them to make a choice about things." People's individual care plans contained information about any persons who had been appointed to act on the person's behalf in respect of their finances and health and welfare.

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 provider had made appropriate applications where people required to be deprived of their liberty to keep them safe.

Is the service caring?

Our findings

At the last inspection we found that although the provider spoke to people about their views and choices on a regular basis these conversations were not recorded. This meant there were no records of people's views or wishes and no information about how people were involved in making decisions about their care and support. The provider continued to be very visible in the home and sought people's views on a daily basis. They had also implemented regular questionnaires for people to seek their views about their care and support. They held conversations with people about their wishes and level of satisfaction. Records of these conversations and people's views were now recorded in their care plans.

People told us the provider regularly asked them if they were happy with their care and support. One person said "We see her every day and she checks you're happy with things." A visitor said they had good communication with the staff and provider and were able to share their views and make suggestions.

People said they were supported by kind and caring staff. One person told us "Staff are very kind." Another person said "Staff are very attentive. Especially if you don't feel too good."

The staff had received a number of thank you cards and letters from relatives of people who had stayed at the home. These echoed the comments we received from people. One card said "I know they are safe, well cared for and loved." Another said the person was cared for in a "Kind and loving environment."

The stable staff team enabled people to build relationships with the staff who cared for them. One person said "The nice thing is you can have a laugh with them." Throughout the day we saw staff chatting with people about things that were important to them including their relatives and friends. Some people had lived at the home a number of years and had formed friendships with each other. We saw people sitting together and socialising in the lounge and chatting over lunch.

Staff demonstrated kindness and consideration when they assisted people. One person was very quietly spoken and staff knelt down next to them to make sure they could hear what the person wanted to tell them. Where people had difficulty with mobility staff walked with them and offered gentle reassurance to support them to be independent.

People told us they felt cared about by the staff and the provider. One person said "They really try to make you happy. I appreciate how hard they try to bump you up when you're feeling down." Another person told us "[Provider's name] has been so kind. She's spent time with me to help me settle. She's always got time for you."

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished

to. People had been able to personalise their rooms to their own tastes with pictures, ornaments and small items of furniture. One person we spoke with in their room said "I'm not a great mixer but I like my room." Staff were respectful when they assisted people with personal care and made sure their dignity was respected. Staff quietly asked people if they needed to use the bathroom and took people to their rooms when they needed help. One person told us "They are very decent with you. It's not embarrassing at all."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. We saw visitors were greeted warmly by staff and offered refreshments.

The staff had provided care to some people at the end of their lives and one person was being cared for in bed at the time of the inspection. District nursing staff supported the staff to provide this level of care and ensure people's comfort. The person being cared for in bed looked comfortable and warm. Staff had received some written compliments about how they had cared for people at the end of their lives. One relative had written "Your kindness helped us through a difficult time." Another had said their relative had been cared for with "Compassion, kindness, peaceful and pain free."

Is the service responsive?

Our findings

Improvements were needed to make sure staff had clear written guidelines about the care and support people required to meet their needs. Each person had a care plan which gave personal information about their lifestyle choices and needs but these had not been up dated to reflect changes.

One person was being cared for in bed and staff were providing all physical care to them. To minimise the risk of pressure damage they were being helped to change position regularly and a chart in their room showed this was being carried out. They were also being supported to eat and drink and their food and fluid intake was being recorded. Although this person was receiving the care they required to maintain their comfort the care plan was not reflective of the care provided. The care plan gave a picture of a person who required minimal support with personal care and it stated they liked to have a lie in some mornings. This meant staff caring for the person did not have full information about their current needs which could place them at risk of receiving inappropriate care.

Another person had lost weight and staff were encouraging them with their diet and recording all the food they ate. They were also weighing the person weekly to monitor their well-being. However these actions were not mentioned in the care plan meaning staff did not have clear instructions to follow.

We saw that one person had a pressure mat in their room. This is a floor mat linked to the call bell system to alert staff when the person was moving around. This meant staff could quickly attend to the person and offer support. The provider told us the person had agreed to the mat because they had a number of falls in their room. This was not recorded in their care plan meaning staff may not be aware of the risks to this person which could lead to inappropriate care.

Staff told us changes to people's needs were communicated to them verbally and they often recorded changes in their personal note books. They said handover meetings kept them well informed about people's needs.

Although people were receiving the care they required the lack of accurate records about people's needs could place them at risk of receiving care that did not meet their up to date needs. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. The staff responded to changes in people's needs however changes were not always documented in care plans. Where people required additional support this was provided. For example where people needed a higher level of physical care or assistance with eating and drinking.

The provider told us they made it very clear to staff that everyone had choices about all aspects of their lives. People told us they continued to make decisions about the care they received and how they spent their time. One person said "I have my own little routines. I think I have become quite lazy but it suits me. The staff

don't mind." Another person said "You can please yourself what you do. There's always help when you need it."

