Chiltern Residential Homes Limited

Chiltern Rest 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We completed an unannounced inspection at Chiltern Rest Home on 7 March 2017. This was the first rating inspection since the provider changed their registration with us on 8 November 2016. We carried out this inspection to assess whether the provider was meeting the required standards of care.

Chiltern Rest Home are registered to provide accommodation with personal care for up to 21 people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection the service supported 19 people.

There was a registered manager at the service. 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.

We found that improvements were needed to ensure that effective systems were in place to consistently maintain care records that were accurate and up to date. When care records are not accurate and up to date, people are placed at risk of receiving inconsistent or unsuitable care.

People felt safe when they were supported. Staff understood how to recognise possible signs of abuse and the actions they needed to take if they had any concerns.

People's risks were assessed and managed to keep people safe from harm.

There were enough suitably qualified staff available to keep people safe and the provider had a safe recruitment procedure in place.

Medicines were administered in a safe way. There were systems were in place to ensure people were protected from risks associated with medicines management.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care where able and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA when they provided support.

People told us that they enjoyed the food. Where people were at risk of malnutrition and/or dehydration monitoring was in place to ensure people were eating and drinking sufficient amounts to keep them healthy.

People were supported to access health professionals in a timely manner to maintain their health and wellbeing.

People were supported in a caring and compassionate way by staff who knew people well. People's privacy and dignity was protected when staff provided support and staff promoted and listened to people's choices in care.

People were involved in their care. People received care that met their preferences because staff knew people well and knew how they liked their care to be provided.

People were encouraged to be involved in meaningful hobbies and interests within the service to promote their emotional wellbeing.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

There was an open and honest culture within the service and the registered manager was approachable to people, staff and professionals.

The registered manager was aware of their responsibilities and had informed us (CQC) of any notifiable incidents that had occurred at the service.

The registered manager had effective systems in place to assess, monitor and improve the quality of care. Plans were in place to ensure improvements to the service were continually reviewed and changes were made where needed.

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 kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough suitably recruited staff available to meet people's needs and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood how they needed to support people who lacked the capacity to make certain decisions in line with legal requirements. People were supported to eat and drink sufficient amounts and there were systems in place to ensure people were supported to access health services when required.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in the way their care was provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some improvements were needed to ensure that the systems in place to review people's care was consistently effective.

People were given opportunities to be involved in hobbies and interests that were important to them. We saw that individual care that met people's personal preferences was provided and relatives were involved in the planning of their relatives care.

There was a complaints procedure available for people and their relatives to access if required.

Is the service well-led?

Good

The service was well led.

People and staff felt the registered manager was approachable. The registered manager understood their responsibilities of their registration with us. We found that systems were in place to monitor and manage the service. The registered manager and provider had an improvement plan in place to ensure that identified improvements were planned for and acted on.

Chiltern Rest 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 checked whether the provider was 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 7 March 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, we reviewed information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries, safeguarding concerns and deaths that had occurred at the service. We also gained feedback about the service from local authority commissioners.

We spoke with five people who used the service, two relatives, three staff, the registered manager and the provider. We observed how staff supported people throughout the day and how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We viewed five records about people's care and five people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance audits and staff recruitment and training files.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person said, "The staff are very nice. I do feel safe when they help me". Relatives we spoke with were happy with the way their relative was treated and felt assured that they were safe. We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified. This meant that people were protected from the risk of harm because staff understood how to safeguard people from abuse.

People were supported with lowering risks to their safety. One person said, "The staff are really good and they treat me well". We saw that people were able to move freely around the service and the environment was clear of any hazards that could be a risk to people such as trips and falls. Staff we spoke with explained people's risks and how they supported people to remain safe from harm. We also saw that people who needed assistance to mobilise around the service had detailed manual handling plans in place which gave staff guidance on how they needed to support people safely. For example; one person was risk of falling and the risk assessment stated they needed to be supported at all times when they were walking. We saw staff provided support when this person was walking around the service, which matched what was in their plan of care. This meant people's risks were planned and managed to keep people safe from potential harm.

