Regal Care Trading Ltd

Cheney House

Inspection report

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Tel: 01295710494

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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

This unannounced comprehensive inspection took place on the 4 September 2017.

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

Cheney House accommodates up to 34 people in one adapted building. The service provides residential care for older people including people living with dementia. At the time of this inspection 29 people were using the service.

At the last inspection in September 2017, the service was rated 'Requires Improvement'. At this inspection, we found the evidence supported an improvement in rating of the service to Good.

There was 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place and provided detailed information and guidance for staff about the potential risks people faced. The service learnt from incidents and accidents and acted to mitigate the risks of them occurring again.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People were supported by sufficient numbers of staff to meet their needs.

People were supported to take their medicines as prescribed. Infection control procedures were in place and followed by staff to protect people from the risk of infection.

Staff were supported and supervised and completed induction and development training. This helped to ensure they had the skills, knowledge and expertise they needed to perform their roles. Suitable training was provided to ensure people's needs were met.

People's needs were assessed, and people were supported to maintain good nutrition and access healthcare to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received

training and information which enabled them to provide care in line with the guidance of the Mental Capacity Act 2005.

The provider made the necessary improvements to the premises, which included redecoration and building upkeep to upgrade the service.

People received care from staff that knew them well and consistently treated people with dignity and respect. People were supported to maintain their independence and staff protected people's right to privacy.

People and their representatives were involved in developing their care plans, which enabled them to receive care and support in line with their preferences. People and relatives were involved in reviews of people's care to ensure the care provided met people's current needs.

A process was in place which supported people to raise concerns and complaints. People felt confident their concerns would be listened to and acted on.

People, relatives and staff had confidence in the leadership and governance of the service. The provider had effective systems in place to monitor the quality of all aspects of the service to ensure people received good care. Actions were taken, and improvements were made where required.

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 were protected from the risk of harm and staff were confident in their responsibilities to safeguard people from the risk of abuse.

Staff were safely recruited and there were enough staff to meet people's needs and keep them safe.

People were supported to take their medicines safely and as prescribed. People were well protected by the prevention and control of infection.

Incidents and accidents were monitored and analysed, and lessons were learnt to reduce the risk of re-occurrence.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was well led.

People and staff were supported through effective leadership and management of the service.

People and staff were able to share their views and make suggestions about the service and these were used to develop the service.

Outcomes of checks and audits were analysed and used to drive improvements within the service.

Cheney House

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 4 October 2018 and was unannounced.

The inspection was carried out by one inspector 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. The expert by experience at this inspection had a dementia care background.

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. The provider completed and returned the PIR in August 2018 and we considered this when we made judgements in this report.

We reviewed information about the service from notifications of events which happened in the service that the provider is required by law to tell us about. We also reviewed information received from commissioners and other health and social care professionals that visited the service.

During the inspection we spoke with six people who used the service and two relatives and carried out general observations. We spoke with three members of staff, including care staff, senior care staff and the activity person. We spoke with the registered manager and the area manager. We reviewed the care plans and associated records for two people using the service. We reviewed the recruitment files for three staff, and other records including medicines, staff supervision and training and records in relation to the quality monitoring of the service.

Good

Is the service safe?

Our findings

At the last inspection in September 2017 improvements were needed to ensure the premises were properly maintained. At this inspection we found the necessary improvements had been made. We saw that redecoration of the service had taken place to an acceptable standard. The shower room we had found in an unfinished state at the last inspection had been refurbished to an acceptable standard.

Cheney House is in a rural village location, with limited access to public transport. The service has temporary overnight staff accommodation used by agency staff. At the last inspection we found the accommodation was in a very poor state of disrepair. At this inspection we found refurbishment work had taken place to ensure agency staff had an overnight sleeping facility that was clean, dry and comfortable.

People told us they felt safe and happy living at Cheney House. One person said, "I do feel safe. I am over 90, I have got all these lovely people around me, I would be frightened if I lived on my own, I feel part of the home and to me it's like being at home." Another person said, "I'm very safe they [staff] are a great bunch, I feel well looked after, I think that's what makes me feel safe." Staff understood their responsibilities to safeguard people from harm or abuse and knew how to raise safeguarding concerns if they suspected or witnessed ill treatment or poor practice.

Records showed the provider had consistently reported all safeguarding matters to the Local Safeguarding Authority (LSA) and the Care Quality Commission (CQC) as the safeguarding protocols require.

