

Care UK Community Partnerships Ltd

Chalfont Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 2 August 2016.

Chalfont Court is registered to provide accommodation and nursing care for up to 46 people, some of whom may have dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they knew the people they supported well. Relatives we spoke with described the staff as very good and caring. We observed that staff were not always able to support people in a timely manner and focused on the task at hand rather than the person. This had resulted in a person becoming distressed during our inspection.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits such as GP appointments, optician appointments, chiropodists and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

We found the provider was in breach of a regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. 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?

Good ●

The service was safe.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Requires Improvement ●

The service was not effective.

Interactions with staff and people using the service was sometimes task orientated and not person centred.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was always responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The service had recently employed a new manager.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Chalfont Court

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 the 2 August 2016 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who had been in a care home environment.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with the registered manager, regional manager, deputy manager, eight care staff, 11 visitors, a visiting healthcare professional and nine people who use the service. We looked at eight care records, three recruitment files and all the training records for staff employed by the service. We also reviewed information on how the provider managed complaints, how they assessed and monitored the quality of the service, and reviewed Deprivation of Liberty Safeguards (DoLS) applications and safeguarding alerts for the home.

Is the service safe?

Our findings

All the people we spoke with felt safe in the home and this was also confirmed by relatives. One person said, "I feel safe." Another person said, "I feel safe. Definitely fairly happy here." Relatives we spoke with also said that their relative was safe living at Chalfont Court. "[Relative] is safe here" is what one relative said, while another told us, "[Relative's] safe and not pressurised."

We saw that the home was split into two units. One which was dedicated to people with higher needs and dementia, and the second unit was for elderly and frail people. Each room had an electronic call system for summoning assistance, with separate buttons for "Emergency" and "Assistance". A few people said that they did not get a very quick response if they called when staff were busy, and one said that it was due to the long shifts that staff worked.

We observed that precautions had been taken to keep people safe. These included windows having limited openings, stairs and lifts were guarded by combination keypads and codes were on display for those people who had capacity to use them safely. Toilets and bathrooms had non-slip floors and we did not observe any obvious hazards. A standard fire notice was displayed near the front door and the fire alarm was tested weekly.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety.

Staff were able to explain the procedure for reporting concerns to outside agencies in line with the home's policies. A member of staff said, "Keeping people safe is important, we always have to protect them." Staff told us that they protected people from every day hazards in order to keep them safe. For example if they saw that another member of staff had not moved a person in line with the correct procedures then they would report it. The member of staff said, "If I observe bad moving and handling, I would report it to the manager straightaway." We observed one person being supported by staff to move using a hoist. We saw that staff assisted the person safely and ensured that they felt comfortable and safe in the equipment.

Staff told us that through detailed record keeping, they were able to identify changes in peoples' behaviours quickly and act on any concerns. Staff said, "We are so close with these people, I am also a family member, so I know when something isn't right." Staff recorded and reported on any significant incidents or accidents that occurred.

Individual risk assessments had been undertaken in relation to people's identified support needs and regularly reviewed for potential risks, including falls, moving and handling, the risk of developing pressure ulcers and nutrition. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Where the risk assessments had identified potential risk, we saw that staff acted appropriately to minimise this. For example, a person's behaviour had prompted staff to

seek advice from local healthcare professionals and additional support was put in place to support the person and keep them safe, as well as keeping the staff safe.

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began work. These included Disclosure and Barring Service checks (DBS) and references were completed to confirm that staff were suitable to support people safely. Where staff needed to have been registered with a regulatory body, for example, nurses, this had been completed and kept under annual review. This enabled the manager to confirm that staff were suitable for the role to which they had been appointed.

We observed that there was sufficient staff on duty to meet people's needs. People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, there was always two staff available to support them safely. Staff told us that they would never assist someone on their own if the person required more than one person to assist them. They said, "I would refuse if I was asked to support someone who needed additional help on my own." Staff had regular handover sessions to discuss any issues or concerns they had about people at the service. From these meetings, staff would discuss any additional support requirements. One member of staff said, "If we need extra staff in, then they will always find more staff." We noticed that agency staff were used to fill gaps in staffing numbers. When we spoke with the agency staff, they were all familiar with the home and the people. The regional manager told us that they did have to use agency staff to bridge the gap in staffing numbers, but that all agency staff were regular and therefore familiar with the home and the people using the service.

