Chilton Care Homes Limited

Chilton Croft Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection on 09 and 10 October 2014. This was an unannounced inspection.

Chilton Croft Nursing Home provides accommodation for persons who require nursing or personal care for up to 32 people. Some people also have dementia and a physical impairment. There were 22 people living in the service when we inspected on 09 and 10 October 2014.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager also owns the company.

Previous inspections of this service dating back to August 2013 found the registered manager did not have systems in place that assessed and monitored the safety and quality of service. Our last inspection on 04 June 2014 found the provider had failed to implement an effective quality monitoring system. Additionally they were not meeting the requirements of the law in relation to the

Summary of findings

care and welfare of people, medication and consent to care and treatment. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. Although the registered manager had implemented a quality assurance system, this was not being used effectively. They were unable to demonstrate how they identified where improvements to the quality of the service were needed. They had failed to recognise and address issues identified by us, in relation to staff recruitment, induction and training. This resulted in a failure to ensure that staff recruited were suitable to work with older people, and had the right mix of skills, experience and knowledge to meet their needs.

We found there was a lack of proactive managerial oversight to ensure that risks to people's safety and welfare were being identified and managed. CQC and other professionals have to point out the shortfalls in the service before improvements are made. There is an over reliance by the registered manager on a senior member of staff to make the required improvements. Other professionals who have had involvement with the service have shared their concerns with us about the ability of the registered manager to identify and sustain areas of improvement, should the senior member of staff be unavailable.

The culture of the service was not always open and transparent. Records showed that CQC reports were not discussed or commented on at relatives meetings or letters. This did not provide open and honest communication about CQC's findings and the key challenges facing the service to those that used or are involved with it.

Improvements to the service were found in some areas. People and their relatives told us the service was a safe place to live. Staff understood and described how they could recognise various types of abuse. They knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring and respectful manner.

People, or their representatives, were involved in making decisions about their care. People's care plans were reflective of their health needs and contained information about their ability to make decisions about their care and support. Where people lacked capacity, we saw that decisions had been made in their best interests. In line with recent changes to the law a number of Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority to make sure people's legal rights were protected. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People spoke highly about the quality of the food and the choices available. Their nutritional needs were being assessed and met.

Everyone we asked said they would be comfortable to raise any concerns with the registered manager or a senior staff member. People confirmed that where they had made comments about the service they had been kept informed of the changes made.

We found a number of breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe. Staff induction and recruitment processes did not protect people from staff who may be unsuitable to work with older people.

People and their relatives told us they felt the service was a safe place to live. The provider had systems in place to manage safeguarding concerns and people's medicines.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff did not receive effective induction, monitoring and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities.

People told us that they were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where a person lacked capacity Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People told us there was always plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring. People told us that staff respected their privacy and dignity and supported them to maintain their independence.

People and their relatives told us they were involved in making decisions about their care and these were respected.

People told us staff treated them kindly and we observed warm and caring interactions between staff and people who used the service.

People were supported to maintain important relationships. Relatives told us there could visit at any time and were always made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People's needs social needs were not being properly assessed, planned and delivered.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual health care needs were met.

Summary of findings

Is the service well-led?

The service was not consistently well led. The registered manger does not have systems in place that proactively identify, address and learn from risks.

Shortfalls in the service have to be pointed out by CQC, or other professionals, before action is taken to ensure the service is operating safely.

The culture of the service was not always open and transparent. The registered manager sought people's views and experiences through surveys and shared information through monthly newsletter and meetings. Only positive feedback was given to people and their relatives, which did not provide open and honest communication about the key challenges facing the service.

Requires Improvement

Chilton Croft Nursing 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 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 took place on 09 and 10 October 2014 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of supporting people with dementia.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC.

