Mr Ajvinder Sandhu

Chantry House Residential and Nursing Home

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

This inspection took place on 1 December 2015 and was unannounced.

Chantry House provides accommodation and support for up to 24 people with dementia, behavioural challenges and mental health needs. It was full on the day of our inspection.

There was a registered manager in place. 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.

People were safe because staff understood their roles and responsibilities in managing risk and identifying abuse. People's care needs were identified and they received safe care that met their assessed needs.

Summary of findings

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways they needed and preferred.

People's health needs were managed by staff with guidance from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well. Care records informed staff how people wanted to receive their care.

People were encouraged to take part in a variety of activities and outings. Some people would like more one to one engagement.

There was an open culture and the management team demonstrated good leadership skills.

The management team had systems in place to check and audit the quality of the service. The provider had plans to improve the service.

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.

Procedures were in place to protect people from abuse.

Risks to people who used the service were identified and managed appropriately

Staff with the appropriate skills were available in sufficient numbers to meet people's needs.

People received their medicines safely and as prescribed.

Good

Is the service effective?
The service was effective.

Action had been taken to comply with the Mental Capacity Act 2005 (MCA).

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

People told us they enjoyed their meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Good

Is the service caring?
The service was caring.

Staff were caring and knowledgeable about the people they supported.

People's care plans recorded their preferences as to how they wanted their care delivered.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider and there was an effective complaints system in place.

Good

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

The service promoted a positive culture. People, their relatives and staff were encouraged to share their views.

There were systems in place to monitor the quality of the service, which included regular audits.

Good

Chantry House Residential and Nursing 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 1 December 2015 and was unannounced.

The inspection team consisted of two inspectors 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 on this inspection had experience of caring for a person with dementia.

Prior to our inspection we reviewed the information we held about the service, this included all statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who lived in the service, three relatives, a visiting professional, five members of staff, including care staff, the cook and the registered manager. We observed how care and support was provided to people throughout our visit including the midday meal.

We reviewed records relating to the management of the service. These included staff training records and procedures, audits, three staff files along with information in regards to the upkeep of the premises. We also looked at four care plans and risk assessments along with other relevant documentation to support our findings.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service and with the staff that supported them. One person living in the service said, "It's a good place to live." A visiting relative said, "I feel really happy and confident that nobody would do anything to harm [person]. It's the only place I've been to that I can say that. I do think [person] is well looked after."

Staff understood how to recognise potential abuse and who to report their concerns to, both in the service and to authorities such as the local safeguarding team. All of the staff we spoke with

could clearly explain how they would recognise and report abuse. They told us, and records confirmed that they had received regular safeguarding adults training as well as equality and diversity training. They understood that discrimination was a form of abuse and gave us examples of how they would deal with discrimination if they encountered it. Appropriate arrangements were in place to protect people from the risk of abuse.

Risk assessments were in place that ensured risks to people were addressed. These were detailed covering areas of potential risks, for example, mobility, pressure ulcers and nutritional needs. They were reviewed regularly and any changes to the level of risk were recorded and actions identified to address the risks were highlighted. Staff were able to explain the risks that people might experience when care was being provided. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people.

People told us there were enough staff available to meet their needs. One person said, "Oh yes, it's well staffed." The registered manager told us that staffing levels were adjusted to meet people's needs giving an example of when they would increase staffing levels. We observed that where people requested support they were responded to quickly.

Safe recruitment procedures were in place that helped to ensure staff were suitable to work with people as they had undergone the required checks before starting to work at the service. Staff records contained criminal records checks, two references and confirmation of the staff member's identity. Checks had been completed to confirm that staff that had a nursing qualification were registered with the appropriate professional organisations. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Appropriate arrangements were in place for the safe management of medicines. One person said, "They [staff] put them [tablets] on a spoon, it works fine." Another person said, "They always bring you a drink and make sure you swallow them before they go."

Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the medicine administration records and reasons for not giving people their medicines were recorded.

Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. Although these provided information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them, more detail would ensure that medicines were given in a way that was both safe and consistent.

Medicines requiring cold storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs were managed appropriately.

Good

Is the service effective?

Our findings

People's needs were met by staff that had the appropriate skills and knowledge. Training records showed that staff had completed mandatory training and this was updated regularly. Staff had received training on dementia, managing behaviour that challenged the service and nutrition.

Staff who were qualified nurses had been supported to complete training that meant they could

maintain their nursing registration. A training matrix was used to identify when staff needed training updated.

Staff received a formal induction into the service which included shadow shifts and the completion of mandatory training such as manual handling. Records showed that staff received regular one to one supervision from a senior member of staff. This gave them the opportunity to discuss good practice and areas for improvement.

The provider was a member of the National Activity Providers Association (NAPA), a registered charity which promotes high quality activity provision for older people. The service had recently received recognition from NAPA for their dining experience and growing their own vegetables.

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.

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. Applications had been made under DoLS to the relevant supervisory body. Records showed these authorisations were reviewed and managed appropriately.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The registered manager and the staff we spoke with had a good understanding of the principles of the MCA.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. The cook was able to explain the dietary needs of people who had diabetes or who were on low or high fat diets. One person told us, “I’ve got diabetes; I have cheese and biscuits instead of a sweet.”

People told us they enjoyed their meals and had a choice of food. One person said, “Yes, it’s [food] very good.” Another said, “You can have your breakfast when you like.”

