

## Barchester Healthcare Homes Limited

# Challoner House

### 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

The inspection took place on 23 and 26 September 2016 and was unannounced.

Challoner House is a modern purpose built nursing home for older people. They are registered to provide care for up to 49 people. At the time of the inspection there were 39 people living at the service.

The home had 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.

All staff had a good understanding of abuse and how to identify this. They knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

There were sufficient numbers of qualified nurses and care staff to meet people's needs. Recruitment processes included a number of checks to make sure staff were suitable to work with people who used the service. New staff completed an induction programme when they commenced employment. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

Medicines were stored and secured appropriately. People told us that they received their medicines on time.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent. People's care needs were well known by the staff we spoke with including people's likes and dislikes.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Best interest decisions were in place where people were unable to make an informed decision on their own.

Staff were supported by the management and received training to ensure they had the skills and knowledge necessary to care for people. Staff were able to attend meetings where they were able to voice their opinions.

People's healthcare needs were monitored and health professionals were consulted in order to maintain people's well-being. People told us they liked the food available and confirmed a choice was available to them.

Staff told us they enjoyed their work and liked the management team. People and their relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service as a means to improve the quality of care and support people received. Complaints policies and procedures were in place and were available to people and visitors.

## 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.

Staff knew how to identify and report any safeguarding concerns.

Medicines were stored, managed and administered safely.

There were sufficient staff to meet people's care and nursing needs safely.

### Is the service effective?

Good ●

The service was effective.

People needs were met by skilled and knowledgeable staff.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have access to other healthcare professionals to ensure they maintained their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People using the services told us they found the staff caring and friendly. We saw staff treating people with kindness and compassion.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of people's care.

Activities for people were planned and they were encouraged to participate.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

### **Is the service well-led?**

The service was well led.

The registered manager promoted an open culture and they were visible and accessible to people, their relatives and the staff.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

**Good** ●

# Challoner House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 23 and 26 September 2016 and was carried out by one inspector. The inspection was unannounced.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with four people who live at the home, three relatives, one health professional, 10 members of staff and the registered manager of the home. We looked at the care records of eight people, eight staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in October 2014 and had six breach's of the regulations it was inspected against at the time.

## Is the service safe?

### Our findings

At our last inspection in October 2014 we found people were at risk of being given incorrect topical creams. The provider submitted an action plan on how they planned to address our concerns. During this inspection we saw that the provider had a robust system in place for the safe administration of all medicines including topical creams.

People received their medicines as prescribed and medicines were stored and administered in line with current guidance and regulations. Only qualified nurses administered medicines and they confirmed they had received regular training updates. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs. We observed a medicines round and saw that medicines were administered correctly. We saw that the nurse ensured people had safely taken their medicines before signing to confirm the medicines had been administered.

Each medicines administration record (MAR chart) included information about any 'as required' (PRN) medicine or homely remedies a person took, including information about the medicine and any possible reaction with their regular medicines. We looked at the MAR charts for 10 people living at the home and saw that these had been completed correctly and medicines taken by people had been recorded. We checked stocks of medicines held which were in accordance with those recorded. There were regular medicine audits carried out to ensure safe practice and procedures in medicine administration were followed.

People told us they felt safe in the home. One person told us, "Yes I feel safe here. The staff are always able to help me when I need it." A relative told us, "I am reassured now mum is here. She is so much safer and the staff are always around."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were accessible staff to ensure they had up to date information. All staff were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse. They told us they would report any concerns to the registered manager. One staff member told us, "I'd go straight to the manager if I was worried or had any concerns." Another said, "If thought abuse was happening I would report it to my manager or their manager if they were away." We saw from staff records that staff had all received training in safeguarding adults. The registered manager knew their responsibilities in reporting any safeguarding concerns to the local authority and Care Quality Commission (CQC).

At our last inspection in October 2014 we found the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service. During this inspection we saw that the provider had made significant changes and had an effective system in place to identify and manage risks.

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of

falls. Staff were knowledgeable about people's individual risks and worked in line with the assessments to make sure people remained safe. There were specific risk assessments to manage medicines and fire safety. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

The provider operated an effective recruitment process. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. Staff told us they were not allowed to start work until all the checks had been completed.