We spoke with 14 people who were able to express their views and 11 relatives. We spent time observing care in the lounge and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

We looked at records in relation to nine people's care. We spoke with 11 staff and the registered manager, who is also the owner. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Before our inspection we received anonymous concerns about the process undertaken to recruit staff for the service. We looked at recruitment records, talked with staff and discussed the recruitment process with the registered manager. The recruitment process did not protect people from the risk of harm. For example, we were made aware that one prospective employee had been asked to assist people to eat during their interview to assess their suitability for the post. This person had no previous experience of working in care settings. The registered manager confirmed that prospective employees were being asked to assist people to eat as part of their interview. No assessment had been made about the risks to people or the suitability of a person to work before appropriate checks had been made. Additionally, gaps in the person's previous employment history and the reason why they left their last place of work had not been thoroughly explored. There was no written explanation recorded about these decisions. References had not always been sought from the person's previous employer that related to their conduct whilst working in other care services. Neither did the interview questions fully explore the persons, skills, experience and suitability for the role to establish if they were of good character and were suitable for the role they were to perform. This is a breach of Regulation 21 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

We asked people if they felt safe living in the service and what safe meant to them. All people spoken with gave positive comments with regards to feeling safe. Comments included, "I feel safe all the time" and "It is a safe place."

One relative told us, "My [person] is very safe here and that gives me peace of mind that they are looked after." Another told us, "All the carers and the nurses seem to be on the ball, I can rest assured that [person] is being looked after."

Staff confirmed that they had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistle blowing procedures, and their responsibilities to ensure that people were protected from abuse. Staff understood and were able to describe various types of abuse and knew who to report any concerns to. They were able to give us examples where they had raised concerns and as a result the delivery of care had improved. Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way, which protected people's dignity, rights and their safety.

We looked at nine people's care plans and found that risks to their health and welfare were being assessed and managed appropriately. For example, assessments were in place that evaluated the risks to people developing pressure ulcers, malnutrition, reviewed their mobility and risk of falls. Pressure ulcers are a type of injury that breaks down the skin resulting in an open wound. They are caused when an area of skin is placed under pressure.

Guidance about the action staff needed to take to make sure people were protected from harm was included in these risk assessments. We saw evidence in daily records that showed staff were following the guidance recorded within the risk management plans. For example, where a person was on permanent bed rest and at risk of developing pressure ulcers, we saw that staff were completing food, fluid and turn charts to monitor their condition.

People had varied opinions on staffing levels. Four people told us that their needs were met quickly whilst one told us, "Sometimes they do rush with personal care, this happens when they are busy."

The registered manager was unable to demonstrate how they determined the staffing numbers required to meet people's needs. At the time of this inspection the service was not fully occupied. They had no current system in place to demonstrate how people's changing needs or new admissions may affect the level of staffing required. However, the registered manager showed us a dependency assessment document being introduced to assess staffing levels against the needs of the people who used the service.

New arrangements had been implemented to ensure people's medicines were obtained, stored and administered safely. Discussions with nursing staff and records seen confirmed that medicines were being consistently managed in a safe way, which meant people who used the service were receiving their medicines as prescribed.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal

Requires Improvement

Is the service safe?

of medicines. The policy had been reviewed in July 2014 and included relevant guidance and legislation. Staff knew which medicines each person had and a complete account of medicines was kept. People's care plans and medication records contained an up to date list of their current medicines informing staff of why and what they were prescribed for. Information was available in regard to side effects and adverse reactions for staff to be aware of. Medicine audits were carried out each week by a senior member of staff, to identify any issues that required attention. Any errors were learnt from and fedback to staff to improve practice.

Medicines were available when people needed them. Pain assessment tools were used to identify the type and level of pain people were experiencing. This was recorded for monitoring purposes and which ensured people were receiving adequate pain relief. For those people prescribed 'as and when' medicines there was detailed guidelines for staff so that they knew when these medicines should be administered. One person told us, "I had a cold, I told them this morning and they gave me some tablets, to make me feel better."

Requires Improvement

Is the service effective?

Our findings

We saw one group of carers working effectively together to meet people's needs. On another occasion a different group of staff were not organised in the same way and therefore the care was not as effective. For example, in the lounge during mealtime we saw that two people with dementia were not being consistently supported. This resulted in one person becoming very upset and another's behaviour affecting others. The registered manager was unable to demonstrate how they determined the skill mix of the team during each shift, as we noted that there was less experienced staff working on this occasion.