Medicines records instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN) and how a person should be supported. People's medicines were stored securely in a locked cupboard within a locked air conditioned room. There were robust medicine audits that identified any issues in a timely fashion to ensure medicine errors did not happen and if they did, could be rectified quickly. Staff were aware of people's routines and did not rush them to take their medicines and if people refused to take their medicines, this was recorded. One member of staff said, "We always have checks and give them drinks. I encourage them to take their medication but if they refuse we contact the GP. I do not leave medication on the table, I will make sure they take it before I sign for it."

Is the service effective?

Our findings

We observe throughout the day that staff were busy focusing on tasks and therefore sometimes unable to respond to people quickly. For example, we observed that three to four staff serving people's lunch had not noticed that a person had been calling for sometime for assistance to use the toilet. We saw that the person became distressed, so we had to intervene and ask staff to assist them. Although we had told them that the person was in need of personal care, the member of staff who came over sat with the person and encouraged them to eat. It was not until the person became further distressed and asked to be taken to the toilet that the member of staff told a colleague. Both members of staff left the room, but they did not return with a hoist as we expected. The person was eventually supported when we had asked another member of staff to support them. We raised this with the manager who advised us that they would speak with staff about what we had observed. We further highlighted our concerns that we had to intervene twice before the person could receive the support they needed. This showed that during lunch, staff were task led and did not always provide person centred care.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. One member of staff said, "We get told how best to support people when we start." While another member of staff said, "[People] are happy with the care. They show that they are happy. When they are comfortable then their behaviour is different, when they are unhappy then the behaviour changes."

People we spoke with said that the home was able to cater for their needs which meant that they were provided with the care and support they needed. One person said, "The staff ask me if they can do things for me." While another person said, "I have no trouble with the staff." Relatives we spoke with also said that staff were effective in how they supported their relatives. One relative said, "I think they do well." We observed that when relatives came to visit, staff would give them access to quiet areas where they could sit with their relative and talk.

The relatives we spoke with were complimentary about the staff that provided care and said that their relatives were supported by a consistent group of staff which meant that they were able to get to know their relative well. Staff were able to support people who exhibited behaviour that could be challenging to others. Staff said that if a person was confused or exhibiting such behaviour, then they would offer them a drink or try and distract them in order to calm them down. One member of staff said, "To divert their attention, I will give them a hug. I keep a calm approach with them." This showed that staff knew the people they were supporting and how best to keep them safe.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us they received training to help them undertake their roles. One member of staff said, "The training is good, I have done manual handling, safeguarding, diabetes, and

dementia training." We observed that senior staff worked alongside the qualified staff to support them to provide effective care to people. One member of staff told us, "I got to shadow other staff until I was comfortable to do it on my own."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity 2005 and Deprivation of Liberty Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans to show that they consented to the care provided by the staff.

We saw documentation in the care plans that indicated that staff understood about capacity and the need to assess those people who lacked capacity in certain areas to ensure decisions were made in their best interest. We saw that family members and health professionals had been appropriately involved and that a record had been kept. Some people's care files included information that confirmed that any restrictions to their freedoms had been correctly considered, although decisions from the local authority were not always available because they had yet to be authorised.

Staff supported people where possible to maintain a healthy weight. Daily records documented people's daily health needs and interventions from qualified nurses where this was needed to keep people healthy. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. Staff recorded fluid and food intake where it was deemed necessary to monitor how much a person had eaten or drank.

We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion. We found that there were mixed views regarding the food. One person said, "The food is all right when you get it, but the staff are slow." While another person said, "The food is okay and I'm asked to choose lunch the day before." Some people were not too keen on the food available, including one person who said, "The dinners are dreadful, but the cakes and puddings are good." Another person said, "The food is quite good, but plain. It has improved with the new Chef." Relatives however were all positive about the food. One relative said, "The food is excellent" and another said, "[Relative] asks for any food and gets it." We saw that people were given a choice of breakfast and lunch menus and all looked appetising.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff told us that any of them would call a GP if a person needed to be visited. Care files confirmed that health professionals were involved in people's care as needed. For example, an optician, a dentist and a chiropodist had visited people living in the home in recent months.

Is the service caring?

Our findings

People using the service and their relatives told us that the staff were kind and caring towards them. One person said, "The staff are very good, they are kind and polite in general." Throughout the day, we observed a friendly working relationship between staff and the people using the service. Relatives we spoke with also confirmed to us how friendly and approachable staff were. One relative said, "The staff are absolutely brilliant and she's treated well." The home operated an 'open door' policy for visitors and we saw a steady flurry of relatives come and go throughout the day. Staff interacted with people in a caring manner and we observed one member of staff giving people hugs when they greeted them. One person we spoke with said, "I'm very happy here, the staff are wonderful, marvellous, and I have a lot of fun with them too." While another person said, "It's not too bad, I'm all right and don't want any changes."

