Sanctuary Care Limited

Chadwell House Residential Care Home

Inspection report

372 Chadwell Heath Lane
Chadwell Heath
Romford
Essex
RM6 4YG

Tel: 02089838529

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 11 February 2016. The service met the five regulations we reviewed at our last inspection on 25 November 2013.

Chadwell House is a purpose built care home for 60 people living with dementia. It is spread over six units housing 10 people on each unit on the ground and first floors. The units are all named after authors whose names are easily recognised by people living at Chadwell House.
There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff were complimentary about the management team and described them as approachable. There was an open and inclusive culture and an effort was made to ensure that people and their relatives were involved in care planning and activities that went on within the service.

Care delivered was responsive and bespoke to people's needs. Care plans were comprehensive and contained in depth life histories which were used by staff to actively engage with people. They lay out of the home was conducive and felt homely as it was broken off into six separate units of ten where people lived in communities based on their preferences and interests.

Activities were ongoing throughout the day and were based on people's personal preferences. Regular outings, birthday celebrations and outdoor activities occurred to keep people occupied and engaged. Investment was made to ensure people were kept as active and as independents as possible.

Staff underwent a comprehensive training and induction program. They were supported by regular supervision and annual appraisal. Staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and how it applied in practice.

People told us that they were treated with dignity and respect and that they felt safe living at Chadwell House.

Staff were aware of what abuse meant and how to safeguard people from preventable harm. Appropriate risk assessments and safety checks for people and the environment were completed to ensure people's safety. There were aware of the procedures to follow in an emergency in order to prevent harm.

There were robust recruitment practices to ensure that only staff that had gone through the appropriate checks and had the appropriate qualifications and experience were employed. Staffing was based on people's dependency and both staff and people told us that any absences were filled by other staff.

People were supported to eat and drink sufficient amounts of food according to their preferences. Where needed people were referred to appropriate health care professionals in order to maintain a healthy lifestyle. In addition people were supported to take their medicines at the right time by staff that had been trained and assessed as competent to administer medicine safely.

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. People told us they felt safe living at Chadwell House. Staff were aware of the procedure to take in order to keep people safe in the event of a medical emergency or a fire.

The provider had taken steps to ensure that staff were aware of the procedures to follow in order to safeguard people from abuse.

Staffing levels were reviewed to ensure they enabled staff to support people safely.

Medicines were stored, handled and administered safely.

Risks to people and environment were assessed and update regularly in order to protect people from avoidable harm.

Is the service effective?

Good

The service was effective. People told us they were supported by staff who understood their needs. Staff understood that people's capacity to make decisions was variable and were knowledgeable about the steps to be taken to assess capacity in instances where best interests decisions may be required.

Staff were supported by means of regular supervision and annual appraisal in order to identify any areas for development and excellence. Staff were supported to be leads in aspects of care delivery such as manual handling, dementia and dignity in order to ensure people received evidence-based care staff who expressed an interest in the aspect of care they led.

Is the service caring?

Good

People and their relatives told us staff were polite, attentive, kind and caring. We observed staff responding to people in a timely and appropriate manner. People's privacy and dignity were maintained.

People had access to advocacy services if needed.

Staff demonstrated how they respected people's diversity and treated everyone equally regardless of their beliefs, religion or culture.

Is the service responsive?

Good

The service was responsive to people's needs. People and their relatives told us that care was individually tailored and met their needs. We saw good outcomes for people living with dementia including enabling them to live a meaningful life without the excessive use of medicines

People's preferences, histories and interests were used to enable them to engage effectively in a wide range of activities within the home and in the local community there by reducing people's agitation and aggression.

Care was planned with people and their relatives and reviewed as people's conditions changed in order to ensure people's needs were met.

People were aware of the complaint process and were able to express any concerns without fear of reprisal.

Is the service well-led?

Good

The service was well led. People, relatives and staff spoke highly of the registered manager and senior team. They told us they were involved in care planning and were regularly invited to meetings to discuss activities and issues relating to life at Chadwell House. A residents' committee had been set up and were actively seeking funds for a vehicle to enable people to go out more often.

Several community links were maintained including relationships with the local colleges. In addition the service had received awards for being in the top 20 recommended care homes. They had also received an internal award for their innovative care for people living with dementia and were currently working towards accreditation with the Gold Standards Framework.

Chadwell House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 February and was unannounced. The inspection team included two CQC inspectors 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 we gathered and reviewed information from notifications. A notification is information about important events, which the provider is required to tell us about by law. We spoke to other stakeholders including the local commissioners, Healthwatch and the local adults safeguarding team to gather views about the service.