Records showed a range of training however, not all training was being kept up to date. For example, out of 33 staff, six had recent training in managing behaviour that challenges and dementia care. There was nothing on the records to show the other 27 staff had received training in these areas in the last three years. The service looks after people with dementia and there was no plan about how the service kept up to date with developments in this area to ensure the care provided was appropriate and keeping up with best practice. People using the service had identified healthcare needs including, diabetes, epilepsy or parkinson's. Care staff told us they had not received training directly linked to these health conditions. They were unable to demonstrate that they knew the signs to look for when a person affected by these conditions became unwell. For example, one member of care staff was unable to describe the early signs of a diabetic person becoming hypoglycaemic. This is where the level of glucose present in the person's blood falls below a set point and can lead to fatigue, sweating, dizziness, feeling hungry and blurred vision. Being aware of these early signs would enable care staff to alert nursing staff so that the person could be treated quickly. Therefore people who used the service, diagnosed with one or more of these conditions were at risk of not receiving appropriate care and treatment, when they needed it.

We found there was no structure in place to ensure that new employees understood their role. They were provided with an 'Induction programme' workbook. This covered all of the Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to develop a comprehensive knowledge and understanding of health and social care to a nationally recognised standard. The workbook stated that the member of staff would be continuously assessed over 12 weeks to ensure they understood their role. This was to be certified by the registered manager on completion to ensure their suitability for their post. One member of staff in their third week of induction told us they had not received any formal supervision to discuss their role. Neither had their competency been assessed, as stated in the induction workbook, to ensure they fully understood what was expected of them. This member of staff told us they had attended training on safe moving and handling, which had included a practical session on how to use equipment, such as hoists. However they had not received other training to give them skills and confidence to carry out their role and responsibilities. The registered manager had not accounted for this member of staff's lack of experience when including them as a full member of the staff team on the second day of our inspection. All of the above is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives told us they were happy with the care and support they received. One person commented, "They [staff] are alright, they do their job alright". Another told us, "Staff are very good and they care for you and are at hand when you want them." One relative commented, "My [person] was not out of bed for eight weeks in hospital, but after being here two days they were reclining in a chair. We have seen such a difference; they are communicating and becoming more independent. We are very pleased [person] is here."

At our inspections in March and June 2014 concerns were identified about the lack of training and understanding about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. At this inspection one member of staff who had a lead on DoLS demonstrated a good understanding of this legislation and had completed a number of referrals to the local authority in accordance with new guidance.

Staff confirmed that they had attended training and understood how the MCA applied to the people who used the service, including how to consider their capacity to make decisions. One member of staff provided an example, where a person had lacked capacity to make decisions

Is the service effective?

about taking their prescribed medicines. They were aware that a mental capacity assessment had been completed and a DoLS application had been made where it was agreed that in the persons best interests, their medicines were administered disguised in food. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Where best interest decisions had been made we saw that relevant people, such as people's relatives and in some cases their power of attorney, had been involved.

People spoke highly about the quality of the food and the choices available. One person told us, "I had scrambled eggs on toast for breakfast, a hot meal at lunch and at tea time, most have sandwiches but they make something on toast for me. We have a good chef and you get a good amount." Another commented, "The food is lovely, I have too much but you can leave it." Other comments included, "I have what I want, the chef comes to see what I want for lunch and knows I don't like gravy or sauces, I like it plain," "The food is good, I had a full English breakfast this morning and I don't have lunch but the chef is doing me steak and mashed potatoes at teatime" and "The food is alright but I don't have a great appetite and did not feel like lunch today so I had some ice-cream and a banana."

In addition to the regular mealtime, the chef explained a 24 hour menu was available, which included a selection of sandwiches and soup. One person told us, "I often have a sandwich at midnight." For people who wanted to eat something between meals fresh fruit and crisps were available as well as finger foods, such as sausage rolls. People's care plans contained information on their dietary needs and the level of support they needed. Nutritional risk assessments had been used and were being reviewed on a regular basis. Where people were identified as losing weight, or had swallowing difficulties, referrals had been made to the dietician and speech and language team for specialist advice.