The recruitment systems were sufficiently robust. They included criminal record checks through the Disclosure Barring Service (DBS) and obtaining references from previous employers. This demonstrated the provider did everything they could to ensure only suitable staff were employed to work at the service.

Sufficient numbers of staff were available to meet people's needs. The provider used a dependency tool to assess the level of staff support people required and this was regularly reviewed. One person said, "When we need them [staff] they come and help." However, some people and relatives commented that at times when some agency staff worked at the service, the permanent staff seemed under greater pressure to meet their needs. They said this often resulted in the activity person having to also cover personal care. For example, one person said, "The agency staff don't really know us that well, the regular staff are good. I really don't have any concerns, but without that young lady (pointing to the activity person) we would be in trouble. She does everything for us, she's so kind, the other staff are busy with people that are not so well. A relative said, "We come quite regularly, there does seem a lot of agency staff, especially at the weekends."

The registered manager said they used agency staff to cover staff vacancies, holidays and sickness and that some of the permanent staff offered to work overtime to cover emergencies. The provider had advertised staff vacancies on recruitment websites. They said staff recruitment was on-going, and they only use agency staff as a backup. As such to use the same agency staff with the right skills would be used to maintain continuity of care for people. This was evidenced in the staff rotas, however, we observed two agency staff working at the home that had very little or no interaction with people. When speaking with the permanent

staff they said they felt very frustrated with the poor attitude of the agency staff. One member of staff said, "They [agency staff] may as well not be here, we have to do everything." We also saw that the activity person was constantly on the go, having to multi task organising the morning and afternoon activities, whilst at the same time responding to people's requests for personal assistance. This meant that whilst there was enough staff, the suitability of all the staff to effectively meet people's emotional needs was somewhat compromised.

We brought our observations and the feedback from people using the service and staff, to the attention of the registered manager and the area manager. They took immediate action and informed the care agency they would not be using the staff in the future. Following the inspection, the registered manager confirmed they had successfully recruited five full time experienced care staff, which they felt had the right skills and knowledge to meet the needs of the people using the service.

Risk management systems were in place to ensure that people's individual risks were identified and effectively managed. For example, risk assessments were in place for falls, pressure area care and malnutrition. The staff told us they were aware of people's individual risks and during the inspection we observed staff assisting people to move safely, using moving and handling equipment, such as handling belts and the stand hoist. Staff talked with people and gave clear instructions to check people were informed and comfortable with using the equipment. We observed people at risk of skin pressure damage had pressure relieving equipment in place to reduce the risks of developing pressure sores, and repositioning charts were in place.

People told us they received their medication safely. One person said, "I get my tablets regularly." Another person said, "I always get my tablets on time." Records showed that staff received refresher medicines training and their competencies to administer medicines were observed. We saw that staff followed the procedures for administering medicines to ensure people received their medicines safely. Records also showed that people received their medicines as prescribed and the systems for the ordering, receipt, storage, administration and disposal of medicines were being appropriately managed.

People were well protected by the prevention and control of infection. Cleaning schedules were followed and completed to ensure that all areas of the service were clean and protected people against the risk of infection. Staff had ready access to gloves, aprons and hand sanitisers and we saw they used these and changed them between tasks, such as providing personal care, cleaning and preparing meals.

Systems were in place to support staff to record, report and analyse incidents and accidents within the service. These were audited by the registered manager and discussed with staff and, where appropriate, people using the service, to identify any lessons that could be learned. For example, accidents and incidents were closely monitored to identify any trends, and the type of incidents, such as falls, or behaviours that challenged to identify the possible cause and put in place strategies to mitigate the risks of any repeat incidents.

Good

Is the service effective?

Our findings

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. One person said, "I think the staff seem very skilled, they have to be with all of us to look after, but we could do with a few more." Induction training was provided for new staff that consisted of a mix of face to face, and e-learning courses. New staff were assigned to a mentor during their induction training whilst their competencies were assessed against their learning. Records showed that staff supervision meetings were planned and took place as scheduled. The meetings gave staff the opportunity to discuss their performance, development and ongoing training needs. In addition, general staff meetings took place to discuss the needs of the service and to cascade information from the provider to the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Records showed that capacity assessments had been carried out for all people using the service. The assessments identified where people required help to make decisions, and where they lacked the mental capacity to make certain decisions. All staff had received training on the Mental Capacity Act 2005 to ensure they consistently worked in line with the principles of the act. One person said, "The staff are very polite, they always ask permission before doing anything even if it's to take your plate away." Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions. We saw that DoLS applications had been made to the local authority for all people using the service and the provider was awaiting decisions on these applications from the local authority. The reasons for the applications were in relation to people not having the capacity to safely leave the building unescorted.