During the inspection we spoke with 12 people using the service and nine relatives. We spoke with six care staff, the chef, the maintenance man, the deputy manager and the registered manager. We looked at 12 care records and six staff files. We also looked at quality assurance audits, staff rotas for the last three months and service improvement plans.

After the inspection we received two compliments from relatives via email.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted the staff at Chadwell House. People, when asked whether they felt safe at Chadwell House responded positively by saying , "Definitely", "Yes I do really, having people around," and "Yes, staff very nice." Relatives also told us they had no reservations about leaving their relations at the service. One relative said, "Yes, safe because staff keep an eye on them. The whole place is health and safety conscious." Another relative said, "She is treated as part of the community. A lot off my mind now. She's safe here." The provider ensured that people were kept safe and secure by ensuring appropriate health and safety checks were completed.

We observed that there were enough staff to look after people's needs. There were two staff members on each unit looking after 10 people. There was always a member of staff in the communal areas with people to ensure support could be offered when necessary. Rotas we reviewed confirmed this was the normal staffing during the day and that any absences were covered by regular staff or bank staff in order to promote continuity of care. People and their relatives felt there were enough staff to meet their needs. One person said, "Yes I think so." Another person said, "Too many frankly." Relatives also made positive comments about staffing levels which included, "Always enough", and "Yes, day and night." Two out of nine relatives said maybe an extra member of staff at night to help people settle down and let visitors in and out before midnight. We discussed this with the management who was going to find options to reduce waiting times for relatives waiting to come in and out of the service between 2000 and midnight. However staff and management said responding to peoples calls would always take priority.

Recruitment procedures were robust and ensured that only staff with the required skills and characters were employed. We saw evidence that an application, interview and reference check process was in place in order to safeguard people from staff who were not deemed suitable to work in social care. Disclosure and barring checks were also made to enable the provider to make safer recruitment decisions. New staff were not allowed to start work until all the necessary checks were completed.

Staff were aware of the procedures in place to safeguard people from harm. Staff were able to tell us how they would recognise and report any witnessed or alleged abuse. There were aware that the local safeguarding team would investigate and that CQC would be informed. Staff told us they had attended safeguarding adults' training and were aware of where to locate the policy. The provider had taken appropriate steps to ensure that people were protected from harm.

There were procedures in place to deal with foreseeable emergencies. Staff were aware of the procedure to follow in an emergency. They were aware of the incident and accident procedures to follow and any recommendations made after incidents had been investigated. Five out of the six care staff we spoke with had recently attended fire training. All were aware of the evacuation procedure but were not always aware that each person had a personal evacuation plan. We found that most of the personal evacuation plans we reviewed had no evaluation date specified. This was brought to the attention of the registered manager and we were assured they would record when the plans were evaluated. Fire exits were clearly labelled and we saw an evacuation chair on top of stairs with instructions beside it.

Medicines were managed safely. Medicines were only administered by senior staff who had been trained and assessed as competent. Staff members who administered medicines told us they attended refresher training and were aware of the procedure to order, receive and return medicines. We looked at 16 medicine administration records (MARS) and monitored dosage systems for eight people and found no discrepancies. Allergies were clearly identified as well as the signature of people deemed competent at administering medicines to ensure accountability. Controlled medicines were stored securely and checked daily to ensure there were no discrepancies.

Individual risk assessments were completed and reviewed monthly in order to ensure that staff were aware of how to manage and mitigate the identified risk. Moving and handling, falls, physical dependency, cognitive dependency, nutritional risk assessment, Waterlow (skin integrity), continence and medicines were all reviewed regularly with a clear rationale for action taken. We saw examples of how nutritional risk assessments outcomes had resulted in supplements for a person with reduced appetite. People were kept safe as efforts had been made to anticipate and mitigate risks before they occurred.

The premises were maintained in good decorative order and risks in relation to the environment were assessed and reviewed. Mattress checks and night checks (hourly checks to ensure people were ok and the environment was safe) were evident in all units. Clean and serviced equipment including fire extinguishers were available on all units. Staff were aware of how to use equipment and how to report any faults in order to ensure that equipment was always safe. On each unit we reviewed a book in which staff logged all faults and we saw that these were rectified by maintenance staff in a timely manner in order to keep the environment safe and secure. The maintenance staff showed us evidence that all necessary maintenance and service checks such as fire, gas, electric, lifts and hoists were up to date in order to ensure that the premises and equipment were safe.

Good

Is the service effective?

