Sanctuary Care Limited

Chadwell House Residential Care Home

Inspection report

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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

Chadwell House Residential Care Home 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. The home is registered to provide accommodation for persons who require nursing or personal care for 60 older people. Some people were living with the experience of dementia and the service also supported people at the end of their lives. At the time of the inspection there were 58 people using the service.

At the last inspection in February 2016 the service was rated Good. At this inspection we found the service remained Good.

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

The registered manager had various policies, procedures and practices in place, which made people feel safe. Staff had attended various training such as adult safeguarding and knew what to do if they had concerns about people's wellbeing.

The staff recruitment process ensured new staff were appropriately checked, had the necessary skills and experience, and were safe to support people who used the service. The registered manager kept the staffing level under review to ensure there were enough skilled staff to meet people's needs.

People received their medicines safely, as prescribed by their doctors. Care staff worked with local services to make sure people's health care needs were met in the service.

There were systems in place to ensure people were protected from the spread of infections.

Staff had regular supervision, training in key areas and felt supported by their line managers and the registered manager.

The service provided varied and nutritious meals that reflected people's medical, cultural and religious preferences.

People benefitted from a variety of activities in and outside the service.

The registered manager worked well with local organisations such as the health and social care services to make sure people received care and support that met their needs.

Staff sought people's consent before providing care and support. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

People and their relatives told us staff were kind, caring and treated them with respect. Staff told us they enjoyed working at the service and we observed they showed a caring attitude to people.

Each person had a care plan which was based on their assessed needs and provided guidance for staff on how to support them. The care plans were reviewed to ensure any changes to people's needs were identified and staff responded to them.

Staff ensured people's privacy whilst promoting their independence when supporting them with personal care.

Staff had good relationships with people and their relatives. They knew the needs of each person they supported.

The registered manager and staff supported people at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager recorded, investigated and responded to any complaints they received. People enjoyed a range of activities.

People, their relatives and staff told us they felt the service was well-managed. Survey questionnaires were used to encourage people, their relatives and staff to give feedback about the quality of the service. There were various auditing systems in place to monitor the quality of various aspects of the service and to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Chadwell House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2018 and was unannounced. The inspection team included two CQC inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered and reviewed information from notifications. A notification is information about important events, which the provider is required to tell us about by law. We contacted other stakeholders including the local commissioners, Healthwatch and the local adults safeguarding team to gather their views about the service.

During the inspection we spoke with 13 people using the service and nine relatives. We spoke with four care staff, the chef, activity co-ordinator, two maintenance staff, the deputy manager and the registered manager. We undertook general observations of people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care records and seven staff files. We reviewed quality assurance audits, staff rotas, health and safety records, menus and service improvement plans.

Good

Is the service safe?

Our findings

People and their relatives told us people were safe. One person said, "I have been here about a year. I like it here. I feel safe and well looked after." A relative told us that staff were always quick and alert to provide support and reassurance when people were at risk of incidents. A social care professional commented, "The residents I spoke to said they were very happy within the home."

The provider had policies and procedures in place to protect people from abuse. These included clear guidance for staff on what to do if they had any concerns and the contact details for the local authority's safeguarding team. Staff told us, and records confirmed, that all staff had completed safeguarding training. When we asked staff what they would do if they thought a person using the service was being abused, they told us that they would tell the manager. They told us that if nothing was done to address their concerns, they would report the incident to the CQC or the local authority.

Each person had a risk assessment, which identified potential risks to their safety. We saw clear guidance for staff on how to manage risks in a consistent manner without limiting people's freedom, choice and independence. Care files showed that the risk assessments and guidance on how to manage the risks were regularly reviewed in line with people's changing needs.

The provider followed effective recruitment procedures when they employed new staff to work in the service. We found appropriate checks had been undertaken before staff started work in the service. These included references from previous employers, criminal record checks, proof of the person's identity and right to remain and work in the United Kingdom.

People and their relatives felt there were enough staff at the service. One person said, "I feel safe, so many carers, day and night. I am very happy here." A relative told us that they were happy with the staffing level and said, "Staff always have their eyes open, we couldn't ask for anything more." Our observations and records confirmed that staffing levels were sufficient to meet people's needs.

The provider had safe processes for ordering, receiving, storing, administering and disposing of medicines. Medicines were stored in lockable trolleys or fridges, which were kept in locked rooms. The temperatures of areas where medicines were stored were monitored and recorded. Staff who administered medicines were trained and we noted that team leaders and the deputy manager audited medicines daily and weekly. We found that medicines were stored safely and that records, including Medicines Administration Record (MAR) sheets, were completed accurately and in full.