People were able to continue with their own routines and staff respected people's wishes about how they wished to live. One person told us they had a specific routine which they followed and staff assisted them to do this.

Staff were committed to giving people choices. One member of staff said "Everything is about choice here. If people don't want to get up or something we have to respect that." Another member of staff told us "People get choices about everything. It's their home not ours so they can do as they please really."

There were some organised activities which care staff supported people to take part in. People said there were quizzes, gentle exercise classes and some sing-alongs. A number of people occupied themselves reading, knitting and chatting to other people. One person said "There's always something to do." Another person said "I'm quite happy. I join in with some things but it doesn't really bother me. I'm happy with a good book."

Everyone had access to large well-kept gardens. There were wide level pathways with hand rails to make sure they were accessible to people with all levels of mobility including wheelchair users. A number of people said they enjoyed spending time in the garden when the weather was nice. The home also had a mini bus and there was a trip out at least weekly. One person said "I do enjoy going out." Another person said "I go out on the trip most weeks which makes a lovely change."

People told us a representative from a local church visited regularly and they very much valued this. One person said "I have always had a strong faith. I can't go out to church anymore so I like to see someone from the church when they visit."

There was a complaints procedure but this was not prominently displayed in the home. People said they had no complaints about the care they received but would speak with a member of staff if they had any concerns. One person said "They'd see to it if there was anything wrong." Another person told us "I would complain but I have never needed to. I'm quite content with everything. They would sort out anything. They are very respectful of your views."

No formal complaints had been received by the provider in the last 12 months. The provider said because they saw people and their visitors frequently they were able to sort out any concerns before people felt they needed to make a complaint. A visitor said the provider was always available to discuss issues with.

Is the service well-led?

Our findings

At the last inspection we found there were no effective systems in place to monitor the standards of care provided and plan ongoing improvements. We issued a requirement notice regarding this shortfall and the provider sent an action plan stating how they were addressing this issue. At this inspection we found big improvements had been made in monitoring standards of care but further improvements were needed to make sure the systems in place identified all shortfalls and took timely action to address them. For example audits had not identified issues with care plans identified at the inspection. Whilst it is acknowledged that improvements had been made in the systems in place to monitor quality it was too early to establish the effects of this over a period of time.

Since the last inspection the provider had appointed a deputy manager and sought advice from outside consultants to improve the systems in place to monitor the care provided to people. They had put in processes to enable them to monitor practice and plan improvements. One member of staff told us "[Deputy manager's name] has made a real difference. She's organised and systematic."

Regular audits were being carried out which were leading to improvements in practice. For example audits of medication administration records had highlighted some shortfalls but ongoing monthly audits showed continual improvements in this. Accidents which occurred in the home were being audited and risk assessments and control measures were put in place to minimise further risks to people.

All staff personnel files had been audited and missing information had been obtained to make sure there was a full record for each employee. A new training programme had also been put in place to ensure staff received refresher training to keep their practice and knowledge up to date.

The provider told us there were some plans to decorate parts of the home to make sure it provided a comfortable, safe environment for people. A maintenance person was employed who carried out environmental checks to maintain people's safety.

Further improvements were needed to make sure care plans were up dated to minimise the risk of people receiving care that did not meet their up to date needs. We were told by the provider they would audit all care plans and make changes where these were needed. They also discussed with us systems that could be put in place to ensure care plans were regularly reviewed and up dated.

The home was managed by the provider and a deputy manager. In addition to the management team there was a group of senior carers. There was always a senior member of staff on duty which meant people always had access to experienced senior staff who monitored their health and well-being. The provider was always available for advice and support.

People told us the provider and deputy manager were extremely approachable and always available to them. They were very visible in the home and had an excellent knowledge of people's needs and likes. People were very comfortable and relaxed in their presence. The provider was carrying out quality assurance

questionnaires with people to make sure any changes made were in line with people's wishes. People felt their views were listened to.

The provider told us they aimed to provide a homely environment for people where they had choices about all aspects of their lives. Comments from people demonstrated this ethos was put into practice. One person said "It's the second best place to home. There's a nice atmosphere." Another person said "Everyone is very friendly and I'm very content here." A member of staff told us "I love my job. It's all about helping people to be independent."

Staff felt well supported which led to a relaxed and happy atmosphere for people to live in. Staff told us they received appraisals and supervision and were always able to ask for advice and support from the provider and other senior staff. One member of staff said "You can always go to [providers name] they're always willing to help."

The provider was a member of the Registered Care Providers Association which provides up to date information and advice to registered care providers in Somerset. The provider said this helped them to keep up to date with local issues and changes. Since the last inspection they had also sought advice from an outside consultancy to make sure any improvements being made were in line with up to date good practice.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) (c) The provider had not ensured there were accurate, complete and contemporaneous records regarding the care and treatment provided in respect of everyone who lived at the home.