People were supported to maintain a healthy diet. People told us they were happy with the food they received, and that the meal choices and portion sizes were ample. One person said, "The food is very good it is always nice and hot; they [staff] will always ask if we want anymore." Another person said, "I think the food is excellent, there is always plenty, the vegetables are always fresh, and we get plenty of cups of tea and coffee." A third person said, "If you don't like the pudding, there is always an alternative, something like, yogurts and ice cream." The staff knew people's dietary needs and food intolerances and ensured that appropriate meals were provided. One person said, "The staff ask me what I would like for breakfast, even though they know what I eat, they still ask, I could have a cooked breakfast if I wanted to." We observed that people were offered tea coffee, fruit cordials, biscuits and cut fresh fruit throughout the day. The staff closely monitored and recorded the food and fluid intake, for people that were at risk of not eating and drinking sufficient amounts. These were recorded on hand held electronic devices and the information fed directly into people's daily notes within their care plans.

People were supported to have access to healthcare services in response to ill health and routine health checks. One person said, "You can see a doctor whenever you need to, the staff seem to know what's wrong with us before we do." A relative said, "The staff contacted me during the night when [family member] had a fall, they were quickly assessed and given a walking frame. When they had developed pneumonia, this was quickly treated."

Records showed that the GP and district nursing staff regularly visited the service. The registered manager said they had excellent support from the local GP surgeries and other healthcare professionals involved in monitoring people's healthcare needs. Records also showed that staff contacted healthcare professionals in response to any deterioration or sudden changes in people's health and the staff acted on the instructions of the health professionals.

The registered manager had experienced problems accessing a local domiciliary dental service to visit the service and had taken the initiative to write to the local MP. Their actions had been successful as during the inspection a dentist from a local surgery visited the service with a view to setting up routine domiciliary visits to provide NHS dental treatment for people unable to visit a community dentist.

The provider had made several improvements to the premises and these were on-going at the time of our inspection visit. Improvements included, the installation of two wet rooms, the replacement of flooring and the car park leading to the main entrance had been fully block paved. Some people had personalised their bedrooms with items such as, photographs, ornaments and mementos to create their own personal space.

Good

Is the service caring?

Our findings

People said they were treated with kindness and respect. We observed staff approached residents by name and in a gentle and un-hurried manner, always gaining consent before assisting anyone with a request or task. People said they felt they were treated as individuals, and their preferences were upheld. One person said, "I'm very lucky to live here they [staff] are all very nice, very respectful, they do know us very well, they know what I like, I just wished there were more staff, so we could do more things together." Another person said, "The activity lady is wonderful, I think they [staff] know us as individuals, the lady with the tea trolley knows what we all like to drink and how many sugars, I wouldn't like to live anywhere else." A third person said, "Everyone is friendly we all sit together, we treat each other with respect, that's how it should be isn't it, I don't want for anything."

People had developed positive relationships with the staff supporting them. A relative said, "We take [name of person] out for the day and she constantly asks, 'can you take me back now' that shows she has settled here, the entertainment is great, the activity person is great with residents she knows every one of them, she's so kind."

Information was available about people's preferences and choices regarding how they wanted to be supported by staff and staff respected people's choices. We observed staff interacted with people in a genuine caring manner, gaining consent, for example when serving meals offering people an apron and asking, "Can I put this over your clothes while you eat so your clothes keep clean." "Can I take your plate away or would you like more."

People's dignity and privacy was supported by care staff. One person said, "The staff are very caring, they are lovely, they help me to get washed and ask me what I would like to wear." We observed that staff ensured that personal care was carried out in private and that shared bedrooms had privacy screens in place. One person said, "I share a room with my friend, which is nice." Another person said, "The staff always knock, and say, can I come in [name]. They will open my wardrobe and ask me what I would like to wear."

People were encouraged to express their views and to make choices. Records showed that resident meetings took place each month. Advocacy services were available for people, but at the time of the inspection no people using the service required the support of an independent advocate. The staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the service to establish whether their needs could be met. The assessments formed the basis of initial care plans and risk assessments being put in place and these were updated as more information about the person was gathered. The care plans contained sufficient detail to inform staff on people's needs and preferences as to how they wanted their care to be provided. They had been produced with the involvement of people, and where this was not possible their chosen representatives had been consulted. One relative said, "As soon as I walked through the door the home seemed right for [Name of person] I could just feel it.

