

Cheriton (SW Care) Ltd

Cheriton Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cheriton Care Home is registered to provide accommodation to a maximum of 45 people who require nursing or personal care, or treatment of disease, as a result of disorder or injury. At this inspection 27 people were living there, some of whom were living with dementia.

People's experience of using this service and what we found

Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. People told us staff were mostly available when they needed them. Staff administered people's medicines safely. Accidents and incidents were reviewed by the registered manager to identify trends and to ensure necessary learning was shared with staff. Infection prevention and control was managed safely.

People had opportunities to take part in a variety of group activities. However, we received mixed feedback regarding activities provided to people who were unable to leave their rooms. People were supported to maintain contact with their relatives. Care plans included information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

There were effective monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development. The registered manager completed thorough investigations into any or concerns and acted to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was 'requires improvement' (published 2 July 2021) and there were two breaches of our regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 18 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when. This was to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cheriton Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cheriton Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, we did not receive a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and nine people's relatives. We spoke with the deputy manager. We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We 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.

After the inspection

We spoke with the registered manager and four members of staff. We reviewed three staff recruitment folders and complaints recorded by the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely as prescribed. We observed people receiving time specific medicines in line with their assessed health needs.
- There were protocols in place for medicines which were needed on an 'as required' basis which were detailed and supported staff to make judgements about whether people needed additional support with certain medicines.
- Medicines which required additional storage and checks were meeting the current guidance.

Assessing risk, safety monitoring and management

At our last inspection we found that risk assessments and care plans did not always identify potential risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, skin integrity and moving and handling. Staff were familiar with and followed people's risk management plans.
- People's environmental safety was maintained through the maintenance and regular monitoring of systems and equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. One person told us, "I do feel safe both with staff and other residents, when we are able to mix." Another person's relative told us, "If mum has any falls or needs anything the staff will contact us – we know she is

safe with them."

- Staff received safeguarding training and were able to tell us how they would recognise and respond to concerns of abuse. A member of staff told us, "If I suspected any kind of abuse I would report this straight away to my manager."
- The registered manager was aware of their role in relation to safeguarding including sharing concerns with other bodies like the local authority. The provider had systems in place to support them.

Staffing and recruitment

- People told us they were supported by enough staff to meet their needs and keep them safe. However, some people told us that quality of care declined during weekends as they were supported by mostly agency staff who were less dedicated than regular members of staff. We discussed this with the registered manager who took immediate action and contacted care agencies to resolve this issue.
- Most of the staff told us that as long as there was no sickness there were enough of them. A member of staff told us, "Staffing levels can be a bit of a problem sometimes when people are calling off sick."
- The provider followed safe value-based recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, the service recorded accidents and incidents together with people's changing needs in order to inform their staffing levels. We saw the service increased their staffing numbers, however, they were unable to maintain high staffing numbers due to a recent COVID-19 outbreak and high number of staff affected.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and gave information to staff so they could support people safely and appropriately. Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.
- People received person-centred care. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported.
- The service was responsive to people's changing needs. One person's relative told us, "The home have responded to the changes in need. For example, "Mum needs assistance with eating now. They have got a pressure mat for her bed and the hairdresser comes every two weeks something that is important to mum."
- Most of the staff told us that the service ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When the care plan was developed at the start of supporting a person, staff discussed any specific communication need or preference the person had. The registered manager told us that the service could provide all relevant documentation in large print, easy-read format or in people's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to take part in a variety of group activities. However, we received mixed feedback regarding activities provided to people who were unable to leave their rooms. One person told us, "It would be nice if the staff had time to chat for even a few minutes as being in the room all the time does get lonely."
- We saw evidence that people took part in activities such as bingo, arts and crafts, manicures, hand massages and games.

- The service encouraged families and friends to visit people in order to prevent social isolation. During COVID-19 outbreak the service continued offering pod visits and window visits as per national guidance.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person's relative told us, "If I have any concerns I would go to the registered manager, who I have found to be open and approachable and will listen to what I am saying".
- There were four official complaint raised since our last inspection. We saw the registered manager responded promptly according to the provider's complaints policy.

End of life care and support

- The registered manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care. The service would work closely with other professionals to ensure people had dignified and pain free death.
- During our inspection we witnessed a member of staff talking to family of a person who passed away. We found the conversation between the member of staff and a family member very positive and supportive.
- Staff told us they knew how to support people during end of life care (EoLC). They talked about how they would maintain people's dignity and support families during such difficult times.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found that systems to assess, monitor and improve the service and reduce risks were not always, effectively operated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were effective quality assurance systems in place. Audits were regularly completed, and actions and timescales were put in place where follow up was required. For example, the dressing stock audit identified need for more sterile dressing. This has been actioned by the provider.
- The registered manager understood their registration, and regulatory requirements. The rating of the service was on display within the home, and on the website. Notifications about events at the service, such as deaths and safeguarding concerns were sent to us in a timely way.
- There was a clear management and staff structure in place. Staff understood the lines of delegation which supported the daily running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were complimentary of the provider and the manager. One person us, "Normally the manager is very friendly and will come round regularly."
- Staff told us the service was managed well and the registered manager made themselves available to provide support if needed. A member of staff told us, "I always speak to my manager and she helps me. She is very supportive."
- The service was led by a motivated registered manager and staff team. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people

acting lawfully on their behalf in relation to care and treatment.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. One person's relative told us, "I have a good relationship and communications with the management. The registered manager is very approachable and we are listened too if we have a concern."
- The provider had staff incentives in place and staff told us they felt valued and rewarded. For example, a member of staff was rewarded for 'being in isolation' notices. The notices were displayed on the door of people who were self-isolating to prevent unauthorised access and reduce the risk of spreading the outbreak. Another member staff was rewarded for taking a resident on a mystery tour.
- Staff had regular meetings to discuss the running of the home. Information was shared and opportunities to discuss learning, or changes that were required. Most of the staff told us they felt they were respected as individuals by the provider and management.

Continuous learning and improving care; Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- The service was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.
- Systems were in place to monitor and drive improvement at the service. For example, as a result of their audits the service provider was in process of introducing lead roles for staff. The lead roles were going to cover such areas as pressure care, dignity, diabetes and nutrition. The registered manager told us they believed that by having leads in specific areas it will help to promote independence and good practice for people.