Colten Care (1993) Limited

Canford Chase

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an unannounced inspection that took place on18,19 & 20 January 2016. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in July 2013 there were no breaches of legal requirements.

Canford Chase is a purpose built home and is registered to accommodate a maximum of 52 people who require either nursing or personal care. There were 49 people living there at the time of our inspection. The home is well equipped and has good communal facilities which include a café and hairdressing salon.

The home was led by a registered manager. 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 of the people living at the home and visitors told us that they felt safe and well cared for. We received only positive comments about Canford Chase throughout our inspection. Staff in the home were also positive about the home and the service they provided. They told us they felt well supported by the management team that was in place.

People were not always protected against the risks of unsafe management of medicines and risks to their health and safety were not always properly assessed and managed.

People received care and support that was person-centred and respectful. There were appropriate numbers of staff on duty to meet people's needs. People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

You can see what action we told the provider to take at the back of the full version of the 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 not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care were not always properly assessed, and in some instances, action had not been taken to mitigate any such risks.

People were protected from avoidable harm and abuse. Staff were trained to prevent, recognise and report abuse.

Staff were recruited safely because full pre-employment checks were carried out and references were obtained.

Is the service effective?

Good

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of people's needs.

There was a full programme of activities to keep people meaningfully occupied and stimulated.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

Canford Chase

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 was unannounced and took place on 18,19 & 20 January 2016. One inspector undertook the inspection.

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 the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service as well as a health professionals at the three GP surgeries used by people from the home, district nurses, social workers and other health professionals such as Occupational and Physio therapists and community mental health support staff.

We spoke with and met 14 people who were living in the home. Because some people were not able to communicate with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with two relatives, the registered manager and 14 staff which included nurses, carers, senior staff, housekeeping laundry and catering staff. We looked at five people's care and medicine records and a further three people's medicines records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "Everyone here is lovely, I feel I can ask anyone for help if I need it". Relatives that we spoke with told us that they believed that Canford Chase was a safe place for their relative or friend to live.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. We found that there was no assessment or plan of care relating to the skin condition for any of these people. There was no guidance in place to ensure that creams were applied in accordance with the prescriber's instructions. In most cases, the creams had been recorded on the Medicines Administration Record (MAR) but staff were not completing these to confirm administration. We also found that one person had been prescribed a toothpaste to be used twice a day. Again, this was recorded on the MAR but records had not been completed to confirm administration. This meant that people may not have received some of their medicines as prescribed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

We checked the storage and stock of medicines and discussed medicines management with staff. Records showed that medicines were recorded on receipt, when they were administered (other than topical applications discussed above), and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

Staff confirmed that they had received regular training and competency assessments. A recent change in the home meant that some senior care staff had also received training to enable them to support nursing staff. Staff told us they felt confident when administering medicines. We observed a member of staff giving medicines to people over the lunch period. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required" (PRN) which was contained in a care plan. There were pain management care plans in place for people who were unable to verbally communicate. These were based on a recognised tool for assessing pain. Medicines administration records (other than topical applications discussed above), were complete and contained the required information where doses were not given.

There were systems in place to assess and manage risk but these were not always effective. Risk assessments had been undertaken with regard to the management of pressure areas. Where a risk had been

identified, a record had been made to indicate that equipment such as a pressure relieving mattress or cushion was required. Care plans for pressure area care did not clearly state the type of equipment used, how this correlated to the risk assessment and what, if any setting the equipment should be maintained at. There was also no instruction to staff about the frequency people should be turned if necessary. We checked repositioning records for two people. We found that in both cases, the frequency of position change was not documented and staff were not following any regular turning programme. There were gaps between records of repositioning of between two and eleven hours. Records did not always indicate the position the person was moved to or the specific time as a pre-printed form had been used with all times recorded at 1200, 1300. This meant that people were not receiving the care required to either prevent pressure sores or to aid the healing of any wounds.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

Other risks to people's personal safety had been assessed and plans to reduce or manage these risks were contained within their care plans. Individual risk assessments covered areas such as moving and handling, use of bed rails and the risk of falls. Environmental risks were managed safely. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

There were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as any possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Posters with information about safeguarding adults were available in the nursing stations on each floor to assist and prompt staff should they have any concerns. All staff confirmed that they would have no hesitation in reporting concerns to either the registered manager or head of care.