The service provided an array of activities for people to enjoy and participate in. One person said, "There's plenty to see and do in here, they put on a lot of 'shows' it all depends if you want to join in, or if you just want to watch, the staff that does the activities is very good, she's very kind." Another person said, "There is always something going on, always plenty to do, my family come and take me out so that's nice, staff do take me out, but if they had more staff we could go out more often."

The activity person said they had worked at the service for 18 months, and during this time they had sourced various outside groups to come to the home to entertain people. These included children come from a local pre-school to visit and sing songs, sixth form pupils offered their free time to befriend people to sit and chat with people to reminisce. A church of England minister visited the home each month to perform a service of worship, and a Roman Catholic Priest also visited people to perform Holy Communion. One person said, "My priest comes to see me that's lovely, we also go to the church down the road for coffee mornings, a lot of people come in to entertain us as well, this is a good place we are well looked after." Other people also told us they went to coffee mornings at the local church, and to a small café within walking distance of the home.

On the day of inspection, a regular musical entertainer to the service arrived to entertain people, we saw that people joined in singing and dancing and the atmosphere was very buoyant. One person said, "We enjoy a good sing song and a dance." Another person said, "The 'music man' that comes is very good, he knows I like moonlight serenade and he sings it for me. I can't get up to dance anymore, but some of the others do, I love music, even the maintenance man when he walks past me calls me 'the queen' because he knows I like to wear my fancy jewellery." It was obvious the visiting entertainer knew people by name and they played and sang the songs people requested. We also saw the maintenance worker, chatted with people as they went about their business and had a good rapport with people. After lunch we saw a small group of people took part in a baking activity, whilst others watched the movie 'singing in the rain'. The notice boards in the corridors had lots of photos of people taking part in the activities provided at the service.

Systems were in place for receiving and responding to complaints. At the time of the inspection a visitor came to the registered managers office, holding a pile of clothing, saying they were fed up with finding other people's clothing in their family members bedroom. The registered manager was in a meeting and this was brought to their immediate attention when they came out of the meeting. They went to speak directly with the family member to hear their concerns. One person said, "I don't think I have any concerns, I suppose if I

did, I would tell the manager or my son and granddaughter." Records showed that complaints received at the service were responded to in line with the providers complaints procedure.

No end of life care was currently being delivered at the service. However, systems were in place should anybody required this care and people were supported with advanced decisions as they required. We spoke with the relative of a person that had recently passed away, they were extremely complimentary of the end of life care and support their loved one had received. They said many of the family had been able to carry out their last visitations with their loved one, and the staff had constantly provided the family with sandwiches, coffee and tea, the relative described their experience from the staff as 'top notch'.

Good

Is the service well-led?

Our findings

At the last inspection we rated well – led as requires improvement. This was because the systems to monitor the environment required strengthening to ensure people lived in an environment that was continuously maintained to an acceptable standard. At this inspection we found the provider had made the necessary improvements.

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.

The registered manager was open and transparent; people using the service and relatives knew who the registered manager was, they said they were comfortable approaching the registered manager to discuss matters. A relative said, "I think the manger is very good, she is always about she constantly mingles with the residents." During the inspection the registered manager was very visible, they knew everyone and interacted well with people. It was obvious they had good relationships with people, as people smiled and responded positively when the registered manager spoke with them. The registered manager had just returned from a weekend visit to Rome and had brought some Holy Water for a person using the service from the Roman Catholic faith, when they gave the Holy Water to the person their face lit up with delight.

Staff were confident in the registered manager's leadership and said they found them to be approachable and friendly. The staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. They understood the policies which underpinned their job role, such as safeguarding people and were able to explain the process that they would follow if they needed to raise concerns outside of the company. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture.

Scheduled quality monitoring audits were carried out on, the environment, medicines, accidents and incident records, care plans, risk assessments, staff records, safeguarding and complaints records. The audits were used to continually review the service and the care people received. The registered manager conducted a weekly walk around to check the environment was maintained to a satisfactory level.

The provider consulted with people using the service and their relatives to seek feedback on service provision, the feedback received was used to drive improvement of the service. One relative said, "The manager is great, very visible, very approachable. We have discussed with her about [Name of person's] laundry going missing, this is a big place, I'm sure they have this go on in all the homes I suppose." The relative said the staff had never failed to keep them updated about their family members care.

We saw the rating from the previous inspection was on display in the front entrance of the service and on the provider website. The registered manager had submitted notifications of events to the Care Quality

Commission (CQC) as required under law.