Our findings

People told us that staff understood how to support them effectively. One person said, "Yes, they [staff] do (a good job). Friendly and would help if you need it." Another person said, "They are good. Nothing against them." Relatives also made positive comments about the staff such as "Think they do an excellent job, I really do, and more importantly mum does." Another relative told us, "Excellent job. Caring. Some go way above what is expected of them."

Staff understood the needs of people they supported. Their current knowledge about people sometimes exceeded the information written in the care plans which evidenced an effective relationship and working practice. Staff were aware of people's preferences and life histories and could demonstrate how they delivered care effectively. We saw evidence of regular supervision and annual appraisals in order to enable staff to support people effectively by identifying objectives and a development program. When staff started they underwent a comprehensive induction program which included the fifteen Care Certificate standards (a set of minimum standards that social care and health care workers stick to in their daily working life).

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. Staff were aware of the need to gain consent from people before supporting them. Staff had attended training on the MCA and were aware that people could have variable capacity. They were able to tell of occasions where best interests decisions had been sought in order to protect people's rights.

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). Staff were aware of the people currently subject to authorisations to be deprived of their liberty under DoLs. We verified this in the records we reviewed and found that appropriate procedures had been followed before people were lawfully deprived of their liberty in their best interests.

People told us that the food met their needs and preferences. One person said, "Food nice, never had a problem." Another person said, "Very nice, can't find any fault here." Eight out of the nine relatives we spoke with confirmed that the food was good. Only one relative thought the tea time choice could be improved. One relative told us, "Mum's appetite is poor, they encourage her but don't force her to eat. They also give her vitamin drinks." Another relative told us, "She eats when she wants. They will make her something later if she doesn't eat her meal." We observed that food was served in a timely manner and people who needed assistance were supported at a pace that suited them. Weights were monitored regularly and appropriate referrals were made where weight gain or loss was noticed in order to promote people's well-being.

We observed briefly over the lunch period on three units and the food looked nice and people ate their meals. There were menus on the tables which showed what was on for breakfast, lunch and supper.

However, these were not presented in an easy to read way such as with pictures for those who might not comprehend the written word or know what the words meant. Staff told us and we saw them showing people the options available once the food was plated. There was a good choice offered at each meal and people were encouraged to ask for something else if they didn't like the choice available.

We observed water, squash and drinks were available throughout the day and hot beverages were offered at regular intervals. Freshly baked cake was served at tea time. Staff were aware of people who were on special diets and gave people the recommended diet. The chef showed us that necessary food segregation, stock rotation and food temperature probe checks were completed to ensure that people were given food that was in date and served at the correct temperature.

People and their relatives told us that they could see a doctor when required. One person said, "Yes I have seen a doctor, several times." A relative commented that staff always spot whether her relative was unwell and call the doctor if needed. We saw evidence that eye tests, chiropody and dentist visits took place when required. District nurses and Macmillan nurses were involved in care and treatment where required. In addition people were supported to attend hospital appointments when required. Where possible people were visited by staff whilst in hospital and if appropriate a willing person from their unit would also visit.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were always caring, attentive and polite. We saw feedback from a relative that said, "in short both my mum and I are so glad that we found Chadwell House; it has had a positive impact on both our lives." Another relative said "My mum is currently able to tell me how she finds the home and regularly informs me she is happy and how kind staff are to her." Other relatives said staff were "Brilliant, very caring. Very genuine," "Very caring, always approachable, I'm very happy" and "Very family orientated, very warm." One person said, "Staff are nice." Another person said "staff are very good to me." People and their relatives consistently gave positive feedback about staff and the managers and the way they supported people and built positive relationships.

People were treated with dignity and respect and told us that their wishes were respected. We observed that when people called for support staff responded quickly. People were assisted to go to the bathroom in a timely manner. Staff knocked and waited for a response before entering peoples' rooms. They addressed people by their preferred names. The individual rooms enabled privacy and the lunch we observed when one person did want to eat with the others their choice was respected. During lunch we observed on three out of the six units staff were calm, unhurried and very caring. Staff were gentle, respectful and created an atmosphere of a family meal. Throughout the day we observed staff going up to individuals and sitting with them, asking them if they wanted anything. Some people joined in a communal activity whilst we were there and those who didn't want to (or were unable) to join in were given care in their own units.

People were supported to have a pain free and dignified death. Staff told us that they were able to support people at the end of their life as well as their family effectively as they would have already built a rapport with people and their families. We saw thank you notes dated between April 2015 and January 2016 from relatives and friends expressing their appreciation for the care given before, during and after people were at the end of their life. One note read "Words cannot express the gratitude we feel for all the help and comfort you and the staff have given us and continued to give us at this difficult time." Staff told us that the registered manager or a member of staff would usually attend funerals and this was confirmed in the feedback and thank you notes we reviewed.