At our last inspection in October 2014 we found that the provider had not ensured there were sufficient staff deployed to meet people's needs. During this inspection we saw there were enough suitably skilled staff deployed to meet the needs of the people living in the home. People told us there were enough staff to safely support them. One person told us, "If I need any help staff always come quickly." One relative told us, "I feel the staffing levels are good. Whenever we visit staff are always around supporting people and if we need help they are never far away." We saw during the inspection that call bells were answered promptly and staff were visible in communal areas. The registered manager reviewed staffing levels regularly using a dependency tool which took account of people's specific needs. Additional staff were deployed when necessary, for example during the early morning. When people required support to get washed and dressed.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency, such as fire. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.



# Is the service effective?

## Our findings

People had their needs met by staff who were knowledgeable and skilled to carry out their roles and responsibilities. We did not receive feedback from people regarding staff skills and knowledge, but we observed staff providing support to people. We saw that staff cared for people in a competent way and their actions and approach to their work demonstrated that they had the knowledge and skills to undertake their role. Staff we spoke with described people's different and complex needs. We found staff were knowledgeable about the people they cared for. One staff member discussed each person's individual needs, for example if a person was at risk of falls, had a low body weight or used specialist equipment.

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. One staff member told us, "I found the induction really useful, I was well supported and it gave me the skills to do my job properly."

All staff received basic training such as first aid, fire safety, health and safety and manual handling. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. The registered manager maintained a training record which identified training completed and when updates were required. We saw that training was up to date or booked for all staff. Staff confirmed they had received competency checks and observation of their work from the registered manager. One staff member told us, "I think the training opportunities are very good and certainly helped me develop as a carer."

Records showed supervision sessions for staff were regularly carried out in accordance with the provider's supervision policy. Staff training and support needs were discussed at supervision. A member of staff said, "Supervision sessions are really useful, this is when we can discuss any problems we have regarding our work without interruptions." We saw that annual appraisals were recorded or dates set for each staff member. Appraisals helped the registered manager and staff to review individual staff performance to ensure expected standards of practice were maintained. One staff member told us, "It is a real opportunity to think about what I do well and if I can improve in anyway. It is also an opportunity to discuss my development and review what training I might need."

The Mental Capacity Act (MCA) 2005 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 2005. 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 2005 and whether any

conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA 2005 and DoLS. They had completed mental capacity assessments when people could not make decisions for themselves. Staff understood the importance of gaining people's consent and following the principles of the MCA 2005. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. One staff member told us, "It is always important to ask before giving any care. People can change their minds and we have to respect that." Another said, "We always have to work in the person's best interest if they cannot consent to something. We follow the five principles of the act."

We observed the lunchtime meal in the dining room. The atmosphere of the dining room was calm and relaxed. There were a choice of meals and drinks available and people were asked what they would like to eat and drink. Staff gave gentle encouragement to people to eat their food and supported those that needed more assistance in an unhurried manner.

People were provided with a well-balanced and nutritious diet. The provider told us they had a rotating menu that changed with the seasons and said they catered for people with special dietary needs such as sugar free and gluten free. Some dishes were fortified with butter or cream to support people at risk of weight loss. Staff knew what action to take when a person was at risk of weight loss. One member of staff said, "We monitor their food and fluid in-take and weigh them regularly. If we are concerned, we always seek advice from the doctor."

People were supported to maintain their health and wellbeing by having access to healthcare services. This included a GP, dentist and chiropodist. Staff told us people's health was monitored and they were referred to health professionals in a timely way. We saw from people's care records they had been referred to appropriate health care professionals when required. A health professional told us, "The home works very well with us, there is good communication between us and the home and they respond effectively when people's healthcare changes."

## Is the service caring?

### Our findings

People told us they were very satisfied with the way staff cared for them. One person told us, "The care is very good, the staff are absolutely wonderful." Another said, "I recently came back after being in hospital, it felt like I had come home. The staff are so caring it feels so homely here." A relative told us, "I see the staff interact with other people as well as my relative and the staff are always caring and polite."

We spent time in the communal areas and observed how people and staff interacted. There was a social atmosphere where people were encouraged to chat and staff stopped to listen to people and respond in a compassionate manner. Staff spent one to one time with people to offer companionship which included people who remained in their bedrooms to prevent them becoming isolated.

