

Care Unlimited Group Ltd

Chaldon Rise Nursing Care Home

Inspection report

Rockshaw Road
Merstham
Surrey RH1 3DB

Tel: 01737 642281
Website: www.careunlimited.co.uk

Date of inspection visit: 10 February 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Chaldon Rise Nursing Home is a large detached period property located in a semi-rural area on the outskirts of Merstham village. The home provides long term care and support for up to 34 older people some of whom have dementia, a mental health or learning disability. Short term placements of may also be provided to provide respite care. The inspection that took place was unannounced.

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 is a registered manager in place at Chaldon Rise Nursing Home.

Summary of findings

People told us they felt safe living at the service and described the staff as “Kind” and “Caring”. One relative told us they “Could sleep at night” knowing their family member was getting the “Best of care”.

Risks that had been identified as part of the care planning process were managed well to ensure that people were protected from avoidable harm. Staff had received appropriate safeguarding training, knew how to recognise the signs of abuse and what to do if they needed to raise concerns.

People received their medicines when needed and these were administered by staff who had received the correct training to ensure they were competent to do so. Medicines were stored securely and there were systems in place to ensure their safe disposal.

There were enough suitably skilled and qualified staff to keep people safe and meet their needs in a timely way. People did not have to wait to be attended to and call bells were answered swiftly. There was a robust recruitment process which ensured only suitable staff were employed.

People told us that staff knew them well and the care they received was good. Staff had received training and support that allowed them to effectively meet people's needs. When new staff joined the service an induction was completed and staff competency assessed before they were allowed to work unsupervised.

People were provided with a choice of nutritious meals and sufficient quantities to drink. Comments about the food were positive and people were seen to be given choices where appropriate. Lunch times were a pleasant experience for people, the atmosphere was calm and relaxed and staff gave support and encouragement to those that needed it. People's weight was maintained and records kept of action taken by staff when people were at risk of malnutrition or dehydration.

Whilst the registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and

obtained consent from people appropriately in relation to day to day decisions about their care, not all important decisions had been made in people's ‘best interests’. The requirements of the Deprivation of Liberty Safeguards (DoLS) had been met and the registered manager was aware of recent changes in relation to this.

People told us that staff were “Kind” and “Caring”, this view was also given to us by relatives and visiting healthcare professionals. The atmosphere in the service was calm and relaxed and staff interacted well with people. Staff treated people with respect and maintained their dignity at all times.

People had a comprehensive assessment of their needs before they moved into the service which detailed the care that was to be provided and was based on them as individuals. People had been involved in their care planning as much as possible and relatives were also asked to contribute to the care planning process. Where people's needs changed staff were quick to respond and ensure that actions were taken. There was a programme of activities that people enjoyed taking part in. The provider employed an activity co-ordinator who organised trips out in the community and which helped people take part in activities they enjoyed.

The complaints procedure was clearly on display in the service and people and their relatives knew how to access it should they need to. There had not been any formal complaints made since our last inspection in 2014.

People and their relatives told us that they thought there was an effective management team in place at the service. Staff told us they felt valued in their work and had confidence in the provider and registered manager to act upon concerns or improvements they suggested.

Quality monitoring systems were in place and audits of care plans, risk assessment, medication audits, catering surveys, health and safety audits and infection control were undertaken monthly to measure service provision and drive improvement.

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.

People felt safe and staff had a good understanding of how to protect people from abuse and keep them free from harm.

There were enough staff employed to meet people's needs. There was a robust recruitment procedure followed to ensure that only suitable staff were employed to care for people.

Staff knew about risks to people's safety. Risk assessments had been completed to help keep people safe from avoidable harm.

People's medicines were administered when they needed them and managed in a safe way. Medicines were stored appropriately and there was a system in place to ensure they were disposed of safely.

Good



Is the service effective?

The service was not always effective.

People were not always asked for their consent before important decisions were made.

People received effective care from staff that knew them well and had the skills and experience to meet their needs.

People liked the food provided and had sufficient choices at mealtimes.

People were able to access to other healthcare services to ensure they were kept well such as their GP.

Requires improvement



Is the service caring?

The service was caring.

People who used the service were cared for by staff that were caring and kind.

Whenever possible people were involved in decisions regarding their care and treatment. Relatives were asked for their involvement as necessary.

Staff respected people's privacy and we saw staff spoke to people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs.

People and relatives were included and contributed to the care that was to be provided.

Good



Summary of findings

People enjoyed the activities on offer and were supported to take part in them when they wanted to.

People and their relatives were able to express their views and knew how to make a complaint.

Is the service well-led?

The service was well led.

Leadership within the service was good and staff felt supported by the management structure in place.

Systems were in place for the quality monitoring of the service and included input from staff and people who used the service.