We saw records of incidents that had occurred at the service. These included the actions taken by the registered manager to lower the risk of further incidents. The registered manager had reviewed incidents and we saw that the required actions had been taken to lower the risks of further occurrences. For example, one person had suffered falls at the service and their risk assessment had been reviewed. The person had been assessed as requiring a sensor mat by the bed to alert staff they were mobilising and we saw this was in place. This meant that the registered manager analysed incidents and took action to ensure people were safe.

People told us they always received the support they needed when they needed it. One person said, "Staff come quickly when I need them". Another person said, "Staff are good there is always someone around when I need them". A relative we spoke with told us they visited regularly and there were always enough staff available for people. We saw people were supported by staff in a timely manner throughout the inspection. Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, "There are enough staff. We try to cover each other's shifts if we have any shortages". The registered manager had a system in place to assess the staffing levels against the dependency needs of people. They told us and we saw that changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe.
We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

We observed staff administering medicines to the people who used the service in a dignified and caring way. For example; staff explained what the medicine was for and gave reassurance whilst they were supporting them with their medicines. We saw that there were protocols in place that gave staff guidance so they knew when to administer 'as required' medicines to people. Staff explained why people needed their 'as required' medicine and how they recognised when these medicines were required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective system in place that ensured medicines were administered, stored, recorded and managed safely.

Good

Is the service effective?

Our findings

People told us they enjoyed the food at mealtimes. One person said, "The food is very good here and there is always plenty available". Another person said, "I like the food and if I don't like what is on offer I can always have something else". We observed breakfast and lunch and saw staff listened to what people wanted and supported people to eat and drink sufficient amounts. We saw support plans were in place that detailed the individual support people needed. For example, people who had been assessed as a high risk of malnutrition had a support plan in place that detailed the actions required by staff. We saw that people who were at risk of malnutrition were encouraged and assisted throughout mealtimes and staff completed food and fluid intake charts to monitor the amount that people ate and drank. Staff told us how they used different methods to ensure that people ate enough. For example one person did not like a meal as it over faced them but they enjoyed soups. The cook told us ensured that they made soup with lots of vegetables for this person who had since maintained their weight. This meant people were supported to eat and drink sufficient amounts to keep them healthy.

People told us they were able to see health professionals when they needed to. One person said, "I see the doctor if I'm not feeling well". A relative told us that the registered manager kept them informed when any health professionals had been involved and their relative was supported to appointments when required. On the day of the inspection we heard staff inform the registered manager that a person was unwell. We saw the registered manager immediately contacted the ambulance service for advice and the G.P attended the service later that day. We saw that this person was monitored during the day and the registered manager was concerned about their health and this person was later supported to be admitted to hospital. This meant that the registered manager acted on any health concerns and ensured other health professionals were involved. The records we viewed showed that people had accessed other health professionals such as; dieticians, opticians and consultants. We also saw that guidance was sought from health professionals and this had been acted upon so that people were supported to maintain their health and wellbeing. For example, one person had a pressure area and district nurses were involved to ensure their pressure areas were managed to prevent deterioration. This meant that people were supported to access health professionals to maintain their health and wellbeing.

People who were able told us that they consented to their care and staff asked their permission before they provided support. We observed staff talking to people in a patient manner and gained consent from people before they supported them. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. 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. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. This consisted on a test of people's ability to consent and a best interest's assessment tool. The records showed that relatives, advocates and other professionals were involved and support plans were in place, which contained details of how staff needed to support people to make these decisions in their best

interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the registered manager had applied for DoLS and where DoLS had been authorised the registered manager and staff understood how to deprive people in the least restrictive way. For example; staff understood how to support one person to remain safe with the use of equipment such as bed rails and a sensor alarm, which had been assessed to keep them safe in their best interests.

