

Chalfont Care Home

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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 ●

Summary of findings

Overall summary

Chalfont Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate up to 10 people. At the time of our inspection there were 6 older people living in the home. Accommodation for people is arranged over two floors with stair lifts to assist people to get to the upper floor. The home had a well-maintained garden that provided a safe, accessible area for people to enjoy.

At the last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changes since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

Is the service safe?

People were protected from potential abuse and avoidable harm as staff were knowledgeable about recognising and reporting different signs of abuse.

There were sufficient numbers of appropriately qualified staff available on each shift to ensure people were cared and supported safely.

Risks to people were well managed and medicines were stored appropriately and managed effectively.

People were protected by the prevention and control of infection. There was a system in place to review and learn from incidents when things went wrong.

Is the service effective?

People were supported to have control of their lives with policies and systems in the service to support this.

People had access appropriate health care professionals who gave care and support to people at the home.

Staff were satisfied with the training provided, which they found effective and useful.

Staff were well supported with a clear system of supervision meetings and annual appraisals.

People were very positive about the standard of food provided and could contribute to menu planning.

Is the service caring?

People said the staff were kind, caring, friendly and patient.

Staff understood people's needs and knew how people preferred to be given their care and support.

People were treated with dignity and respect and supported to make their own choices about how they spent their day. People's privacy was respected.

Is the service responsive?

People received person centred care from a team of staff who knew them and their health needs well.

People's needs were re-assessed when their health needs changed and relatives were kept informed and included.

There was a planned programme of activities for people to take part in if they wished.

People knew how to complain if they needed to and there was a clear complaints process available.

Is the service well led?

The service was well-managed and people told us they had confidence in the management team and the staff.

People were consulted and involved in their care and support.

There was a programme of quality checks and audits to ensure the quality of the service was maintained.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chalfont 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 checked 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 comprehensive inspection took place on 31 August 2018 and was unannounced. The inspection was carried out by one CQC Inspector.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service and the local safeguarding adults team for their views on the care and service given by the home.

During the inspection we met and spoke with five of people living at the service. One person did not wish to speak with the inspector. We spoke with both owners of the partnership, the registered manager, a visiting GP and one member of staff.

We observed how people were supported and to establish the quality of care people received we looked in depth at two people's care, treatment and support records and all of the Medicine Administration Records (MARS). We also looked at records relating to the management of the service including staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, staff and resident/relative meeting minutes and a range of the providers policies and procedures.

Is the service safe?

Our findings

People felt safe and were all very happy with the care and support they received at Chalfont. One person told us, "Could not be any better; it's homely, small and keeps the same staff"; and another person said, "Very good, one of the better ones."

Staff had been trained to identify potential signs of abuse and there was clear guidance available for staff and visitors to follow if they needed to contact the local safeguarding team.

Risks to people were managed so that people were protected whilst their wishes supported and respected. People had their health and care needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to ensure people received safe, effective care that was appropriate for their health needs.

People had the correct equipment in place to support and maintain their safety. For example, air mattresses were set at the correct setting for people's weight to maintain their skin integrity and mobility aids were placed within easy reach for people. People who required pressure cushions had these available and they were clean and well maintained.

People had been individually assessed and plans made for their safe evacuation from the premises in an emergency such as a fire. The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

There were enough staff employed to meet people's needs. One person told us, "If you press the bell, they are here in 2 minutes". Staff rotas reflected the levels of staff on duty during our inspection visit. Staff told us and we observed during the inspection, that there were enough staff on each shift to manage people's needs. The registered manager said they reviewed the needs of people on a daily basis to ensure the correct levels of staff were available on each shift.

Since the last inspection, one member of staff had been recruited to the staff team. All the required checks and records were in place for this person. At the last inspection we found other staff had been recruited robustly, in line with the home's procedures.

Medicines were stored correctly and managed effectively. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge.

Medicine administration records (MARS) were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training.

The home was clean on the day of our inspection. We observed staff wore their personnel protective equipment when it was appropriate to do so.

There was a system in place to record and review any incidents and accidents that took place.

Is the service effective?

Our findings

People's needs were assessed before they were offered to stay at the home to ensure the home could meet their needs. On admission a full suite of assessments had been completed with the person, which underpinned an individualised care plan. People's care plans were reviewed each month or earlier if their care needs changed and those we looked at were up to date. One person told us, "Whatever you want, they will help you with."

People were cared for by staff who had been effectively trained and received regular supervision and ongoing refresher training. One member of staff told us, "I would not like to work anywhere else."

