CHILTERNS HEALTHCARE LIMITED

Chilterns Manor

Inspection report

Chilterns Manor
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Bourne End
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Tel: 01628528676

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22 August 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place 21 and 22 August 2017. It was an unannounced visit to the service. This was the first inspection since the service registered with the Care Quality Commission under ownership of the current provider.

Chilterns Manor is a care home without nursing for up to 22 older people and people with dementia. Eighteen people were living at the home at the time of our visit.

The service had a registered manager in post. 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 received positive feedback about the service. Comments from people included "I think they do their best," "They are all very nice, we're like family and always get on together" and "Very friendly and conscientious." One person told us "The home is lovely and so are the staff members. They take time to make it feel like home for the residents and have really good relationships with both residents and family." Two of three healthcare professionals we spoke with provided positive feedback about the service. The third shared concerns about moving and handling practice.

People were protected against the risk of abuse. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. None of the people we spoke with or staff had any concerns about how people were treated.

Risks to people's safety and welfare had been assessed. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions. We found some people had recurring falls at the service. There were no records of any preventative action. We have made a recommendation for the service to follow good practice in relation to falls prevention practice.

We found staff had not always been recruited using robust procedures. Some staff had started work before all required checks had been returned. We were unable to see any contingency plans to protect people until these checks had been received at the home. Staff support was inconsistent. Records showed some staff had received a structured induction, regular supervision and an annual appraisal of their performance, but not all. The provider had outlined mandatory training for new staff. In some cases we could not see that this had been fully completed.

The building complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency. Regular fire safety checks were carried out including practice drills.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. We found some care plans had gaps in information about support needs.

People were supported to take part in a wide range of social activities. Staff supported people to attend healthcare appointments to keep healthy and well.

People told us they would speak with various members of staff or their family if they had any concerns about their care. We found issues people had spoken to staff about had not been recorded anywhere. We were unable to see if any action had been taken in response to these matters.

The registered manager had been working on night shifts for several weeks prior to the inspection. We found there was some lack of awareness by management of what was happening during the day. Whilst the issues did not affect people's care whilst we were present, there was potential for poor practice to develop. For example, staff handover took place in a communal area where confidential issues may be overheard.

We found monitoring of the service was not effective in highlighting all areas where improvements were needed.

We have made a recommendation to improve how records are filed and stored.

We have made a recommendation for the service to follow good practice in sharing the results of user and stakeholder surveys.

We found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff support and training, recruitment practice, management of complaints and monitoring of the service.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at risk of harm as recruitment processes were not robust enough.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk. However, accident records did not show preventative actions had been taken where people repeatedly had accidents.

Staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not protected against the risk of unsafe and ineffective care. This was because staff had not consistently been supported through regular supervision, appraisal and training for the tasks they were expected to carry out.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were treated with kindness, affection and compassion.

People were supported by staff who engaged with them well and

took an interest in their well-being.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's complaints about their care were not recorded at the home and there was no record of action being taken.

People were supported to take part in activities to increase their stimulation.

People's preferences and wishes were supported by staff. However, there were some gaps in care records which meant people's needs had not always been written down.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People's care was not effectively monitored to make sure it was safe and met their needs.

Records were not always filed and stored efficiently which meant they were not always easy to locate when requested.

People's views were sought, including through surveys. The results of these were not analysed and shared with people to see what had been done to listen to them.

Chilterns Manor

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 inspection took place on 21 and 22 August 2017 and was unannounced.

The inspection was carried out by one inspector and an 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.

Before the inspection, 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 reviewed notifications and any other information we had received about the service. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We also spoke with three visiting healthcare professionals, ten people who live at the home and two relatives.

We spoke with the registered manager and four staff members. We checked some of the required records. These included three people's care plans, eight people's medicines records, four staff recruitment files and four staff training and development files. We looked at a sample of policies and procedures and other records associated with management of the service.

Requires Improvement

Is the service safe?

Our findings

The service did not always use robust recruitment processes. The recruitment files we looked at showed all required checks had not always been carried out before staff started work at the home. For example, in one file the person had started work eight weeks previously. There were no references. The registered manager said they had tried to obtain these and had now asked the member of staff to provide alternative referees. In another file there was only one reference. The registered manager said they had tried to obtain this one as well and had asked for an alternative referee. In all of the staff files that we checked we saw staff had started work before their criminal records checks had been received back. In three cases, this was by one to two days, in another it was by three and a half weeks. The registered manager said staff shadowed other care workers in these circumstances. However, there was no evidence staff had been informed about any restrictions to their work such as not undertaking personal care on their own.

These were breaches of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Temporary workers were used to cover shifts at the home as and when needed. We checked to see what assurances were sought from the agencies which supplied the home with staff. There was a written summary provided by the agency for each care worker. This included confirmation of criminal records checks and training they had undertaken.