The service works in partnership with key organisations to support care provision, service development and joined up care.

Good



Chaldon Rise Nursing Care 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 2004.

This unannounced inspection took place on 10 February 2015 and was carried out by two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of legal notifications and safeguarding adult referrals made to the local authority. We did not ask the provider to complete a Provider Information

Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they may plan to make.

During the visit we spoke with 12 people who used the service, six family members, eight staff, two health care professionals, a visiting hairdresser and members of the management team. We looked at eight care plans, eight risk assessments, four staff employment files and various records relating to the management of the home such as quality assurance audits. We reviewed a variety of documents which included people's care plans, staff files, training information, medicine records and documents in relation to the running of the home.

The service was last inspected on 3 January 2014 and there were no concerns identified.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person commented “The staff are kind and caring and I feel safe in their care”. One relative said “I can sleep at night knowing that my husband is safe and getting the best of care”.

Individual assessments had been undertaken to identify any risks to people’s safety. These provided information and guidance to staff to help keep people safe. There were assessments to identify when people may be at risk of developing health related conditions such as pressure ulcers. Where a risk was identified appropriate equipment was provided to ensure that people were kept protected from avoidable harm. Pressure relieving mattresses to reduce the risk of pressure ulcers developing were provided to people and were used appropriately by staff. People who were at risk of choking were identified and action taken to ensure that they were provided with an appropriate soft diet to minimise this risk. Falls risk assessments were also in place which included guidance for staff on how to keep people safe without compromising their independence.

The provider had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. There were contact details of the management team that staff could call should they need to. Staff had undertaken first aid training and fire safety awareness and were aware of what procedures to follow if necessary. We saw records that regular fire drills had taken place. Procedures were in place and staff were aware of what action to take in the event of utility failure, adverse weather conditions and the outbreak of infection.

People were protected from harm and abuse because the provider had processes in place to ensure that any concerns about people’s safety were identified and reported immediately. Staff had received safeguarding adults training and knew how to recognise and escalate potential signs of abuse to the appropriate person or agency. Staff were clear in their understanding about this and said they would have “No hesitation” in reporting anything they felt unhappy or uneasy with. There was appropriate information available to staff should they need it such as the telephone number for the local authority safeguarding team which was displayed on the staff notice board. This meant that staff would be able to escalate any concerns to the right person should the manager not be

available. Staff told us they have training in abuse awareness and safeguarding adults and we saw records in staff development files that this training had been provided. The provider also managed safeguarding referrals in a timely manner which meant that action was taken in a timely way to protect people.

People received their medicines safely. There was a policy in place for medicines which staff had read and signed to confirm that they understood their responsibilities when they administered people’s medicines. Staff had received training in medicine safety and awareness which was updated annually to ensure that they were kept up to date with the latest guidance in relation to medicines administration.

There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. The provider used the medication administration record (MAR) chart to record medicines taken by people and codes were used to denote when people refused to take medication, if they were away from the service or in hospital. We saw the majority of medicine was administered using a monitored dose system mainly from blister packs which made it easier to see if people had missed their medicines. Arrangements were in place to audit medicines when they were delivered to the service from the pharmacy or when they were disposed of. All medicines were checked and signed for on delivery and entered on the MAR chart. A record was maintained of all medicine returned to the pharmacy with the reason why.

The number and skill mix of care staff and nursing staff on duty during our inspection was sufficient to meet the needs of the people living in the service. One person said “I never have to wait for anything they are so efficient”. Staff were seen in the lounge areas and in individual rooms talking and interacting with people. People’s call bells were answered in a timely way and we saw no instances where people had to call out or wait for help from staff. The provider employed other staff that helped keep people safe such as housekeeping & catering staff, maintenance and laundry staff.

The provider carried out appropriate checks to ensure they employed staff that were suitable to support people at the home. Staff told us they had an interview before they started work and had to provide evidence to support their application. All the staff files we looked at had the necessary documentation needed such as proof of identity,

Is the service safe?

references, work history and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Is the service effective?

Our findings

People told us that they received care and support from staff that knew them well and understood their needs. One person said “They are always so caring and ask me how I am feeling”. A relative said “I am so pleased I found this home for my husband they treat him so well”.

People’s needs were assessed individually regarding their mental capacity to ensure that consent to treatment had been obtained appropriately. Staff had received training in the Mental Capacity Act 2005 (MCA) were aware that any important decisions made on the behalf of people who lacked capacity should only be made once a ‘best interest’ meeting had been held however this had not been followed in every case. The MCA exists to protect people who may lack capacity, and to ensure that their best interests are considered when decisions that affect them are made. We saw examples where staff obtained consent from people when they made day to day decisions before they carried out any tasks and always explained to people what was happening and why. One person who lacked capacity had not been consulted nor had a best interest meeting arranged by the registered manager about a decision that affected them significantly on a daily basis.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the changes in the recent Supreme Court ruling in relation to DoLS and were liaising with the local authority to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted. Appropriate assessments were in place for people who required these.

