

Chrissian Residential Home Limited

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Inspection report

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Date of inspection visit:
31 October 2022
14 November 2022

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22 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chrissian Residential Home is a residential care home providing personal care to up to 22 people. The service provides support mostly to older people, some living with dementia. The service is provided in one adapted building over two floors. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

We found concerns at our last inspection and rated the home requires improvement in two key questions and overall. We also found breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to mitigate the risks to the health, safety and welfare of people living in the home. We were encouraged by the progress made and the provider was no longer in breach of the regulations. Improvements had been made and were ongoing to ensure the premises and equipment were maintained in a safe, comfortable and clean condition.

A new registered manager had been appointed and they worked closely with the provider. Both were visible in the home and effective governance systems to monitor and assess the quality and safety of the home were evident. This provided the oversight needed to drive improvement and support the continual development of the home.

People told us they felt safe and we observed they were comfortable and at ease in the company of the staff that cared for them. There were enough staff, safely recruited with the knowledge and skills to meet people's needs and morale was good.

Risks to people were regularly monitored and assessed with appropriate management plans in place to mitigate. This included timely referrals to healthcare services. Processes were in place to learn lessons when things had gone wrong with actions taken to reduce future incidents happening.

Staff had received appropriate training to protect people from harm and followed the provider's safeguarding policies and processes. Safe management of medicines was in place and the home was clean and hygienic with good infection control procedures carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chrissian Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Chrissian Residential Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector.

Service and service type

Chrissian Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Chrissian Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection a registered manager was in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the Local Authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 31 October 2022 and gave feedback on 14 November 2022. We spoke with six people who lived at Chrissian Residential Home to seek their reviews of their care and support. Not everyone who used the service were unable to tell us about their experience of receiving the service, so observations of care and support were also made

We spoke with the registered manager, a senior carer, three care staff and a housekeeper, the provider's nominated individual and an external trainer for the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to medicines management, infection control, health and safety, staff recruitment and management of the home.

Following our visit, we spoke with one relative and received electronic feedback from three members of staff, four relatives and two health and social care professionals involved with the home. We reviewed records relating to the governance and management of the service including audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the risk management systems in place were not robust enough to identify shortfalls and assess risks and mitigate them. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- Previous concerns we had found with environmental risks in the home including safety and infection control had been addressed. The risk of falls for both staircases had been properly assessed and mitigated in line with relevant legislation and best practice. Actions taken by the provider included replacement flooring, redecorating to make the area brighter and installation of sensor cameras to alert staff of movements.
- Improvements had been made to ensure that risks to the health, safety and well-being of people were suitably assessed and appropriately checked within the home. For example, effective systems to monitor and manage specialist equipment such as air flow mattresses for people were in place with clear protocols for staff to follow if there was any issues.
- Where people had been identified as at risk of falls, movement sensors were used to monitor people's safety in their bedrooms. Where the use of motion sensor equipment had been identified as a restrictive intervention, the rationale was fully documented in line with the Mental Capacity Act 2005.
- People told us they felt safe in the home and in the company of the staff that cared for them. They shared examples of being at ease and comfortable when being supported to use mobility aids or being transferred using specialist equipment.
- Staff had been trained in moving and handling and we saw that people were assisted to move safely.
- Staff understood people's assessed needs and risks and had good knowledge of how to keep them safe.
- Where people experienced episodes of distress, their care plans provided information to staff to safely support the person and to mitigate any risk.
- People's care plans included risk assessments, which demonstrated how the risks in their daily living were assessed. This provided clear guidance to staff in how to reduce and manage the risks. Records seen demonstrated the care plans were being followed, for example, people were supported to move position to reduce the risks of pressure ulcers and where needed had their food and fluid intake recorded.
- Staff had received training in fire safety and each person living in the home had a current personal evacuation plan in place. This outlined the support they needed in the event of an emergency evacuation from the home.

- A review of maintenance records showed regular checks and servicing was undertaken of the water, electrical and gas supply. Fire safety equipment and specialist moving, and handling equipment was also checked to ensure it was fit for purpose and safe to use.
- Where incidents and accidents had occurred there were systems in place to reduce the risks to people and prevent it from happening again. Any lessons learned were disseminated to staff.
- Falls analysis records identified potential patterns and trends and actions, such as referring to other professionals and using equipment, including pressure mats.