We asked people if they felt safe at the home. Comments included "Yes, I do normally," "Oh yes, I'm not worried," "Yes, I've never fallen out with anyone here" and "I suppose so, yes. They are very good when bathing me every morning." Two people told us they felt unsafe when other residents came into their rooms by accident. One person said "Most of the time I don't feel safe, especially when there are people wandering about all the time. Once another resident was in my room trying my clothes on but I now know how to deal with them, I just say "Wrong room." Another person told us "I can't lock the door. Once another resident came to my room and said I was in his room he shouted at me 'Get out of my room,' so I don't feel safe." We mentioned these last comments to the registered manager so that they could look at providing locks for people's rooms.

There were procedures to follow in the event of any suspected or actual incidents of abuse. Most staff had completed training to understand about and recognise abuse. There were posters displayed around the home about how to report any concerns. Staff we spoke with said they would speak with the deputy manager and registered manager if they had any concerns. One member of staff said they would contact us if nothing was done after reporting concerns internally.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and risk of falls, as examples. These assessments had been reviewed regularly and kept up to date with changes to people's circumstances.

The building complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire, such as practice drills and regular alarm tests. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use.

People's needs were met in a timely way with call bells answered within reasonable amounts of time. People's comments about how quickly call bells were answered included "If you call the staff they will come straight away," "I have one (call bell) but I've never had to use it. The others are always ringing their bells but they are answered quickly" and "They are really good. They do their best with 20 odd people to deal with so they can't be answered that quickly, but they do try." Other people said "Sometimes they are busy but they will come and check up on me and ask me what I want to do," "Reasonably quickly, generally its okay at night" and "Yes, they are (responded to quickly by staff). Night shift is pretty good."

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. We observed some short periods of the day when people were not supervised by care workers. For example, when people were having breakfast and others were being got up and when afternoon tea was being prepared by care staff. We mentioned this to the registered manager as something which needed to be monitored to make sure care staff were around when people needed them.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice. We saw staff maintained appropriate records to show when medicines had been given to people. This provided a proper audit trail.

Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment room. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature. Stock checks were completed regularly. The balance recorded in the register matched the number in stock.

Accidents and incidents were recorded appropriately at the home, for example falls. These showed staff had checked people for injury before they helped them up. We could not see that the registered manager had put an action plan in place in each case, to prevent further injury to people. For instance, one person had fallen five times between May and July this year. Although the registered manager was able to tell us about referral to healthcare professionals, this was not noted on the accident records or in the falls register.

We recommend the service follows good practice in the prevention of accidents by recording actions taken when people have had falls.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had not always been appropriately supported. The registered manager told us new staff undertook an induction to their work. We saw certificates of induction completion in two of the staff files we looked at. This showed staff had completed training in areas such as equality and diversity, fire safety, food hygiene, safeguarding and infection control.

In a third file there was no record of the person completing an induction; the registered manager was unable to find documents to show they had completed one. The member of staff had worked at the home for seven months. We looked at the member of staff's training records. They had completed some of the courses the provider considered mandatory. However, there was no record of them completing training on moving and handling, safeguarding and health and safety. The registered manager was unable to produce records to show these had been completed. We saw this member of staff took responsibility for the home when the registered manager and deputy manager were not on duty.

We checked food handling training for one of the catering staff who was on duty at the time of our visit. We saw they had completed a basic level of food hygiene training via an on-line course. We spoke with the registered manager about this and advised a higher level of training be completed for catering staff. We noted they had been confirmed onto a 'nutrition for caterers' course run by the local authority to drive up improvements to nutrition for older people in care homes.

We received feedback from a healthcare professional who visited the home at the time of the inspection. They told us they had observed unsafe moving and handling manoeuvres. The staff they observed said they had not been trained to use lifting equipment. The healthcare professional said a grab rail had been incorrectly positioned on the person's bed by staff at the home. This meant the person could not safely move themselves. We checked to see what practical moving and handling training had taken place for staff. The registered manager was unable to show us staff had received any practical training.

We asked if staff were enrolled onto the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, duty of care and working in a person-centred way. Workbooks had been obtained for this but none of the staff in the sample we checked had started to use these or been assessed whilst they carried out care. Competency assessments could not be produced to show two staff whose records we asked to see had been observed and assessed as safe to handle medicines.

There was a system for staff to receive supervision from the registered manager. In two of the files we checked there were records that these staff received three supervision sessions this year. In a third file there was only one record of supervision taking place. The registered manager was unable to provide any further evidence of additional supervision meetings. We were told annual appraisals were conducted where staff had worked at the service long enough. We saw a record of an appraisal in one of two files we checked for staff who had worked at the home for over a year. This meant there were inconsistencies in assessing the performance and development needs of staff at the home.