Staff spoke positively about people and treated them with dignity and respect. We saw staff knocking on people's bedroom doors before entering and doors were kept closed while personal care was in progress. People told us they felt treated with dignity and respect. One person told us, "They are very respectful, they always ensure the door is closed if they are helping me." One staff member told us, "It is important to respect people and I always ensure someone's privacy is maintained when they are given personal care."

People were able to spend private time in quiet areas when they chose to and had several lounges to choose from. Some people preferred to remain in a quieter sitting area when activities took place elsewhere in the home. This showed that people's choices were respected by staff.

During the inspection we saw staff promoted people's independence where possible. One person told us, "The staff encourage me to dress myself." One staff member told us how they attempted to promote the person's independence. "It's important to encourage the person to do things for themselves, choose what they want to wear and be as independent as possible. Another said "We build up a good rapport with people and get to know them. It is important they trust you to look after them."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "We are quite a large family and several of us visit at various times on various days. Staff have always made us feel welcome."

## Is the service responsive?

### Our findings

At our last inspection in October 2014 we found people's needs had not been fully assessed and care plans and risk management plans did not accurately inform staff how to meet people's needs. The provider submitted an action plan on how they planned to address our concerns. During this inspection staff told us that they felt care plans and risk assessments were informative and told them enough information to meet people's needs. We saw from the records we reviewed that significant improvements had been made. People's needs had been fully assessed and care plans and risk assessments completed to enable staff to provide effective care.

People's care and support was planned proactively in partnership with them and their relatives. Pre-admission assessments were carried out and people's needs were assessed before people moved into the home. Care plans detailed the care and support people required and how they would prefer to receive this. Each care plan included a person's life history with input from relatives. Care plans were individualised and reflected the findings of the assessment carried out. Care plans were regularly reviewed and any changes were discussed with the person and their relatives and clearly reflected and documented in care plans.

There was a clear commitment from all staff to promote people's well-being and quality of life. The registered manager held daily "stand up" meetings with heads of each department to discuss any immediate concerns and agree the plan for the day. The feedback supported the registered manager to monitor the day to day care and make immediate changes if required. For example, if a person's care needs had changed rapidly, staff could be allocated more effectively to give appropriate support to that person and seek further medical help if needed.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice of how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. One person told us, "I don't like the bigger activities with lots of people, so the co-coordinator will come and talk me to individually."

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak with the manager or nurse in charge. They would listen and sort it."

People were provided with guidance on how to make a complaint in the service user guide. The staff were able to explain how they would respond to a complaint.

## Is the service well-led?

### Our findings

At our last inspection in October 2014 we found the provider had not ensured that complaints had been resolved where reasonably practicable to people's satisfaction. During this inspection we saw that the registered manager had taken appropriate action and kept a log of all complaints received and followed the provider's policies and procedures in responding to and resolving all complaints received since the last inspection.

At our last inspection in October 2014 we found the provider had not ensured that records were accurate, reviewed or maintained to protect people from the risks associated with unsafe or inappropriate care. During this inspection we saw that the provider had taken appropriate action and all records were accurately maintained and reviewed regularly.

People and relatives told us they were happy with the quality of the service and their views were listened to. One person said, "I find the manager and staff really approachable." Another person told us, "The managers are very good, they come and ask if I am all right, is everything okay." A relative told us, "I haven't had much contact with the manager but when I have they have seemed genuinely interested in hearing what I have to say."

The registered manager knew all the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the clinical lead and they were also very knowledgeable about the people and the staff team they supported. The staff told us they had a clear understanding of their roles and responsibilities and worked together as part of the team. One staff member told us, "The management are very supportive and always make themselves available for staff." Another said, "If I needed to I would always speak to the manager. They are very open and approachable."

We saw minutes of regular staff meetings which gave the registered manager and staff the opportunity to communicate and discuss any information. The registered manager told us staff could speak directly to them at any time and that they operated an open door policy for all staff.

The provider had a system in place to regularly assess and monitor the quality of the service that people received. We saw that regular audits had been completed by the registered manager which covered people's care, safety and cleanliness of the premises. These included infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.

Resident and relative meetings were held so that people had an opportunity to comment on decisions

related to the on going running of the home. Some people chose not to go the meetings. One person told us, "We have meetings I do go sometimes, but I quite happy so don't usually say anything."