

# Mr & Mrs S Davey and Mr & Mrs G Rhodes

# Chatsworth Residential Home

## Inspection report

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Date of inspection visit:  
21 February 2020

Date of publication:  
10 March 2020

## 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

### About the service

Chatsworth Residential Home provides care and accommodation for up to 26 older people and people living with dementia. At the time of the inspection there were 26 people living in the service.

Accommodation is provided over three floors with stair lifts providing access to the first floor and lower ground floor. Communal lounge and dining rooms are situated on the ground floor.

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

People and relatives praised the home. People told us they felt safe and well cared for. People were supported to make decisions and choices about their care and their preferences were respected.

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.

Staff were seen to be kind, caring and friendly and it was clear staff knew people. For those people who were unable to share their views with us, we observed them to be comfortable in staff's company, smiling and making eye contact.

There were sufficient numbers of staff employed to ensure people's needs were met and recruitment practices were safe. Staff were well-trained and aware of their responsibilities to safeguard people.

Some documentation required minor amendment to ensure it contained information to support people's independence and to mitigate risks to their health.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The environment was safe and equipment was regularly serviced to ensure it remained in safe working order.

Consideration was given to providing a variety of leisure and social activities for people to enjoy. The home maintained links with the local community by providing trips to local places of interest. People enjoyed regular visits from a local nursery school as well as making monthly visits to a local primary school.

The home was well managed. Quality assurance processes undertaken by the registered manager ensured people received high quality care that met their needs and respected their preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was good. (published 18 August 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Chatsworth Residential Home

## **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 Care Act 2014.

#### Inspection team

One inspector undertook this inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the registered manager and provider completed a Provider Information Return (PIR). This form asks for key information about the home including what the home does well, and any improvements they plan to make in the future.

We also obtained information from the local authority's quality assurance improvement team.

This information was reviewed and used to assist with our inspection.

During the inspection we met 21 people and spoke with 14 people, one relative, three care staff and the registered manager. Not everyone we met was able to share their experiences with us and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records for three people and looked at how the service managed people's medicines. We also looked at records relating to the management of the service, including two staff personnel files, staff training records, complaints records and quality assurance audits.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We received emails with positive feedback from five relatives and the home's training provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "We're all happy here" and "I like it here, they've been very good to me." A relative told us, "Yes, she's safe, it's nice she's so happy here" and another said that knowing their loved one was being well cared for gave them "huge peace of mind".
- For those people who were unable to share their views with us, we observed them to be comfortable in staff's company, smiling and making eye contact. This would indicate they felt safe with staff.
- Staff continued to receive training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being. Where concerns had been raised in the past, the home had worked co-operatively with the local authority.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs and staff had a good understanding of people's needs.
- Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Information in people's care plans guided staff about how to support people in a way that mitigated risks. However, we found some of this information was dispersed throughout the care plan and not always recorded alongside the risk assessment. For example, for one person at risk of skin damage, the information about how to protect their skin was recorded with information about how to support them with their continence needs.
- Records showed that where necessary, specialist advice from healthcare professionals was sought.
- The safety of the environment was monitored regularly, including checks on the building and utilities.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- There were safe arrangements to receive, store and dispose of medicines.

Staffing and recruitment

- Sufficient numbers of care staff were available to meet people's needs and to spend time with people in conversation and social activities. The home also employed housekeeping and catering staff.
- Recruitment practices were safe with pre-employment checks, including disclosure and barring (Police) checks, and obtaining references, were carried out prior to the commencement of employment.

### Preventing and controlling infection

- Staff received training in infection control and food hygiene to ensure they had a good understanding of how to prevent the risk of cross infection. Staff had access to, and were seen to use, protective clothing such as aprons and gloves.
- The home was clean, tidy and fresh smelling. People were happy with the cleanliness of the home and their bedrooms. One person told us their room was always kept nice and they were looking forward to a new carpet being laid shortly after the inspection. A relative said, "Mum's room is very comfortable and kept clean and feels like a haven when you walk in."
- The laundry room was clean and tidy, and clean clothes were stored away from laundry waiting to be washed. This further reduced the risk of cross infection.

### Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong, the registered manager responded appropriately and used any incidents as a learning opportunity. Information was shared with people, relatives and staff.
- The registered manager used people's feedback and reviews of accidents to make improvements to the home. In the provider information return (PIR) they described the home as a "Pro-active home that learns quickly from its mistakes and makes any changes required to prevent/reduce any further mistakes."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences. The registered manager received regular updates about best practice from professional organisations such as The National Institute for Health and Care Excellence (NICE).
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff monitored their health and records showed the home sought medical advice as necessary. One person said, "If there is anything wrong with us, they get them [GP and community nurse] for us." A relative told us their loved one had received "excellent care". They said, "The staff are very caring and patient and have always noticed if she has been unwell and acted in a timely and appropriate manner."
- Some staff undertook additional training and on-going support from the local authority to become 'Health and Wellbeing champions'. This meant they kept up to date with best practice in people's support needs.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Staff were provided with the training and support they needed to carry out their roles effectively. People and relatives told us they felt staff were skilled and knowledgeable.
- New staff were provided with induction training and supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff.
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.
- The home's training provider commented favourably about the home's commitment to training. They said, "[Manager's] attitude towards training is second to none and she always ensures that her staff receive regular training."

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to sufficient food and drink throughout the day. We saw meals were well presented and people told us they enjoyed the food. Their comments included, "Three excellent meals a

day" and "The meals are lovely." A relative said, "The food is excellent and home cooked."