These were breaches of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their healthcare needs. People told us staff would call a doctor if they needed one. We saw staff contacted the GP for someone who appeared unwell whilst we were at the home. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments or visits to the home and the outcome of these.

We received positive feedback from two healthcare professionals about how the home managed people's healthcare needs. One told us "Everything seems alright. Staff are very friendly and help us." They added they did not have any concerns about people's care. For example, there were no issues with pressure area care and they were not called out to attend to lots of skin tears. Another community professional said "They're very good here."

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes about people's health and welfare. A verbal handover also took place from one shift to the next.

We saw meal times were unrushed and gave people time to enjoy their food at their own pace. People chose where they wanted to have their meals. Care plans documented people's needs in relation to eating and drinking. Information about dietary requirements had not always been completed in each care file we read.

We saw people had choices at each mealtime, all food was homemade and there was variety to the menus. The menu options were displayed on a board in the lounge. We received mixed feedback about meals at the home. Some people were happy with the standard of catering. Comments included "Very nice indeed, I don't like cabbage and I don't want it on my plate and they don't give it to me. Oh yes, there is enough food and drink. Banana Weetabix is good," "The food is very nice, we have a good cook" and "It varies but it's okay. Yes, there is enough food." Less positive comments included "The food is monotonous, I don't like ketchup. I like meat and two veg. The chef is trying to make meals more interesting but to me it isn't" and "No, I don't like it. She does continental food and that's not me."

We checked to see if the service was working within the requirements of The Mental Capacity Act 2005 (MCA). The (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 so that they can 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).

Some people who lacked capacity had a legally appointed representative to make decisions on their behalf. The service had obtained copies of Lasting Power of Attorney documents in these cases. These documents confirmed who had the legal authority to act on people's behalf so that the service could consult with the right people to make decisions on residents' behalf.

Good

Is the service caring?

Our findings

We asked people if staff were caring and kind to them. Comments included "Yes they are. They take me for a walk because I need help, they are really good people," "Oh yes, yes, yes. Mind you, I'm getting very deaf and losing my sight but I do like to pull their legs and have a joke with the staff." Other people told us "I think they do their best," "Yes, they are all very nice, we're like family and always get on together" and "Very friendly and conscientious."

A healthcare professional said of a member of staff they were speaking to us about "They're very approachable, lovely."

We asked people if staff were respectful towards them and treated them with dignity. Some of the comments were noted were "Oh yes, they are very good at that," "Mainly. I demand it and won't let them get away with it. When they are under pressure they can be difficult. Regarding privacy, it can be hard sometimes when I'm 'on the throne'" and "Oh yes, they talk to me with respect, no complaints there. Privacy, no complaints." We heard staff spoke respectfully to people. For example, "Hello, you look lovely today" and "You're all colour co-ordinated today."

We saw staff knocked on people's doors and waited for a response before they went in. We heard staff taking an interest in people. For example, if they had been out for the day they asked how they had got on such as "Did you have a nice time?" A member of staff asked one person in the lounge "Are you cold? Would you like a blanket?" A cushion was offered to another person to help them be more comfortable in their chair. We also heard a member of staff speak with someone about holidays they had as a child. They took an interest in what the person said and added "Nice, lots of happy memories."

Staff were knowledgeable about people's histories and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

Staff actively involved people in making decisions. People told us they felt listened to by staff. Comments included "They do their best, especially with (family member's) communication problems," "I think they are very good" and "They helped me with my hearing aid. I asked them for help with making the call and they got it all faxed for me."

Staff generally respected people's confidentiality and closed doors when personal care took place. However, we noticed the staff handover took place in the dining room. The doors were left open which meant people who were in the adjoining lounge would be able to overhear discussions. We mentioned this to the registered manager so they could monitor this situation.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them with daily living tasks such as moving around and washing and bathing. We observed several people went out during the two days of our visit. One person who liked to take part in household

tasks was supported to do so. This included vacuuming and setting dining tables.

We saw records of two residents' meetings from this year. These showed people were kept informed of significant events, such as introduction to new staff and opportunity to provide feedback about the meals and activities.

Requires Improvement

Is the service responsive?

Our findings

There were procedures for making compliments and complaints about the service. Records showed there had not been any complaints since the service became registered with the current provider. We spoke with the registered manager to check this. They told us there had not been any formal written complaints. We asked if people had raised issues by speaking with staff about things they were not happy about. For example meals, laundry, the behaviour of other residents. The registered manager said they received this type of comment all the time but there was no record of these and any actions that had been taken. This meant the service was not effectively recording and managing people's complaints.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they had any concerns and who they would speak with if they did have any. No one expressed any concerns about their care or the support they received. People said they would speak with various staff members or a relative if they had any concerns. Comments included "No concerns but I would speak to the person in charge," "I'd go to the manager if I had a problem," "I'd speak to the chief" and "No concerns but I would speak to my family."