Staff told us that they encouraged people to be as independent as they could be. We saw staff encourage people to mobilise independently and guide them gently to get up from the chair. They let people move at their own pace. Relatives told us they were happy with the support people received with some saying that people's mobility and confidence had improved so much that now family were comfortable taking them out for a meal or a coffee.

Information was available about activities, complaints and meal times in a format people could understand. The "residents information guide" was pictorial and in large print to make it more user friendly. A monthly newsletter "Chadwell chat" was also compiled highlighting events that happened the previous month, upcoming events, birthdays, new people and any new staff starting. Information on activities taking place was also displayed on noticeboards to keep people and relatives informed of events taking place that week.

People's diversity, religious and cultural preferences were respected. One person said "I think I am treated well and my beliefs are respected." Staff told us they attended equality and diversity training and that they treated people as individuals and respected people's beliefs, wishes and backgrounds. They gave examples of how people's wishes to have same gender staff deliver their personal care were respected. In addition communion for the sick took place weekly for those who wished to participate and a person was supported by staff to attend a local church when they wished.

Relatives we spoke with had been involved with the people's care plan or if they hadn't personally then another member of their family had. One relative said, "I am also regularly updated about my mother's care." Another said, "I attend and contribute to discussions about mum's needs."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People and their relatives told us that the care adjusted according to their needs. One person said, "I am happy with the care I receive. Staff listen and treat me well." Another person said, "Plenty to do if you want to but I mostly read."
One relative's feedback read "Chadwell House recognises individuality and care is person-centred." Another relative said, "I am kept up to date and have discussions with staff about any health concerns and appropriate action is taken." A third relative said, "The manager and deputy act very quickly if they notice any change and get doctors involved." Another relative told us "Care is proactive, so on the ball."

We found good outcomes for people living with dementia. Several relatives told us, and care records showed how people's well-being had improved since they moved to Chadwell House. People had an individualised support plan that suited their needs. For example, we found that a person since living at Chadwell House had improved their quality of life. When they moved in they needed help with all personal care, refused to engage and had behaviours that challenged the service at times. Relatives and staff said how the person had improved within three months as Chadwell House worked with several professionals to find medical and non-medical methods to improve wellbeing by becoming more mobile, more involved in activities and going out with their family.

An effort was made to ensure that people's life histories were compiled and that memory boxes outside people's rooms were all complete and useful resources. Use of the detailed memory books was used as a good way of helping staff understand each individual and their likes and dislikes and personal histories. There was a general knowledge amongst the staff about each person and their individuality. Staff demonstrated how they used people's past to engage with them in. In addition none of the people living at Chadwell House were on any antipsychotic medicines as behaviours and moods were managed without the need of these medicines and thereby helping to improve their quality of life.

Throughout the day we observed staff responding to the needs and wants of people rather than fitting people into their day. Although there was communal activity people were asked if they wanted to join and this was done in a fluid and unhurried manner. Time and attention was given to those not joining in and we observed people sitting in the lounge reading papers, doing word puzzles. One person was doing a jigsaw puzzle and staff interacted with them regularly. Staff weren't sitting away at desks but in the heart of the units with the people they supported.

People were constantly involved in activities that interested them. In addition people tended to stay on units with people with the same interests, for example on one unit a lot of the people were into crosswords and puzzles whilst on another unit they liked to feed the hens. There was a main atrium where people from all the units met to do activities such as bingo and karaoke. Meaningful exercise such as special squeezing toys were also used in order to improve people's grip particularly for people with arthritis (a condition that can cause stiffness). We saw photographic records of varied engaging activities such as tenth anniversary of the service, barbecue in August 2015, a visiting choir, a 104th birthday celebration and a visit from the Mayor. Staff and people also spoke of an animal sensory therapy show, musical memories and a recent day trip on

Harlow canal in memory of a person who recently passed away. In addition, the service offered sessions of Jabadao dancing, a technique of using movement as a language. People and their relatives spoke highly of this and told us it was an enjoyable experience for people.

Pet therapy was also in use with one of the units looking after chicken and rabbits. We were told that people went out to collect the eggs laid by the chicken. There was also a bird in the main atrium as well as two resident cats. We saw several people interacting with the cats throughout our visit. The pet therapy provided stimulation which according to enabled people to maintain function, reduce depression and agitation as well as modifying other distressing symptoms of dementia.