There were enough staff employed to meet people's needs. The registered manager explained that there was a staffing tool used by the home that looked at the number of people living in the home together with their level of need. This information then produced a guideline for the number of nurse and care worker hours that was required to meet people's needs. The registered manager confirmed that this system did provide enough hours and that they could increase the hours if necessary. During the course of the inspection we noted that, whenever people needed assistance, staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

Good

Is the service effective?

Our findings

People told us they felt they were well looked after and had confidence in the staff that cared for them. A relative of a person living in the home told us how difficult it had been for them to hand over the care of their family member to other people but staff had been, "Very reassuring and now I feel I can relax". One member of staff told us, "I feel like I'm part of a family. There has been lots of support and training and there is always someone to ask". Many of the staff told us that the registered manager's door was, "Always open", they were also proud to tell us that the staff team was very stable with many people having worked in the home for a number of years and some since the home opened in 1998. Staff told us this meant that they knew how to work with one another and utilise people's specific skills.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The registered manager confirmed that induction training had been updated in accordance with the Skills for Care, Care Certificate which had recently been introduced. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. Some staff had not completed refresher training within the timescales laid down by the provider. The registered manager demonstrated that they were aware which staff required refresher training and had training sessions scheduled with a trainer to address this.

Staff were provided with support and supervision. Staff confirmed that regular supervisions were taking place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The registered manager discussed a recent staffing situation that had resulted in some supervisions and annual appraisals being delayed. They confirmed that a plan was in place to ensure that all staff received overdue supervision sessions and an annual appraisal as soon as possible. Staff confirmed they were aware of this and there were notices on staff noticeboards confirming the arrangements that had been made.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset, chatting to them about their family or previous events in their life or making use of the café when people needed a change of scene. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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 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). The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

People's rights were protected because the staff acted in accordance with MCA. People and their relatives told us staff provided the care and support they expected and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. The registered manager had ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out. One person had recently become temporarily confused due to an infection. Staff were aware that they were also at high risk of falling. A best interest assessment was carried out to protect the person by placing an alarm mat by the person to alert staff if they tried to mobilise without support.

People's nutritional needs were assessed, planned for and monitored. People were weighed regularly and a risk assessment was carried out to check whether they were at risk of malnutrition or dehydration. Where people were found to be at risk, records of their food intake were kept, additional high calorie drinks and snacks were provided and referrals were made to dieticians and speech and language therapists. The provider was monitoring the fluid intake for one person because they were assessed as being at risk of dehydration. Fluid charts showed that the person rarely even drank half of the target amount that had been calculated to prevent dehydration. There was no information in the care plan about what to do if the person failed to take sufficient fluid and there were no entries in daily records about any action that had been taken to encourage people to increase their fluids. Staff told us that this was discussed at handover and also advised us that, due to the person's other health conditions and history since living in the home, it was very unlikely they would drink more. Discussions and analysis of night reports also highlighted that fluid charts were not being completed over 24 hours and therefore the records were incomplete. This was an area for improvement.

People's likes and dislikes were recorded in their care plans and the chef and kitchen staff were also aware of any special diets, such as gluten free, which people required. The chef had created menus following consultation with the people living in the home and the staff as well as using their own knowledge regarding nutrition. People told us they enjoyed the food. Menu choices were made by people prior to each meal. When people arrived in the dining room, waiting staff brought people's selections to them. We observed three occasions where, having had their meal placed in front of them, or having tried it, people decided they did not want, or like the meal. Staff quickly offered alternatives and these were provided. One person told us, "There's sometimes too much choice as I like everything!".

A number of meal times were observed during the course of the inspection. Meal times were sociable with enough staff available to support people, offer encouragement and generally engage people in conversations.

People had access to healthcare professionals such as GP's, district nurses, occupational and physiotherapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary.

During the inspection we asked health professionals, who had involvement with Canford Chase, for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Good

Is the service caring?