People's needs were noted in care plans. These took into account people's preferences for how they wished to be supported. People's preferred form of address was recorded and referred to by staff. Information had been obtained about communication needs and any sight or hearing impairments. A care needs summary had been written to give an overview of the support people required. Individual support plans then outlined people's needs in more detail. People's cultural and religious needs were taken into consideration as part of the assessment process. One person told us they regularly attended church nearby.

Some information was quite brief in the care plans we looked at. For example about a person's preferred daily routine and dietary preferences. In another care plan the pre-admission assessment had only been completed on the first page with details such as their name, date of birth and next of kin; the section on care needs remained blank. A care plan had, however, been put in place subsequently. We mentioned these gaps to the registered manager for their attention.

Work had started on life story books. Those we looked at provided information which included details about people's backgrounds, families, areas of interest and hobbies. Families had contributed to some of these and provided photographs to illustrate them. These helped staff understand more about the needs of the people they provided support to.

The service supported people to take part in social activities. The home employed an activities co-ordinator. They provided a range of activities and outings to provide people with stimulation. Information about these was displayed in the home on an activities board. Activities included visiting entertainers such as a magician and accordion player. Trips had taken place to local places such as Burnham Beeches and Higginson's Park, Marlow riverside. People regularly came in to talk about stories from the Bible and we saw holy communion

took place from a visiting priest. People's birthdays were celebrated. Events throughout the year were remembered such as Mothering Sunday, Father's day, Chinese New Year and Easter. Photographs had been taken to mark these events. In each photograph we saw catering staff had made a celebration cake for people to enjoy.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. They had been working on night shifts for several weeks prior to and during the week of the inspection. This was to support the night shift where there had been several staff vacancies. This meant they had spent limited time on day shifts due to the need to rest and be prepared for the next shift. We found there was some lack of awareness by management of what was happening during the day. Whilst the issues did not affect people's care whilst we were present, there was potential for poor practice to develop. For example, we were told lunch was served at 12:30 but we found people eating at midday. This could mean other meals were not spaced out with enough time in between. The registered manager was unaware of the issues of handover taking place in a public area where confidential issues may be overheard. We found most care staff in the kitchen preparing afternoon tea on one day, which left the lounge and other parts of the home unsupervised for a short while; there was no co-ordination by the shift leader to make sure staff were available where they were needed.

We asked to look at records of monitoring and quality assurance. We saw audits had been carried out routinely up to the end of 2016 on areas such as accidents, falls, catering and medicines practice. Apart from an infection control audit, there were no other monitoring records for 2017. The registered manager told us none had been carried out by them, mainly due to staff vacancies and needing to carry out care work.

We contacted the provider to ask what monitoring they had carried out. They said there were regular visits to the service and we read reports of these for January to August this year. We were able to see staff and people who used the service were spoken with and improvements were discussed and implemented. For example, training on dementia, introduction of 'doll therapy' and inviting relatives to a cheese and wine event to update them about the home. However, the issues we found during our inspection were not evident in the records we saw or from discussion with the registered manager. This meant systems were not effective enough to assess, monitor and improve the quality and safety of the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw surveys had been sent out to people who lived at the home and visitors in January and February this year. We asked if the findings had been collated and shared with people. The registered manager told us this had not been done.

We recommend the results of any survey exercises are analysed and shared with people so they know what has been raised and what actions have been taken in response.

We asked to look at a variety of records as part of this inspection process. Some, such as care plans and medicines records, were produced promptly. Staff records, such as supervision notes, training certificates and some of the recruitment documents, took excessively long for the registered manager to find and showed attention was needed to keeping records in better order. Some records could not be found such as training certificates.

We recommend the service follows good practice in the filing and storage of records.

Staff told us they would report any concerns about people's care. There were posters displayed around the home to advise on what to do and a whistle blowing policy was in place. Whistle blowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about a low level of incidents and notifications and from these we were able to see appropriate actions had been taken. Due to the small number of notifications, we checked with the registered manager if any further incidents had occurred. They confirmed none had.

Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in staff meetings. However, staff were not consistently supported through regular supervision and the right training to meet the needs of people they cared for.

There were policies and procedures to provide up to date guidance for staff. This included safeguarding from abuse, infection control practice, falls prevention and safe handling of handing medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not ensured any complaint received was investigated and necessary and proportionate action taken in response to the failure identified by the complaint or investigation. The provider had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured recruitment procedures were operated effectively to protect people from the risk of harm by unsuitable workers.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.