People and relatives told us, and we saw, the premises were clean and free from offensive smells. Staff had training and were aware of the provider's infection control policies and procedures. We noted staff used personal protective equipment such as disposable gloves and aprons when supporting people with personal care.

The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw

records of regular health and safety checks such as water temperatures, fire alarms, firefighting equipment were up-to-date. Records showed that the most recent food safety inspection by the local authority's environmental services had awarded the service the highest rating, five stars.

The registered manager told us how they had learned from incidents and reduced the risk of falls. They said they ensured there was consistency in staffing by allocating the same staff in a unit. They also said they introduced an infrared electronic system for people at risk of falls, which would alert staff if there was unusual movement in a bedroom at night. We were told that the numbers of falls have reduced by 50 per cent form some people. We noted that most of the people who used the service were mobile independently or using equipment.

Good

Is the service effective?

Our findings

People and their relatives told us they had been involved in their initial assessment of their needs before they moved into the service. One person said, "Yes, [the registered manager] saw me and we talked about my likes." A relative told us that staff had completed pre-admission assessment for the person using the service. Staff told us, and records showed, that people were admitted to the service only if their needs could be met.

People's pre-admission assessments of needs were used to develop care plans. The care plans were reviewed regularly to ensure there was up to date information about people's care and support needs.

People, their relatives and social care professionals spoke positively about staff experience and knowledge of providing care. One person said, "I cannot fault staff." Staff records and the provider's training matrix showed staff had completed training in various areas including safeguarding adults, medicines management, food hygiene, and health and safety.

The registered manager provided staff with support and supervision. Staff told us they had regular one-to-one supervision from their line managers. They told us they worked as a team, supported each other and shared information through handovers. We noted staff also had annual appraisals.

People told us they enjoyed the food provided in the service and we saw their care plans included information about allergies and their likes and dislikes. One person said, "I am happy, the food is very good." The chef was aware of each person's food preferences through 'food notifications' displayed on a whiteboard in the kitchen. We noted that cultural, religious and other food preferences of people were respected and provided for by the service.

Staff worked with healthcare professionals and other agencies to meet people's social and healthcare needs. Records of healthcare appointments were kept and the registered manager made sure they amended people's care plans, if required, following their appointments. People were registered with local GPs, dentists and an optician.

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 checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibilities under the MCA and DoLS. Where it was necessary to place restrictions on people to keep them safe, they had applied to the local authority for authorisation and notified the Care Quality Commission when this was agreed. People were not being deprived of their liberty unlawfully. Some people's care records included mental capacity assessments to help care staff, health and social care professionals decide whether the person could make decisions about specific aspects

of their care and support. Where people lacked the mental capacity to make decisions, we saw the registered manager and staff worked with the person and their relatives to agree decisions that were in the person's best interests.

People's records were stored securely, were accurate and reviewed regularly to reflect their changing needs. Records in relation to the management of the service were maintained and were up to date. We saw people's bedrooms were personalised with family photos, pictures and furniture. We noted each bedroom had en-suite facilities.

Good

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind, caring and treated them with respect. One person said, "I like the carers. They are very good." Another person told us, "Everyone is very kind. I am happy [here]." A relative said, "The staff are caring. They look after [my family] and I have no worries." We observed staff were compassionate when attending to people's needs. We saw them smiling and were friendly in their approach when communicating with people or supporting them, for example, with meals.

Staff took time to speak with and listen to people. We observed that they were patient and did not hurry people when supporting or interacting with them. Each of the staff we spoke with or observed understood people's needs and were knowledgeable about their life histories and family members. For example, we noted a member of staff having a friendly and informative conversation with one person and their relative. The relative told us they were happy with the care staff provided.

Staff developed good relationships with people, and were knowledgeable about their individual care and support needs and understood what caused each person anxiety. For example, when one member of staff noticed a person was anxious, they asked them if they liked the volume of the television to be reduced and if they wanted a glass of water. The person nodded 'yes' and appeared happier when the volume of the television was reduced.

People and their relatives told us staff treated people with respect. One person said, "The carers knock on the door before coming in." A relative told us, "Staff are respectful, they are polite." Staff told us they closed bedroom and bathroom doors when they supported people with their personal care. One member of staff said, "I ask [people] what they want, how they want me to support them, I encourage them to do as much as possible for themselves. I always respect their choice."