Staff told us they received an induction when they were first employed at the service. One staff member said, "I had an induction and lots of training before I started working here". Staff told us that the training was regularly refreshed and updated and they had opportunities to undertake specific training. One member of staff said, "The training is very good, we have lots of training refreshed. I have taken a leadership qualification and the conflict and resolution training is really good as it helps me to understand how to calm situations that may arise down". Staff told us and we saw that they were observed by the registered manager when they were administering medicines, which ensured they were competent in their role. The records we viewed confirmed staff had received training to help them carry out their role effectively. We saw that staff received a supervision session on a regular basis. One member of staff said, "I had a supervision session with the registered manager at the start at the year and we discussed my strengths and weaknesses and set targets to work towards". This meant that staff were supported in their role and they were encouraged to develop in their role.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. One person said, "Staff are very good, patient and understanding. I feel very comfortable here". Another person said, "The staff are marvellous". Relatives we spoke with also told us that staff showed compassion towards their relatives. One relative said, "The staff are very good and my relative is looked after well. I visit regularly and I have noticed how patient staff are with people if they become anxious". Another relative said, "The staff are nice with my relative". We observed staff interaction with people and found that staff were caring and patient when they provided support. For example; we saw one person being encouraged to move and staff were caring and gave encouragement for this person to stand independently, whilst they ensured that they were standing safely. This person laughed with staff and said, "I get there in the end". We saw staff constantly asking people if they were okay and if they needed anything, one person wasn't feeling well and staff knelt down and asked this person how they were feeling. We saw staff fetched a blanket and covered this person's legs to ensure they were comfortable and warm. The person said, "Thank you, that's nice".

People told us that they were given choices in how and when their care was carried out. One person said, "I choose my clothes and when I get up in the morning. I can have a sleep in if I want to". Another person said, "Staff ask me lots of things such as; what I want to do and if I want to join in with the activity. Sometimes I'd rather just sit and watch and the staff are happy for me to do that". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. This meant that people were supported to make choices by staff that were patient and understood people's individual ways of communicating their wishes.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff are respectful and I am given privacy when I need it". A relative said, "My relative can be a bit difficult at times, but staff always manage this well in a respectful way". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with. A healthcare professional we spoke with told us that the staff always ensured any treatment is carried out in private. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. One member of senior staff said, "We have had dignity in care training and we discuss it at team meetings too. We have plans to include equality and diversity into the team meetings too. If I saw any undignified behaviour I would speak with staff directly".

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One relative said, "We were all involved. Staff have always kept me informed if there any changes with my relative". Care records contained information about people's needs and how they wished to be supported with their care. However, this information was not always accurate or up to date. For example, one person had specialist footwear to manage their pressure area. The skin monitoring sheets we viewed showed that staff had supported this person to wear this footwear. However, this person's skin care plan did not contain details to provide staff with the information they needed to meet this person's needs in a safe and consistent manner. Another person displayed behaviour that challenged on occasions. The care records we viewed did not contain sufficient details to ensure that this person was supported to manage their behaviours in a consistent way. However, permanent staff we spoke with knew this person well and gave consistent accounts of how they supported them. Although, the staff we spoke with showed they understood how to meet this people's needs, this meant that any new or temporary staff would not always have access to the information they needed to support people in a responsive way. This showed the system in place to review people's care needs was not always effective.

We saw care plans were individualised and were centred on the person. These detailed what was important to them and how they liked to be supported. For example, the care plans we viewed showed what specific toiletries people liked to use and the food they liked and disliked. This meant staff were able to provide support that met people's preferences. We saw that people's life histories had been recorded, which enabled staff to have discussions about peoples' past lives before they used the service. We observed staff providing support to people in a way that met their preferences and staff knew how people liked to have their care provided. This meant that people received personalised care and support.

People told us that they participated in activities such as; drawing, bingo, baking and regular external entertainment such as singers. People told us they enjoyed the activities on offer. One person told us that they enjoyed reading books and magazines and we saw this was detailed in their care plan. Another person told us they liked word searches and we saw they were completing a word search, which they enjoyed. People also told us that they were given the choice whether they participated in activities on offer and staff respected their wishes if they chose not to join in. We saw that people were involved in baking cakes and drawing on the day of the inspection and people were smiling and enjoying the activities on offer. Staff told us that they provided the activities for people and it was nice for them to spend time with people. This meant that people were given opportunities to be involved in activities, hobbies and interests.