One relative told us that, they had been very impressed by a member of staff who had, "Been on the ball when they recognised that my [person] was not responding to antibiotics for a chest infection and promptly referred them to the GP." They said that the staff member had kept them informed about [persons] health and admittance to hospital. Another relative told us, that they had seen a marked improvement in their relative since their admission to the service from hospital and the staff member was constantly liaising with health professionals to ensure the best care and treatment. People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. People were supported to attend hospital follow up appointments. The service also had regular contact with two GP surgeries that provided support and assisted the nursing staff in the delivery of people's healthcare.

Good

Is the service caring?

Our findings

People told us that staff treated them well and praised them for the care that they provided. One person told us, "It is very good here and they [staff] are kind and attentive and everyone treats me kindly and respectfully," and "It is alright and they treat me with care." Other people commented, "The staff are kind" and "I have breakfast in bed mostly and get up around 9.30 and go to bed when I want, there is no, come on you have to go to bed. At night sometimes staff come and chat with me."

Staff had good relationships with people who used the service and knew their needs well. They treated people kindly and with compassion. For example, one person was calling out for help. Staff responded calmly which put the person at ease, and provided reassurance, saying, "It's alright we are going to take you to lunch."

We observed the interaction between staff and people was mostly warm, caring and friendly. For example, a member of staff was observed looking at a magazine with one person, pointing out items to instigate meaningful conversation. We observed two care staff each supporting a person to have a cup of tea. They were kneeling on the floor so they were at the correct level, talking calmly and at correct pace, encouraging them to drink. They also made sure other people were comfortable, covering them with throws, elevating their legs and placing tables and drinks in reach.

We saw that when supporting people to move two carers did this calmly and sensitively which meant the person felt safe and secure moving from an armchair to a wheelchair. They awoke the person gently and asked them if they would like to rest in bed, they carefully placed a sling around them, telling them what they were doing at each stage of the process. The person was seated gently into their wheelchair and there feet were carefully placed on the foot rest. Their dignity was maintained throughout.

Staff were respectful when talking with people calling them by their preferred names and spoke discretely about their personal care needs. One person commented, "They [staff] always knock at their door and call me by my first name and all of them have asked permission first." Another person told us, "I get up when I feel like it and I can wash and shave myself, they [staff] don't tell me when to get up and when to go to bed." People told us that staff respected their privacy and dignity when delivering personal care. One person told us, "When I go for a bath they [staff] cover me up with a big towel as quickly as they take my clothes off."

Staff confirmed that people, and their relatives, were involved in making decisions about their care. For example, one person's family confirmed that the routines of their relative before they moved to the service were considered and staff had reflected this in the care plan regarding meal times and how they spent their day. The family confirmed this had been their usual routine before moving to the service. Discussion with this person confirmed their decision not to change their habits was respected. People had been supported to discuss their end of life arrangements, including decisions about the use of Cardiopulmonary Resuscitation, commonly known as CPR. This is an emergency procedure performed to a person who is in heart failure. Written guidance by the NHS about CPR had helped staff to have a conversation with people about whether or not they would want CPR. This showed that people's views were being listened to, respected and acted on.

Staff told us that they regularly spoke with families, and asked them to help complete 'Life histories'. These gave details about the person's background, people important to them, and supported staff's understanding of their past, which enabled them to better respond to their emotional needs. For example, one person was noted to like red roses. Every day the individual was provided with red roses and we saw that these were used to good effect, to help manage their mood and support their wellbeing.

We observed staff supporting people to maintain their independence during the inspection, for example a member of staff was supporting a person to walk to the dining room. They encouraged the individual to walk independently and at their pace commenting, "Come on [person] lets walk to lunch." One member of staff told us, "If a person can wash themselves, feed themselves, we encourage them to do so, although it may take longer, it is better that people continue to do what they can for themselves."

People told us that their relatives and friends were welcomed into the home. One person told us, "My [relative] comes two to three times a week, in the evenings." Another person commented, "I have visitors every day, daytime and evenings." We were told by visiting family members that

Good

Is the service caring?

there was an open visiting policy and that they were always welcomed, at any time. They were all satisfied with the standard of care delivered to their relatives and they all found the staff to be approachable, helpful and informative. One relative said, “They have been so kind and patient, nothing is too much trouble.” All relatives spoken with told us that they were given the opportunity to participate in care planning reviews and care planning documents supported this.