The registered manager encouraged people using the service, their relatives and professionals to give their views on the care and support people received. We noted there were a two-way communication where people and relatives were able to share information with the service through the monthly 'residents' and 'relatives' meetings. The registered manager also produced newsletters to share information with people and relatives.

Staff promoted people's independence. People and relatives told us that staff encouraged people to be as independent as possible by giving opportunity to do what they wanted. One person said, "I can do what I want." Another person told us, "I can keep my door shut." Staff told us they encouraged people to do as much as they could by themselves. Records contained details of people's support needs, risk assessments and how staff should care for people whilst promoting independence.

Staff had good knowledge of equality and diversity. For example, we noted that people's cultural, religious and dietary needs were met by staff.

Good

Is the service responsive?

Our findings

People and their relatives told us staff met their needs. One person said, "I am quite happy here. Staff are very good." A relative told us, "[The person using the service] receives the support and care [they] need. I am satisfied [with how staff respond to their needs]."

Each person had a care plan, which identified their needs and provided guidance for staff on how to support them. People and relatives told us they were involved in the review of the care plans. We noted the reviewed care plans identified changes to people's needs and the care and support they needed. The staff we spoke with understood people's changing needs and how to provide them with appropriate support.

There were various systems in place for obtaining people and relatives' views and for monitoring people were receiving appropriate care. These included team meeting, relatives' meetings, newsletters, surveys and complaints procedures. People we spoke with and the relatives told us they knew how to make a complaint. One relative said they had made a complaint to the registered manager and were happy with how it was investigated and resolved. Records showed that complaints were recorded, investigated and responded to by the manager.

People took part in different activities. One person said, "I went to the farm, that was really good." Another person told us, "I am very happy altogether, there is nothing to dislike. If I want anything, staff will get it. I have been on outings, I went to Southend. We had animals here. I like cats." We saw there was a programme of activities. People and relatives spoke highly of the activities co-ordinator with one relative stating, "The activities' [staff]is the best one the home has." Another relative commented, "The activities are not for a show, these are what always happen." Our Short Observational Framework for Inspection (SOFI) of people in a lounge in two units showed people were active and engaged in activities with each other and staff. We observed people enjoyed the company of a dog brought to the service. We noted a hair dresser came once a week to the service.

The registered manager and care staff supported people at the end of their life to have a comfortable, dignified and pain-free death. Care files contained Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms advising staff of people's advanced decisions. During the inspection we noted one person passed away with their family being by their bedside.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. People's assessment of needs contained information on what form of communication they needed or preferred and we noted staff knew how to communicate with people.

Good

Is the service well-led?

Our findings

We noted the service had named a 'tea room' in honour of the previous registered manager who had passed away. However, people and relatives felt that the service was well-managed. Their comments included, "I don't know who the manager is, but everybody is kind and wherever you go, they are nice. The paperwork is nice." People who knew the registered manager made positive comments such as, "I like [the registered manager], [they are] good."

The registered manager organised staff meetings, which included unit and team leaders' meetings. Staff told us they found these helpful. We saw the last unit and team leaders' meeting were held in July 2018 and staff were able to discuss items related to care and management of the service. We noted that staff had a handover session at the beginning of every shift where they discussed people's support needs. Most of the staff told us they felt the registered manager listened to them and was approachable. However, one member of staff said the registered manager was new and there was room for improvement by being more available to support them. We feedback this to the registered manager.

There was a clear management structure in place. The registered manager was supported by a deputy manager and each of the units had a named team leader responsible for every shift. The regional manager undertook quality visits during which they checked care plans, medicines, staffing, training, and health and safety. The last regional manager's audit was in September 2018. The registered manager also undertook their own audits, which included care plans, medicine, infection control, and incidents and accidents.

People, relatives and staff had an opportunity to comment on the quality of the service. This was done through survey questionnaires, which were sent to people and relatives and analysed by the head office. The last such exercise was undertaken in 2017 and the result was positive with over 94 percent of the respondents confirming their satisfaction in the quality of the service. We noted that people and relatives were able to make online comments about the quality of the service and these were monitored and used by the provider to make improvements to the service. A new survey questionnaire for 2018 was yet to be completed and returned by the people and their relatives. The registered manager was aware that they needed to develop an action plan after each quality survey so that people and their relatives' views would inform the quality of the service.

The provider's mission ("keeping kindness at the heart of our care") and values ("personalised care, respect and dignity") were displayed in the service. The registered manager told and showed us a sample of a card with the mission and the values, which had been given to each member of staff. We noted that the mission and values were also discussed during staff supervision and at their meetings. We saw the service had a business improvement plan, which they kept under review.