Staff told us they were provided with up to date training and we saw they had a good understanding of people’s needs. There was induction training provided when staff first started working at the service so they would understand the requirements of the role and to help them get to know people and their assessed needs. Their competency to fulfil their role was assessed by the registered manager before they could work unsupervised.

The provider had recently engaged the support of a clinical manager who co-ordinated all staff training so that staff were provided with individual training support. Training records were accurate and up to date and reflected the training that staff had undertaken with dates set in the future when the training needed to be refreshed. Specialist training had been provided to help ensure that staff could meet people’s needs effectively. For example the majority of people were living with dementia and staff told us they had undertaken dementia awareness training to help them understand them better.

Staff received regular supervision where they were able to discuss their roles and responsibilities, the standard of their work and any training needs they may have identified. This allowed the provider to get a clear picture of the challenges that staff faced in their roles. Nursing staff were given the opportunity to keep up their skills updated with the latest legislation and any new clinical developments.

People were very complimentary of the food and told us they enjoyed their meals. Relatives told us that the food was “Good”, “Wholesome” and there was “Plenty of it”. We saw that the lunch that was provided in the dining room was an enjoyable experience for people where they were able to enjoy their food and eat at their own pace in a relaxed atmosphere. The chef served the food in the dining room and had a good understanding of people’s needs and requirements. Menus were displayed in the dining room and people were offered a choice of what they wanted to eat by staff. One person was unable to decide which option to have so staff showed them both plates of food to help them decide. There was a choice of drinks offered with lunch and people also had access to snacks and drinks throughout the day.

Staff had a good understanding of people’s dietary needs. We observed staff during lunch and saw they provided help and support for people who required support. One staff member sat with a person who needed assistance to eat whilst other staff provided support and encouragement for people who needed it.

Peoples care plans identified their nutritional needs and requirements. This was accompanied by an action plan for staff to follow in order that people had sufficient nutrition and hydration. Special diets were catered for to ensure people had enough to eat and drink. For example low fat diets, soft diets, high protein, vegetarian, diabetic, and high calorie diets. People’s weight was monitored regularly and

Is the service effective?

specialist support was provided to people who required this. Staff recorded in people's daily notes if someone had a poor appetite, this was monitored over a period of time and where necessary action was taken by nursing staff to ensure that people's health was maintained. Where people were at risk of dehydration or malnutrition a record was kept of fluid and food intake which was checked to ensure people had enough to eat and drink.

People told us they were "Well looked after" and said they were satisfied with the support they received from their doctor. People were registered with a local GP who visited

the home regularly. People also had the support from health care professionals who visited the home when needed. One healthcare professional told us the provider was "Good" at making referrals promptly, for example if tissue viability advice was required. People's health was monitored and regular reviews of medicines took place. People had an annual 'flu vaccine if they wanted this and the nursing staff ensured that people's health needs were monitored to keep them well. Where people had mental health issues had access to a visiting psychiatrist on a regular basis.

Is the service caring?

Our findings

People told us they were happy living at the service and said that staff were “Kind” and “Caring”. One person said that staff were always “Jolly” and “Kind”. Relatives told us they were “Happy” with the care their family member received. One relative told us they would “Happily move into the home”.

We saw throughout the day that staff consistently acted in a caring and supportive way towards people. We saw several instances where staff took the time to explain to people clearly about what was happening and then helped them in a patient and kind way. One person needed to have their clothes changed and we saw staff dealt with this sensitively and in a way that did not cause the person distress or upset. The atmosphere in the service was relaxed and people were able to speak freely to staff and the registered manager.

Staff interacted with people in a professional way and addressed them by their preferred name which people responded to positively. People were treated with dignity and respect and we saw that staff knocked on people’s

bedroom doors before they entered and always ensured that when personal care was carried out discreetly. Where people needed support in their room staff ensured that their doors were closed to ensure people’s privacy.

Staff told us it was important to talk to people “Kindly and clearly” as people did not always “Engage the first time”. We saw an example of this when we heard a member of staff talking to a person. They explained to them repeatedly in a calm and patient manner what they were going to do as the person was very confused. This person responded well to this way of speaking to them and smiled and gently held the member of staff’s hand.

People were given choices regarding their care and treatment. They told us they could choose to do things when they wanted and were not restricted in any way. One person told us that they went to bed at a time that suited them. Relatives told us they had been consulted regarding their family member’s care. Care plans were detailed and informative and were reviewed regularly to ensure they were up to date. They included people’s past life stories about where they were born, their family, what their occupation was and where they had lived. It also detailed people’s likes and dislikes.