Some people had limited communication and staff understood people's individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. We saw staff communicating with one person who had difficulties understanding and communicating their needs. We saw that staff ensured they gave the person time to understand what they asked and spoke slowly and clearly. This meant that staff were responsive to people's individual communication needs.

People and their relatives told us they knew how to complain if they needed to and if they had complained the registered manager had acted upon their concerns to make improvements. One person said, "I'm very happy but I would tell staff if I wasn't. I could also tell [registered manager's name] as they are friendly". A relative said, "I've never had to make a formal complaint, but I would speak with staff if I needed to. I have raised a couple of minor things and these were dealt with straight away". The provider had a complaints policy in place and we saw that there was a system in place to log any complaints received by the registered manager. The service had not received any complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable. One person said, "The manager is nice and I could speak with them if I needed to". A relative said, "The registered manager is good, approachable and very helpful. She makes sure staff are doing what they should be". Staff told us that they could approach the senior management team if they needed to and any concerns raised were acted on to improve the quality of care provided. One staff member said, "The registered manager is supportive. They are firm and know what we need to do and will tell us if needed". Another member of staff said, "The registered manager spends time with people and will help with care if needed. It's good because they know people well and it promotes good care from staff. The registered manager ensures people get the best care possible". We saw that staff were comfortable approaching the registered manager and the provider on the day of the inspection. The atmosphere within the home was friendly between staff and people, relatives and the senior management team and it was clear that the registered manager promoted a caring environment for people.

People told us that the registered manager regularly asked them if they were happy with the care they received. Relatives told us that they were asked if they were happy with the way their relative was being cared for when they visited and the registered manager welcomed any feedback. We saw that there was a system in place to gain feedback from people and their relatives through an annual questionnaire. At the time of the inspection the questionnaires had not been sent out for completion since the provider had changed their registration with us. We will view the outcome of the questionnaires at our next inspection.

Staff told us and we saw that team meetings were held to discuss the service provided. Staff told us that the meetings were used to discuss any areas that they thought could be improved. The records showed that the registered manager had also raised any updates in practice and areas that staff needed to be reminded of, such as the completion of topical medicine records and a discussion about Deprivation of Liberty Safeguards. This meant staff were encouraged to give feedback and staff were provided with regular updates about care practices.

We saw that the registered manager had systems in place to monitor and manage the quality of the service provided. There were checks carried out on the cleaning of the environment, health and safety and medicines. We saw that when areas of concerns had been identified by the registered manager actions had been put in place to ensure that further occurrences were prevented. For example; we saw that the monthly medicine audit had identified that there were errors with the recoding and administration of medicines. We saw that a daily and weekly audit had been put in place and action had been taken to ensure staff received updated medicine training. We found this had been effective as the errors had reduced and the audit we completed at the inspection showed that medicines were being recorded and managed effectively. This meant that there were effective systems in place to monitor and manage the service.

The registered manager understood their responsibilities of their registration with us (CQC). Where required the registered manager had notified us of incidents that had occurred at the service and that they were required to send us by law.

The registered manager told us and we saw that an improvement plan was in place. The improvement plan detailed areas within the service that needed improvements made such as the environment and resources that would improve the records and monitoring of these records. For example; the registered manager had identified that the records needed updating and a new recording system had been purchased and implemented. The registered manager had identified that the records needed monitoring to ensure that these were accurate and up to date. This system had recently been implemented and it was in the process of being imbedded within the service. The registered manager told us that the provider was approachable and they were open to suggestions to improve the service. They said, "If I identify an area of improvement, I put a case forward to the provider which shows how people would benefit from the changes. The provider is very good and listens to me". The provider stated that they were committed to making improvements and they trust the registered manager's judgement with regards to making improvements to the service. This meant that the provider and registered manager were committed to making improvements to the quality of the service provided.