

Mr S G & Mrs A Poole

Cheswardine Hall Nursing & Residential Home

Inspection report

Cheswardine Hall
Chipnall
Market Drayton
Shropshire
TF9 2RJ

Tel: 01630661316

Website: www.cheswardinehall.co.uk

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09 December 2016

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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 inspection took place on 05 and 09 December 2016 and was unannounced.

Cheswardine Hall nursing and residential home is registered to provide accommodation for 48 people who require nursing or personal care. Some of whom are living with dementia. At this inspection 27 people were living there. The provider informed us that they had made a decision to reduce the number of double occupancy rooms to single for people thereby reducing their overall capacity. However, they remain registered to provide accommodation for 48.

A registered manager was in post at the time of this inspection. 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.

At the last inspection on 12 January 2015, we identified one area where the provider was not meeting the requirements of the law. We identified that staff and the management team did not fully understand and apply the principles of the mental capacity act. We asked the provider to make improvements to address this lack of understanding. Following publication of the report in June 2015 the provider sent us an action plan telling us what they would do to make improvements and meet the legal requirements in relation to the law. We found at this inspection the provider had taken the necessary measures to increase their understanding and application of the MCA.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse.

People had individual assessments of risk associated with their care. Equipment required to reduce risks to people was provided promptly and was appropriate to people's individual needs. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained and assessed as competent to safely support them.

The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if required.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people.

Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People had positive and caring relationships with the staff members who supported them.

People and staff felt able to express their views and felt their opinions mattered. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently.

People were supported to eat and drink sufficient amounts to maintain good health. People's personal likes and preferences were known by the catering staff who supported them to make decisions regarding their diet.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and encouraged feedback. People felt confident they were listened to and their views were valued.

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 risks of abuse by a staff team who knew how to recognise signs and knew what to do if they had concerns.

People had individual assessments of risks associated with their care and staff knew how to minimise these. People were supported with their medicines safely. The provider followed safe recruitment checks.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and skilled to undertake their role. People had their rights protected by staff members who followed current guidance. People had access to healthcare to maintain their wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People and staff members enjoyed positive relationships with one another. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in their assessments of care. People received care from staff members who knew their individual likes and dislikes. People were confident any concerns raised with the management team would be addressed appropriately. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People had regular contact with the management team who they found approachable. People felt involved in decisions about

where they lived and their views mattered. Staff members were able to contribute ideas about how care was provided and their thoughts valued by the management team.

Cheswardine Hall Nursing & Residential 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 05 and 09 December 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used the information to plan our inspection?

We spoke with six people, one visiting health care professional, one nurse, one senior care staff, one care staff member, two chefs the registered manager and manager. We looked at the care and support plans for three people, records of quality checks, accident and incidents records, medicine administration and details regarding staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from the risks of abuse. All those we spoke with told us they were kept safe from harm and abuse. One person said, "We are kept nice and safe here. I have no problems in that respect at all." Staff members we spoke with told us they had received training on how to recognise and report any concerns that they had regarding abusive behaviours. One staff member told us, "If ever I saw or suspected something I would make sure the person was safe and report my concerns straight away." Staff members told us they had access to information explaining how to report concerns. The contact details of the local authority and the care quality commission were available for people and staff to access should they need. At this inspection it had not been necessary for the provider to report any such concerns. However, they were aware of the procedures to follow should they need to in order to keep people safe from harm and abuse.

People told us they felt safe when receiving services from the provider. One person told us, "I can safely move around here without any problems and there is always someone around if ever I did need help." Another person said, "I came here following a fall and this affected my confidence. Here I feel safe and I know there is always someone to help me." We saw people had individual assessments of risk which included mobility, skin integrity, diet and nutrition. We saw staff assisting people safely move using equipment they had been trained in and assessed as competent to use. One staff member told us, "I received training on how to use different pieces of equipment and was assessed as competent before I could help anyone. This was to make sure I was safe to support people." One visiting health care professional told us whenever they visited they always saw that staff members were following correct and appropriate techniques when assisting people to move safely.

Any incidents or accidents were reported and recorded in order for people to be kept safe. We saw accidents had been reported and action taken to prevent the risk of reoccurrence and harm. For example following a fall, which did not result in any injury, the person had a revision to their risk assessment. This included the provision of additional equipment in order to minimise the risk of harm. One staff member told us, "I knew [person's name] had a fall. We were all told about it and what to do so that we could help them keep safe in the future."