Requires Improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive to peoples' needs. The assessment and planning processes did not ensure the delivery of care was meeting people's social needs. For example, where people had dementia they had not been assessed on how this impacted on their daily life and interests. Individual daily records reported mostly on people's daily food and fluid intake and did not illustrate for example how they had spent their day, or their mood.

Because assessments had not been undertaken there was no information for staff to help them determine what people might like to spend their day being involved with or having support to do. For example we saw a game of Bingo was started, but the way it was played and the support given did not ensure everyone could be included. The noise level in the room was loud, with the member of staff shouting out numbers, over the sound of the radio. Whilst exercises, singing, reminiscence and basic food preparation had been introduced people were not supported to follow interests or activities that were planned for them as individuals. For example, we saw some people buttering bread with the chef. One person told us that they declined to participate in this sort of activity as it only reinforced what they could no longer do and they would like to participate in something they could do. When we asked them what this would be they told us, they would like to refresh a second language.

People told us that staff were responsive to their needs. One person told us, "The staff are ok and they don't let you down." Another person told us that a member of staff had done more for them in eight months than other health professionals had done in eight years, by referring them to a specialist who was able to provide assistive technology enabling them to regain their independence. Other comments included, "They put a lamp in my bedroom so I can read at night," and "I have no complaints at all, they [staff] are all very nice and if I want to go to bed they do it straight away."

People who used the service and their relatives told us they were involved in the initial assessment and planning of their care and treatment. Care plans confirmed that people's care needs were being reviewed on a monthly basis. Additionally, a six monthly review was being held with the person and their relatives to discuss their care, and where changes may be needed. Where changes were identified, care plans had been updated and the information disseminated to staff.

We asked staff how they were made aware of changes in people's needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift. They told us they read people's care plans and life histories, which gave them a good overview of people's needs. Staff spoken with knew the people in the service well, what they liked and how they wanted their care and support provided. One member of staff told us, "Our knowledge of people grows overtime," which meant they were able to provide care responsive to people's individual needs. Another commented, "Although I know what people want. I do still ask to make sure."

People had been provided with the appropriate equipment and support they needed to stay independent. Where one person was more prone to stay in bed their care plan included supporting leg exercises to preserve muscle tone and promote circulation. Another person described the exercise sessions they attended to us, "They have squeezing balls and exercises for bending my arms and legs." This person told us that they could choose to take part in these exercises individually in their room or part of a larger group."

People and their relatives told us that they were comfortable discussing any concerns they may have with either the management team or staff and that they were encouraged to do this. One person told us, "I cannot complain they look after me marvellously." Another told us, "You honestly cannot complain about anything." Other comments included, "I have no complaints" and "I have never made a complaint."

People confirmed that where they had made comments they were kept informed of what changes had been made. For example, one person told us, "They [staff] are pretty quick when I press the buzzer, however in the mornings just before 8am at the handover, I have to wait an hour and the pain is severe. I told the owner and he has had a word with staff."

Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. The complaints file showed that two complaints had been

Requires Improvement

Is the service responsive?

raised by the same relative of a person using the service, since our inspection in June 2014. We looked at how these complaints had been managed. A full investigation had been completed into both complaints. Following the investigation a meeting had been held with the family and lessons learned. The delivery of the service had improved by sharing these lessons to prevent a similar incident's happening again. Additional measures were put in place to improve communication with the prescribing GP and other health professionals.

Requires Improvement

Is the service well-led?

Our findings

The way in which the service was being managed did not always identify risks. There was a lack of proactive managerial oversight to ensure that risks to people's safety and welfare were being identified and managed. At this inspection the registered manager was unable to show us evidence of how they had monitored and measured the progress of their 'Service Improvement Plan' for the whole service. There was also an over reliance by the registered manager on a senior member of staff to make the required improvements. For example, the registered manager sent us an action plan following our inspections in March and June 2014 addressing the issues we had raised. At this inspection we found the senior member of staff had led on improving clinical and care provision in the service. This had a positive impact in some areas including medication management.