Is the service responsive?

Our findings

People's care and support needs were assessed by the registered manager or clinical manager before they were admitted to the service; this assessment was then discussed with the senior staff team to ensure that the person's needs could be met. People or those that were important to them were included in this assessment so that all the information was available to help complete a profile of the person and helped ensure it was centred on the person's individual needs. One relative told us that they had been involved in the care plan for their family member.

The registered manager and staff responded to people's changing needs by reviewing the care that they provided people. Where people's needs changed this was acted upon, for example one person had starting having falls, as a result the registered manager referred them for an assessment and provided specialist equipment to help minimise the risk of harm to them. When someone became unwell staff would ensure that they seen promptly by their GP. One person was in a room that was not suitable for them, the registered manager responded immediately and was able to provide that person with a newly decorated and upgraded room which they were shown with their relatives who were visiting at the time. Staff were kept up to date with people's changing needs by having daily handover meetings. Information about people's health and wellbeing along with activities, dietary needs and emotional state were discussed. Information about health care professionals that had visited was passed on so that all the staff were kept fully informed about how people's needs were to be met.

People told us they were satisfied with the activities on offer and were able to get involved in the activities when they wanted to. Relatives told us that there was "Always

something going on" when they visited. They added that the registered manager and staff were organising a wedding anniversary party for their parents that all of the family could attend which they were very appreciative of. During our inspection several people were taking part in group activities in the main lounge which they were clearly enjoying as we saw them laughing and joking. The provider employed an activity co-ordinator who organised bongo, armchair exercises, music sessions and trips to local attractions. The registered manager told us that two additional activities co-ordinators were in the process of being recruited. People's religious and spiritual needs were catered for and maintained. A monthly church service was conducted and visits from different religious denominations were organised for people if they wished.

People told us they knew how to make a complaint or comment on an issue they were not happy about. One relative told us they would "Soon tell them if there was something wrong". People and relatives had been provided with a copy of the complaints procedure when they first moved into the service which detailed what they could do should they wish to make a complaint formally. People told us that they had not had cause to make a complaint as they would approach the registered manager if there was anything they were unhappy about. They also said the provider responded immediately to any concerns they may have.

There was a complaints policy in place and a copy of this was clearly displayed on a notice board for people, relatives, staff and visitors to see. The provider maintained a complaints log and recorded action taken when a complaint was received however when we looked at this there had been no formal complaints made since our last inspection.

Is the service well-led?

Our findings

People and their relatives spoke highly of the management team and said they were “Approachable” and “Reassuring” regarding any issues they may have. One person said “I talk to the manager every day she is someone you can rely on”. One relative said “The manager will always listen and give support which means a lot to me and my family”.

The registered manager was supported by the provider to help ensure that people got a good quality service. The previous registered manager was now the clinical team leader and training co-ordinator which had helped ensure continuity with the staff.

Staff told us they felt supported in their roles knew what was expected of them by the management team. They told us they could discuss any concerns or suggest improvements with the management team and were confident these would get resolved or acted upon effectively. We saw examples of this during our visit where staff had free access to the office to ask questions or highlight any significant information regarding people’s care. One member of staff noted that someone would benefit from a chiropody visit and reported this which was then actioned by the registered manager. The provider and registered manager supported staff so that they felt able to raise anything they had concerns about or that could improve the service. Staff were able to share information freely with each other which helped them develop and honest and open within the staff team.

The provider had systems in place to monitor the quality of the service and to drive continuous improvement. Regular audits were conducted by the provider to ensure that quality was maintained and improved upon. This included monthly audits of care plans, cleanliness and infection control, management of medicines, nutrition, and risk assessments where carried out by the registered manager.

The provider also employed a quality assurance manager who undertook monthly monitoring visits which helped ensure that steps were taken when issues were identified. We looked at the previous two monitoring reports and found these to be outcome focused, where issues had been identified these were addressed immediately. For example mandatory training was due to be refreshed for staff and there was a system in place that would alert the registered manager of this. We saw the last service risk assessment was undertaken in February 2015 to ensure the welfare of people living in the service and the staff working there.

The provider undertook regular surveys of people and their relatives to gain their views on the service and to make improvements. Catering surveys had also been sent to relatives and we saw that 12 of these had been returned with favourable comments about the food on them...

The provider and registered manager worked in partnership with other key organisations for example the local authority, safeguarding teams and clinical commissioning groups to support the provision of care, and service development.

At the time of the inspection the manager had been in the process of registering with us. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The provider had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
Treatment of disease, disorder or injury	The provider did not always obtain consent from people in respect of important decisions about their care.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.