Care plans were person centred and detailed people's physical, social and emotional needs. Staff were aware of people's current needs and a key worker system was in use to update care plans. 11 out of the 12 care plan were up to date with the exception of one care plan which was updated a few days after the inspection. However, although the care plan was not yet updated there was evidence in the daily records that an appropriate referral had been made for a Speech and language therapist to assess and that all staff were aware that the person was on a soft diet.

People and relatives were actively encouraged to give their views and raise concerns or complaints. They were aware of the complaints procedure and told us that they would not hesitate to raise concerns and were confident that their concerns would be heard either as individual complaints or as issues raised during the regular "residents meetings." One relative said, "When mum first came I made a complaint it was quickly dealt with by staff." Another relative said, "There have been the odd problem with her hearing aid but nothing else." The management saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt that the responses to their concerns were dealt with in a transparent and honest way. Investigations following complaints were comprehensive and tried to come up with a solution, for example sewn on clothing labels instead of iron on labels to minimise laundry errors.

Good

Is the service well-led?

Our findings

People told us that the registered manager was supportive. They consistently described staff and management as supportive, approachable and willing to listen. People's comments included, "All nice people. Things run smoothly here", "Staff are nice", "Managers do a good job. We're very comfy here." One relative said, "I think [the registered manager] is marvellous she is very approachable and has a real feeling for the home." Comments from other relatives included, "Manager very approachable, not patronising. Mum's clothes are always clean", "Both manager and deputy manager are terrific, ensuring nothing slips. Mum's room is spotless", and "Excellent, couldn't do better. Knows what's going on. Very approachable. The mother figure." All comments about the registered were positive.

Both the registered manager and deputy told us and showed us evidence of how they continually tried to improve the experience of the people living at Chadwell House. This was done by sourcing resources, training staff and role modelling good behaviours and values that depicted the provider's vision and values. Staff were aware of the vision and this was evident in the way they interacted with people ensuring that meeting their needs was at the centre of how support was delivered.
Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. There was strong and consistent leadership evidenced by multiple awards relating to innovating care in managing people living with dementia. These had been won consistently since 2013 both within the provider group of homes and externally. Internal awards included "most creative and innovative service", "Dementia excellence" and "best performing Home in the East Region". Externally Chadwell House had been in the top 20 recommended care homes in London for three consecutive years. The registered manager showed us evidence that they were working towards accreditation for the Gold Standards Framework programme (GSF) in order to assure quality end of life care within the service. In addition they were rated in the top ten in the national care homes awards in the region several times.

The service worked in partnership with other organisations to make sure they followed current practice. They strove for excellence through consultation, research and reflective practice. This was evident in a piece of work completed jointly with the College of Optometrists investigating the prevalence of visual impairment and accessibility to eye care services for people with dementia.
The staff we spoke with were very loyal to the service and were proud to work at the service. They felt valued and respected, and recognised for their hard work. For example, there was a scheme in place that nominated staff for an award for going the extra mile and keeping the provider's values of "Keeping kindness at the heart of our care". The administrator had won this award titled "Kindness Award" for 2015 for their work during the absence of the registered manager.

The registered manager had links with the community and actively involved a local ladies choir and a local school regularly to come and interactively entertain people. In addition entertainers also came for shows and interactive pantomimes. They had recently successfully sought help from The Prince's Trust in order to get help with the garden from a local charity. In addition the relatives' committee was actively seeking and raising funds to obtain a minibus in order to make it easier for people to go out on regular outings.

People told us they could express their views and that they were listened to. We reviewed a satisfaction audit dated 2015 based on 40 out of a possible 58 people rated communication and information as 95%.Visitors told us they were welcomed and encouraged to contribute ideas to the home by the registered manager and the deputy. There was an open and honest culture where people, their relatives and staff were encouraged to discuss any issues. One relative said the registered manager "positively seeks and welcomes relatives feedback on care provided. This is both refreshing and reassuring for me. They have developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always act upon."

There were robust governance systems in place to ensure individualised and high quality care was delivered. Regular audits on all aspects of care delivery such as infection control, medicines management and record keeping were rated red, amber or green to ensure that any areas scoring in the red or amber zone were rectified. Detailed action plans with named people responsible for ensuring the score and quality improved within a specified time frame were evident. The frequency of the quality audits was also based on the audit scores. In addition a staff survey based on 13 responses had identified two areas for development which had actions around engaging more with staff by reviewing communication processes. The detailed records kept by the maintenance man and a premises management audit showed a very robust approach to safety and quality of the environment.