Prior to this inspection we contacted other professionals who had involvement with the service including those who commission care. They shared concern with us about the ability of staff at the service to identify and sustain areas of improvement, only making improvements when identified by us, or other professionals.

Although the registered manager had implemented a quality assurance system, this was not being used effectively. They were unable to demonstrate how they identified where improvements to the quality of the service were needed. They had failed to recognise and address the new concerns identified by us, at this inspection in relation to staff recruitment, induction, training and the assessment of people's social needs. These issues had not been identified by the use of newly introduced audit systems. This resulted in a failure to ensure that staff were thoroughly checked of their suitability to work with older people, had the right mix of skills, experience and knowledge to meet their needs. The registered manager said they were going to use another system but had not started to use it at the time of the inspection.

There was no system in place that analysed the outcomes of incidents, accidents, falls, complaints and safeguarding concerns in order to learn from these and to improve the quality of the service. For example, the registered manager had not analysed incidents collectively to look for trends and themes such as falls at night. The most recent accident book showed that 10 out of 15 falls had occurred unwitnessed at night. There had been no analysis of why this maybe happening, and if these related to staffing levels or other factors. This is a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A monthly newsletter was being produced aiming to provide information relevant to residents, relatives and staff. However, these newsletters only included the positive feedback from other professionals, such as the local authority and safeguarding team omitting any negative comments or suggestions for areas of improvement. No reference was made about the outcome of CQC inspections. Therefore the newsletters did not provide open and transparent communication about the key challenges facing the service.

Chilton Croft's handbook and Statement of Purpose (January 2014) stated that, "Our aims, objectives and values are summed up by our philosophy of care: At Chilton Croft we place the service user at the centre at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the service we provide and to encourage our residents to exercise their rights to the full." Staff spoken with were unaware of this philosophy for the service so it was unclear how the registered manager ensured that staff knew what was expected of them and a positive culture described was being actively promoted.

The registered manager had undertaken monthly reviews of the service, part of which involved discussions with people who use the service and observation of staff attitudes and interactions with them. They had produced a monthly report detailing the findings. The reports for June, July and August 2014 all reflected positively. They had also sought people's views and experiences through surveys and meetings. Since January 2014, 10 satisfaction surveys had been completed by people using the service, some with support from either a relative or a staff member. These all contained positive responses to questions; however four of the 10 surveys had been altered with additional positive comments made by the registered manager or staff member. This meant that the process undertaken for some surveys was not wholly independent. The registered manager confirmed they had not considered using other methods to collect independent views via advocates or other support services.

Requires Improvement

Is the service well-led?

Despite the concerns about the monitoring of the quality and safety of the service people and their relatives told us that the registered manager was visible and accessible in the service on a daily basis. This reassured them. One person told us, "I think it is well managed, I have always been disabled and I used to visit here to see a friend so after being in hospital I chose to come here." Another commented, "The manager is kind, you only have to say and you have it." Other comments included, "Resident meetings, they have them but I do not go, I have been asked though, complaints I have none," and "The manager asks me are you happy, are we treating you ok, is there anything you want?"

Relatives told us they had good communication with the registered manager and staff team. One relative commented, "It seems well run, [registered manager] running it seems competent." Another commented, "From what I have seen it is brilliant, when you come in here it has a lovely smell and you are greeted and I cannot fault the place one bit"

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use the service were not protected against the risks of inappropriate or unsafe care. The registered manger did not have an effective and pro-active quality monitoring and assurance system in place that ensured the service was operating safely and to drive improvement. Regulation 10 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. The registered manager did not have effective systems in place to identify, assess and manage risks relating to people's safety and welfare. Regulation 10 (1) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 requirements relating to staffing. The registered manager was not operating effective recruitment procedures. This failed to ensure that people employed were of good character, physically and mentally fit and had the qualifications, skills and experience necessary to perform the work they were employed to perform.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered manager did not have suitable arrangements in place to ensure persons employed received effective induction, monitoring and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities.

Regulation 23 (1) (a).