Our findings

People, who were able to, told us that they were happy living at Canford Chase and found the staff to be kind and caring. We also saw that interactions between people and staff were good; staff offered choice, prompted discussions and started conversations with people. One person told us how they supported the same football team as one of the staff and appreciated the discussions they had about recent matches. They also said that the staff member would telephone them on match days to discuss results if they were not on duty. Another person told us how they particularly enjoyed a kind of sweet that was very difficult to buy locally. They told us how one member of staff would go out of their way to visit a nearby town to purchase these sweets when they were off duty.

Various daily routines also had a social element to them; pre-lunch drinks were taken to people on a trolley that had become known as "The Jolly Trolley", people regularly assembled in the reception area of the home to share a drink with one another and the trolley included a wide choice of alcoholic and non alcoholic drinks. People also met there later in the afternoon to complete a daily crossword together lead by a volunteer. The reception area was a main hub of the building for staff and people and whenever staff passed through we noted that they would engage with people, share a joke or try to help with the crossword.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person was not eating well during one of the lunch periods. Staff chatted to them and discovered they were cold so went to fetch them a blanket. The person responded well to this and were soon eating their meal and smiling. During this inspection we spoke with staff from the catering, housekeeping and grounds departments of the home. They told us that the registered manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role. It was clear that they knew many of the people living in the home and had developed positive relationships with them. The gardener held a monthly gardening club which people told us they enjoyed. Building works were taking place at the time of the inspection and some people had made temporary moves to other rooms whilst this took place. The workmen had also become part of the community and spent time chatting with people and updating them on the progress of the work.

Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

People and their relatives were given support when making advance decisions about their care and treatment for end of life care. Staff had undertaken specific training to ensure they could provide people with all the necessary support at the end of their lives and were supported by relevant professionals to do this.

Good

Is the service responsive?

Our findings

Observations showed us that staff were responsive to people's needs. People and relatives told us that they felt their needs were met and that staff were quick to consult GP's and other health professionals such as Parkinson's Nurses and the Diabetic Unit at Poole Hospital.

People had their needs assessed before moving into the home. Assessments were detailed and covered both physical and mental health as well as a person's general well being, social and emotional needs. Assessments were used to create initial care plans so that staff were informed of people's needs and how they should be met. These care plans were reviewed frequently in the first weeks of a person's admission to ensure that all needs were accounted for and plans were in place to ensure needs were met.

People's needs were regularly reviewed, with these monthly reviews being known by the staff and people living in the home as 'Resident of the day'. The monthly review included care plan, medicines and risk assessment reviews and the housekeeping staff carried out a special 'deep clean' of the person's room. There was no evidence in two sets of care plans that people had been involved and consulted during the review. This was an area for improvement.

Where staff identified concerns either through the review process or through daily care provision, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Discussions with staff showed that they had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain. Handovers between staff at the end and start of shifts ensured that important information was shared and people's progress could be closely monitored. We observed one handover and noted that staff were clearly allocated and given information about any concerns or issues that needed to be followed up.

The home employed two activities coordinators and a number of part time companions who also assisted with social activities. During the inspection there were a number of activities that were planned and organised which ranged from individual sessions with people who preferred to stay in their rooms to small activities in the lounge and a trip out to a local beauty spot for coffee and cake in the home's minibus. There was a weekly calendar of activities which was given to people and posted on notice boards around the home. During the inspection there were daily get togethers to read and discuss articles in newspapers, a knitting group, an art session and visitors came to give a talk about a famous historical figure wearing appropriate costumes and bringing various items from the period.

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the

complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and outings.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. A relative commented on how caring they had found the company overall adding that even the head office staff always took time to listen and chat. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

Quality assurance systems, developed by the provider, had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also by clinical and governance staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to both people living in the home and to relatives and friends that visited as well as other visitors to the home such as health professionals and social workers. Surveys were analysed and a report created from the results which included any areas that had been highlighted from the survey as requiring action and a plan with timescales to implement the required actions.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies. They were also undertaking a management of health and social care qualification.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and use of medicines. The risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.