At lunchtime staff were available to assist people to eat and drink when they needed support to do this. We saw staff supporting and assisting people with meals taken in their own rooms. Staff sat next to each person and supported or assisted them to eat in an unhurried and respectful way. Staff supported people to take their time to enjoy their meals.

However, we did note that when preparing for the meal staff wiped everybody’s hands with a wet wipe before the meal without asking their permission and that everybody was wearing an apron. One person was not asked if they wanted the apron before it was put on. This could lead to people feeling demeaned and that they did not have choice.

Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietician or speech and language therapist if they had difficulties swallowing.

People were supported to access the health care they needed. One person said, “You have to go out for that [dentist], a carer would go with you.” They also said, “The chiropodist is very very good, he comes every six weeks.” The service had regular contact with the local GP service. The GP visited the service once a month and undertook medicine reviews. The nurse practitioner from the GP service also visited the service once a week and advised on the management of chronic conditions.

Good

Is the service caring?

Our findings

People told us that staff treated them with compassion and kindness. People and relatives were positive about the staff. They were observed to be kind, friendly and respectful in their interactions with people. One person said, “Everyone is very polite.” Another person said, “I’m well cared for.”

People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. One person told us, “We had a meeting a couple of weeks ago to decide on a competition for a Christmas cake, to discuss what sort of cake and we had a glass of sherry. They make a special tea and a cake on people’s birthdays.” Staff knocked on bedroom doors and doors were closed whenever staff were supporting and assisting people with personal care. Staff treated people politely and with respect in their interactions and when supporting people.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. One person said, “Yes, like this morning [staff asked] do you want to get up now or shall we leave you a while.” People were dressed in keeping with their own preferences with some people in loose easy clothing and others dressed in a more formal manner. One person had flowers in their hair.

Relatives told us they had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People’s likes and dislikes regarding food, their interests and how they

wanted to spend their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs.

Staff treated people as individuals with different needs and preferences. Staff understood people’s needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups.

People’s relatives and those that mattered to them could visit them when they wanted to. Where

people did not have a relative who could advocate on their behalf staff had supported them to access a community advocacy service.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved with planning and reviewing their care. Any changes to people's care was discussed with them and their relatives where appropriate.

One relative told us they had monthly meetings with the registered manager to, "Talk things over." However, people's involvement was not always reflected in their care plans.

Care plans were in place to address people's identified needs and were updated as people's needs changed. One care plan we looked at detailed how a mobility chair had been used. Describing the effect of the chair to us the person's relative said, "It was like a whole new world opened up…" Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

Care records set out people's preferences such as the time they preferred to get up and go to bed, whether they preferred showers or baths and information about their interests and hobbies. People's histories were recorded in their care records. Staff demonstrated a good understanding of people's likes and dislikes and their life histories.

People could choose to be engaged in activities that reflected their interests and supported their wellbeing. The activity coordinator described the range of activities available for people which included recent outings to local places of interest such as a brewery and an owl sanctuary. A range of daily activities were provided and the timetable for these was displayed in the service. The activities, on the day of our inspection we saw people enjoying activities centred on the approaching Christmas celebration.

However, two people living in the service told us they found social interaction difficult. One person said, "There isn't anyone to have a conversation with in the lounge. Another person said, "There's no one I can talk to, I sit down in the room and I'm the only one of five, you couldn't hold a conversation." We asked the activities co-ordinator about this. They told us they did have one to one time with people and gave us an example of one person who was having one to one sessions who loved dogs and how they were supporting them to look at dogs on their tablet computer.

Residents and relatives meetings were held every three months, usually planned as a social evening such as cheese and wine. The registered manager told us that planning the event in this manner encouraged attendance. One person visiting the service told us they attended the meetings and it updated them with what was happening.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the registered manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, "I think I would say something to my keyworker to start with." The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned.

Good

Is the service well-led?

Our findings

People using the service, their relatives and friends were positive about the registered manager and way the provider ran the service. People and their relatives knew who the registered manager was and said they were approachable and available. One person said, "It's obviously well managed, your needs are looked after, the foods very good. I don't think I've got any complaints shall we say."

Staff were positive about the management and told us they appreciated the guidance and support they received. Staff told us the registered manager was open to any suggestions they made. One member of staff said, "[Manager] is a good manager, seems understanding but don't see her that often." They went on to explain that the deputy manager worked regularly on the floor. Working with staff regularly meant that the management team could keep under review the day to day culture in the service including the attitudes, values and behaviours of the staff.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Regular meetings were held for people and their relatives. The registered manager told us these had been moved from afternoons to evenings to facilitate attendance by relatives. Regular staff meetings were held for all grades of staff.

Records showed that these were used to inform staff of changes and to discuss any concerns. For example, changes to the shift pattern had been discussed at a recent meeting.

Where incidents or accidents were recorded these were checked by the registered manager and where appropriate changes to the risk assessments or care plan were made. Reports were analysed monthly to look for any trends and take appropriate action.

The provider had plans in place to make improvements to the fabric of the building and provide an upgraded environment. They had a timescale and included improvements to communal areas and private bedrooms. This demonstrated the provider's commitment to driving improvement.

The registered manager understood their responsibilities and was supported by the provider to deliver good quality care. The provider's area manager visited monthly to provide the registered manager with support. The registered manager also told us that the provider held regular meetings of managers within their services to provide updates on care and share good practice.

The service had effective systems in place to monitor the services performance and the quality of the care being delivered, via reporting and auditing. These were monitored by the provider which added another level of accountability.