- Where people required support to eat and drink this was done sensitively at people's own pace.
- The registered manager told us the home had introduced a buffet style breakfast, with people making their own toast and choosing what and how much they had to eat. This had resulted in people eating and drinking more at breakfast.
- A 'hydration station' in the lounge room provided people with a selection of drinks, such as bottles of water, squash and fruit juice, from which they could help themselves. Bowls of fruit were also available.
- People at risk of not eating and drinking enough to maintain their health had their intake monitored and professional guidance sought if necessary.
- In the PIR, the registered manager told us relatives were able to have meals with their loved ones and they found that some people ate better when their relatives ate with them.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interests decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.

Adapting service, design, decoration to meet people's needs

- The home was spacious and well maintained. The lounge rooms and dining room were on the ground floor. Patio doors provided access to a pleasant, secure garden. Toilets and bathrooms were adapted to the needs of people with reduced mobility. Stair lifts provided access to the upper floors.
- People's bedrooms were personalised with photographs and personal items.
- Technology and equipment were used effectively to meet people's care and support needs. For example, rooms were fitted with motion sensors to alert staff when people needed support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception people and relatives told us how well cared for they felt. One person said, "It's very nice here, very good" and another said, "We live in luxury." A relative said, "It gives me so much pleasure to see mum happy and contented."
- Our observations showed staff had developed positive relationships with people and we saw kind, caring and friendly interactions. We heard a lot of laughter and conversation between people and staff.
- People told us staff respected what was important to them. One person told us how they had been supported to bring items from home with them, including furniture, to make their room feel more like home.
- Care plans included information about people's personal, cultural and religious beliefs. The home respected people's diversity and there was no indication people protected under the characteristics of the Equality Act, would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were fully consulted about how they would like to be supported.
- People were offered choices about their day to day support and preferred routine. For example, when they liked to get up and go to bed, whether to engage in the planned activities and what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care. Bedroom doors were closed, and staff were seen to knock and wait for an answer before entering.
- Staff told us they promoted people's independence and encouraged them to as much for themselves as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs. Staff knew people well and were able to describe their likes, dislikes and preferences.
- People's past history and interests were recorded in their care plans and staff used this information to tailor their support and interactions with people.
- Care plans provided staff with information about people's support needs. However, some care plans did not include information about what people were able to do for themselves, although this was well known by staff. The registered manager said they would review the care plans to ensure this information was included.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed a wide range of activities which included opportunities to go out of the home for meals and trips to local places of interest. People told us they particularly enjoyed the regular visits from children from the local nursery school, as well as their monthly visits to a local primary school. A relative told us, "There are a wide variety of inclusive activities which our mother appears to enjoy, particularly the quizzes and music related activities." On the day of the inspection, people enjoyed musical entertainment and a quiz.
- Some people chose not to engage with these group activities and the home gave consideration to providing more one-to-one support, particularly for those people living with dementia.
- Relationships continued with relatives of people who had previously lived at the home, with some attending the home as volunteers. People told us how much they enjoyed being able to keep in touch with them.
- The registered manager recognised the importance of social engagement for people's well-being. In the PIR, they said the home offered a "Great variety of activities to give enjoyment and fun to the residents which has a positive effect on their well-being. Laughter is a really positive thing and it makes a big difference to how the residents feel."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- The registered manager was undertaking a course in British Sign Language to better support people with hearing loss. They were sharing their learning with the staff team.

#### Improving care quality in response to complaints or concerns

- The people and relatives had no complaints but felt confident they would be listened to if they did. One person said, "We don't have any worries" and another said, "If you have any worries, [registered manager] will come and sit with you and talk about it." A relative told us, "We have always found the staff easy to approach with any questions or concerns we may have."
- A suggestion box in the hallway supported people and relatives to share their views about the home.
- Records of complaints were maintained, and actions identified to resolve issues. The registered manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

#### End of life care and support

- People's care wishes at the end of their lives were discussed with people and recorded in their care files. The home prided itself on the level of care and support provided to people and their families at this sensitive time.
- Staff were supported through specialist training and guidance from the local hospice.
- 'Thank you' cards demonstrated the care and kindness shown to people and their families. One recent card thanked the staff for being "Unfailing caring, compassionate and respectful."
- The home provided families with a photograph book containing pictures of their loved ones engaged in activities as a reminder of their time at Chatsworth.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Working in partnership with others

- People, staff and relatives told us the home was well managed. One person told us, "[Registered manager] is lovely" and another described the home as "Brilliant". Relatives described the home as "excellent" with one saying, "I could not imagine a better place."
- Staff told us they felt listened to and the registered manager was approachable. They described the home as a "family".
- The local authority described having a positive relationship with the registered manager.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- Quality assurance processes, such as audits and residents and staff meetings, ensured the registered manager and the registered providers had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- Questionnaires were used to gain feedback from people, relatives and staff. A review of the most recent questionnaire showed very positive responses.
- The registered manager and deputy manager kept their practice and knowledge up to date and attended local provider group forums, such as the Dignity in Care Forum. The registered manager had also undertaken 'Leadership and Management' programme run by the local authority to enhance their management skills and knowledge as well as using this as a source of shared support with other participants.
- The registered manager said all feedback they received was an opportunity to learn and improve. They said in the PIR, "We are a home which is continuously learning, adapting and looking to the future; what is there to help us, improve us, and make us the best that we can be."