Staff were helped to care for people in ways that people preferred by having information available to them about people's likes and dislikes which was recorded on admission and added to regularly. We observed that staff were busy throughout the day, but there was always staff around to interact with people. We did however observe that one person was sitting away from other people and although there were three members of staff in the room, they were too busy with other tasks to notice that the person was calling out to them. We observed that the person became distressed and therefore we had to intervene and ask staff to assist them. The person did not have any means by which to get attention from staff other than to call out, but as staff were busy with other tasks they did not hear them call out. When staff did come over, we observed them to say, "Oh I didn't realise you were round here." We spoke to the registered manager about our observations and they said that they would speak to staff about what we had observed.

Staff told us that they generally worked on a specific floor, but would assist on occasion on other floors if needed. Staff said that this allowed them to get to know the people they were supporting and form a bond with them. One member of staff said, "I love working here, I love it." A relative we spoke with said "[Relative] is fortunate coming here."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, bathroom doors were closed when personal care was being provided and staff knocked before entering people's rooms. A person using the service said, "The staff knock on my door and they are very nice." A relative said, "I think they treat her with respect."

People and their relatives confirmed that they were involved in making decisions about their care. Care records we looked at showed that people were involved and supported in their own care, and decisions. We found that records detailed why people had not been involved in decisions about their care and there was evidence in the care plans that people and/or their families had been involved in expressing their end of life wishes. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. A relative told us, "The staff treat [relative] well and ask [relative] if they can do things for them." Another relative said, "[Relative] and I are happy here and [relative] is well looked after."

Staff promoted people's choices and gave them independence where it was possible. For example one care staff told us that they would encourage people to do as much of their personal care as they could. They said, "I encourage them to do as much as they can themselves." We also saw that people were encouraged to lead in activities within the home. For example one person had an interest in quizzes, so staff encouraged them to host quizzes for everyone.

Staff helped and supported people in meeting their needs and knew them well and understood their mood states and were able to identify any changes in them quickly. Staff told us that they monitored people's daily records and if someone was not themselves then this would be reported. For example if they noted that a person's ability to move with some assistance had deteriorated, they reported this and actions were taken to ensure the person was okay. We saw on the day of our inspection that steps had been put in place to support a person whose behaviour had deteriorated. The home had called the relevant agencies for support and steps were being taken to support the person and the staff.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them moving into the home. We saw that people could move around the floors and participate in activities together.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. Care plans had been written in detail and kept current. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered in order to provide consistency. For example the reader would know the way a person liked to be moved and the equipment, including the size and make of the equipment needed to move them safely. People had also signed an agreement to the use of bed rails and had also expressed the gender of the staff they preferred to provide care to them and the name by which they liked to be called.

Staff respected people's cultural and religious beliefs. They told us that if a person wished to practice their religion, then they would facilitate that for them. One member of staff said, "I will sit and pray at night with [person]." A member of staff also gave us an example of a person with specific food preferences, they said, "[Person] misses home cooked meals, so we encourage the family to come in a use the kitchen to prepare some food." Care staff told us they completed the daily notes as soon as possible after providing care and they reviewed people's care regularly.

The home had two activity coordinators, and their weekly and monthly activity programmes were displayed on notice boards. These included such activities as one-to-one sessions, ornament- making, cake baking, modelling, Po-Ke-No, jazz sessions, games and puzzles, sing-alongs, knitting, art, quizzes, and bingo. We observed both coordinators organising activities in the lounge. Those people who did not wish to leave their rooms to take part in activities were given the opportunity for one-to-one sessions which were tailored to their interests. Some of the people said that they preferred trips out, but we were told that there was no driver available for the minibus.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service, and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising concerns they might have about the care provided. We saw that the complaints received by the provider in the past year had been investigated and acted on in accordance with the provider's complaints policy. One person using the service said, "I've got no complaints." While a relative said, "I cannot complain about anything."

Is the service well-led?

Our findings

The service had recently employed a manager who was in the process of updating processes and restructuring staffing. Everyone spoke highly of staff employed at the service. People spoke positively of the changes and one person said, "The home has improved since having the new management." Another person said, "I see the manager when she comes round."

The service demonstrated an open and transparent culture throughout. A member of staff said, "Everyone gets along, there's no issues. We make mistakes, but there is honesty and transparency when we make them." Another member of staff said, "There is always someone in charge." Staff and relatives we spoke with felt the home was well run and the recent changes had a positive impact.

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening. One member of staff told us, "There have been some positive changes, the manager is tough but organised, she prioritises things and encourages team work."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The management team understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.