Preventing and controlling infection

At our last inspection the infection control systems in place were not robust enough to identify shortfalls. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- The provider sent us an action plan in response to the concerns found at our last inspection. This included a planned programme of works to improve the environment of the home. We saw that the provider had invested in the home and was making progress in implementing their action plan. For example, bathrooms had been replaced and were no longer an infection risk and the black mould in the ceiling sky light had been addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We observed staff seeking consent before providing care and support to people.

Using medicines safely

- Safe management of systems were in place. People told us they got their medicines when they should.

One person said, "I take my pills every day with a glass of water or some juice they [staff] get for me."

- People received their medicines as prescribed including those on time sensitive drugs. Regular audits took place with any discrepancies addressed.
- Stock balances of medicines were recorded, and we saw these were an accurate reflection of the actual stocks held.
- Medicines were securely stored in designated medicine trolleys. Staff administering medicine had completed relevant training and had been assessed as competent to do so.
- We observed a member of staff explaining to people what their medicines were for, seeking their consent before safely administering them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff were aware of how to reduce the risks of abuse and avoidable harm, including policies and procedures and training for staff.
- Staff and the management team understood their responsibilities relating to reporting concerns of abuse to the appropriate authorities.

Staffing and recruitment

- Our observations showed there were enough staff deployed to safely meet people's needs.
- People and relatives told they felt there were enough staff. One person told us, "Always someone around if you need something. If I am in my room and I want some help I just press my [call] button and they come."
- Staff said there was enough staff on shift to meet people's needs and management were available to help out if needed. One staff member said, "There has been some changes with the staffing arrangements; it works really well, better organised, who does what each shift. Communication and recording has got better too, it's clearer what you need to do, what has been done, needs to be followed up on."
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes

- People were supported to have visits from their friends and family safely and in line with government guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the governance systems in place were not robust enough to identify shortfalls and address them. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 17.

- We received complimentary feedback from people who lived in the home about how caring and compassionate the staff team were. This was confirmed in our observations. One person told us that the staff, "Are like my extended family, they take care of me as if I was one of their own." Another person shared how the staff were, "Supportive and enabling. Helping me to be the best, authentic version of myself. They don't judge people or try to make you be something that you are not. Staff enable you and encourage you, this makes it a safe and accepting place to live."
- Relative's described a friendly and hospitable culture in the home. One relative shared how the staff team were, "Fantastic and welcoming to [family member] and us. They are amazing and always keep us updated with information on [family member's] wellbeing."
- Since our last inspection a new registered manager had been appointed and they were working closely with the provider to implement their action plan for the home. Progress had been made to address the concerns found at the last inspection and they were now working on developing the home further. This included a programme of works to enhance the environment and outside areas.
- We were assured by the leadership and direction in the home and the provider and management team's commitment. Improvements had been made to the shift handover and way changes were communicated and this had helped staff to further understand their roles, responsibilities and duties.
- Effective quality assurance processes had been implemented. This gave the management team an overview of the home, helping ensure people received safe, quality care and support. This included audits and checks of various aspects of the service provided, such as medicines, health and safety and care records. Any issues identified were listed on the home's action plan, for the provider to monitor that they had been rectified.
- Records in the home had improved. They were person centred, inclusive, accurate, readily accessible and

dated to provide management and staff with the information they needed.

- People received care and support taking into account their personal choices and preferences and their decisions were respected and acted on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and the staff team had regular team meetings and discussed various topics such as any changes in people's needs or care, best practice, legislation and other important information related to the home.
- Staff performance was monitored through one to one supervision, training and competency checks. Regular feedback supported staff to professionally develop and we noted that staff champions were being introduced in the home to promote best practice to their colleagues in certain areas such as dining experience.
- Records showed people and relatives were given the opportunity to discuss the home and make suggestions in meetings.
- There was a duty of candour policy in place which was understood.

Continuous learning and improving care; Working in partnership with others

- The provider and management team were passionate about the care and support people received and promoted open communication. Actions were taken when errors or improvements were identified with lessons learnt from these events.
- Feedback from professionals cited collaborative working arrangements. One healthcare professional told us, "The staff act quickly if they notice changes, timely referrals are made and they act on the guidance given."