Everyone commented on the good standard of food provided with comments such as; "They know exactly what I like; the food here is very good", and "xxx (one of the owners) is a brilliant cook". The lunchtime meal was relaxed and a positive experience for people.

People's care records showed that their dietary needs and weight were regularly monitored and action taken if needed. One person told us that they need a gluten free diet and that this was catered for.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved appropriately in people's care and support. These included, opticians, podiatrists, occupational therapists and GPs. We spoke with a visiting GP who gave very positive feedback about the home and how they cared for people.

The premises were homely and suitable. Bedrooms were personalised with people's furniture, photographs and personal mementoes which provided a friendly, homely atmosphere.

At the time of inspection everyone accommodated had capacity to determine their own care and support requirements. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No Dols had been applied because people could consent to their care and support.

People confirmed that their consent had been sought about how they were cared for and supported.

Is the service caring?

Our findings

Overall, people were very satisfied with the care and support provided at Chalfont. They all vouched that the staff team, from the providers of the service, the registered manager and all the staff all worked with the best interests of making the home a comfortable, caring environment for people.

One person told us, "This is a very good home; one of the better ones. The staff are all kind". Another person said, "It is the small things that make the difference. One of those is the respect they have for people". And another person said, "The staff are all good but some are excellent."

Throughout the inspection we observed that staff took time to talk to people and to offer them reassurance if they were wanting attention. When they spoke with people the staff were kind and patient.

People told us that their privacy and dignity were always maintained. Staff would knock on doors before entering people's personal space and that any personal care was carried out in the privacy of people's rooms. People told us that staff respected people's preferred form of address and were always respectful. People also told us that staff were always available to respond if they needed support or assistance from staff and that preferred routines were respected by the staff so that people could get up and go to bed at times that suited them.

There were no restrictions on visiting. People told us that their relatives or friends could visit at any time and were always made welcome.

Everyone we spoke with told us they enjoyed the fact that there were dogs in the home, which provided them with company and distraction. People told us that they had been informed before admission that dogs were accommodated at the home.

Is the service responsive?

Our findings

The registered manager had developed a care plan for each person that reflected their individual needs. These had been developed with the person concerned and also using the information from the assessments that had been undertaken. Care plans we looked at were up to date, being updated when needs changed or reviewed periodically. They were also written in a person centred way, giving clear direction and guidance for staff and reflected people's individual preferences and needs.

People told us that all their care and support needs were being met. Being a small service, the staff knew everyone very well and handovers at the start and end of each shift updated staff of any changes to people's care needs. People told us that their preferred routines were respected, such as the times they liked to get up and go to bed and also whether they wished to spend time in communal areas or within their room.

People had been provided with specialist equipment where this was needed, such as an air mattress. Where these had been provided, staff ensured people's mattress settings corresponded to their weight. People who required the use of a hoist for their moving and handling needs had their own slings to minimise risk of cross infection.

Care plans included people's life histories which gave important information about how people had lived their lives and what was important to them. This information had been used in planning activities within the home.

The home did not employ a dedicated activities co-ordinator with staff undertaking some activities with people as well as visiting entertainers. People told us that they were satisfied with the activities provided. The registered manager showed us a record of entertainers that had visited the home and the activities undertaken with people.

People told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority and local Government Ombudsman, should people need to contact them in the event of a complaint or concern. The manager told us they had not received any formal complaints since their last inspection and records reflected this.

The registered manager told us that they would support people nearing end of life in the home with the support of health professionals if this was agreed. Care plans identified people's wishes and advanced wishes. People confirmed that they had been fully consulted about the way they wished to be looked after and supported.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

Is the service well-led?

Our findings

The registered manager had worked at the home for many years. 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.

The registered manager worked alongside the providers of the service setting high standards for the rest of the staff. A member of staff told us, "I would not like to work anywhere else". They went on to tell us that training was well-organised, staffing levels monitored to make sure they sufficient and a good morale prevailed. A visiting GP told us that they had supported the home for over 30 years and that in their opinion it was, "...one of the nicest homes".

People were fully involved in the home and their views sought. A survey of people's satisfaction had been carried out with feedback, such as, "Lovely, homely atmosphere with lovely caring, friendly staff", "Could not be any better", and "It's homely, small with the same staff".

A range of audits to assess the quality of the service were regularly carried out. These audits included medication, infection control, care plans and health and safety checks.

The registered manager spoke knowledgeably about notifications they had made to the Care Quality Commission, which had been completed as per the regulations.

The rating for the previous inspection was displayed in the home as required.