People told us there were enough staff to meet their needs. One person said, "There is always someone around to help me if I need it. I never have to wait and nothing is too much trouble." At this inspection we saw that people were supported by enough staff to meet their needs. We saw that staff members had opportunity throughout the day to chat and socialise with people. On several occasions we saw staff instigating spontaneous activities with people including games, puzzles and reading. When people's needs changed we saw the provider had systems in place to provide additional support.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with

people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "They (staff member's name) always get my tablets to me on time every day. There is never a problem." Another person told us, When I left hospital I didn't quite understand the changes to my medicines. [Registered manager's name] found out exactly what changes were made and why and explained everything to me." We saw staff members following safe practice when supporting people with their medicines. Staff members received training in the safe administration of medicines and were assessed as competent before being allowed to assist people. Checks were regularly undertaken to ensure medicines were given as instructed. When errors were identified we saw these were investigated and actions taken to minimise the risk of it happening again. This included liaison with dispensing chemists and prescribing GP surgeries. Medicines were safely and securely stored.

Is the service effective?

Our findings

At our last inspection we found that the provider did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005. At that inspection we identified that staff and the management team did not fully understand and apply the principles of the mental capacity act. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to address this lack of understanding. At this inspection we found that improvements in this area had been made.

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 provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had an understanding about the process to follow if someone could not make a decision. One staff member said, "Sometimes people make decisions which can have a negative effect on their health. However, it is their decision to make. We try to educate and recommend alternatives. These usually work but ultimately until they are unable to make such decisions we just try to support as best we can." Another staff member said, "Should someone get to the point where they can no longer make an informed decision we have to help them. Any decision we help them make will always be in their best interest."

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "I can pretty much set out what I want and when I want it. It is up to me how much I want to be involved or not." Another person told us, "Although everyone here knows me really well they (staff) never presume what I want but always ask me." Throughout this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat and drink. When people had difficulty in making their wishes known we saw staff had the skills to adapt how they communicated with people. For example we saw one person struggled to say what they wanted. Staff members spent some time with the person and presented a number of options along with picture prompts and gestures. Once they thought they understood what the person was saying they confirmed it with them. This ensured they understood what the person wanted in order to meet their needs. One staff member said, "[Person's name] struggles sometimes talking. They did use a tablet computer but this caused them some frustration. We now work with them and as long as you don't rush you can understand what they are telling you."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and

followed the guidance provided. At this inspection the provider had not received any feedback from the authorising body regarding the applications they had made. We saw that as part of the process they had identified the least restrictive measure which was in accordance with the guidance.

We looked at people's advanced decision making in relation to their care and regarding do not attempt cardiopulmonary resuscitation (DNACPR). We saw people's wishes for their future medical care were clearly recorded for all staff to follow. Staff we spoke with knew people's advanced decisions and personal choices. However, the DNACPR forms we looked at did not follow the guidance provided. They did not evidence the reasons for particular decisions or any consultation with people or those close to them. These forms had been completed by a visiting health care professional. The registered manager told us they had approached the professional responsible for the completion of these forms and assured us action would be taken to rectify the situation immediately. They further told us they believed all those concerned had been consulted with but these conversations had been recorded elsewhere. All those we talked with told us they were fully involved in all decision making regarding their health and welfare.

People we spoke with felt that the staff assisting them had the right skills and training to support them. One person said, "All those here (staff) are skilled and help us as we need. There are no issues regarding anyone's competence here. From gardener to manager everyone knows what they are doing". Staff members told us they had a good introduction to their role when first starting work at Cheswardine Hall. One staff member said, "When I first came to work here I was supported by another staff member for a few weeks. This was so I got to know people and how they liked things done. At the end of this I had a meeting and we went through what went well and what could be improved. I found it to be very supportive."

Staff members had access to ongoing training which enabled them to assist people with their needs. One staff member told us, "I have recently completed my level 2 qualification in care and will be doing my level 3 at some point. This gives me the skills and knowledge I need to support people. It doesn't tell you how to support someone but more about the reasons why people require different types of support at different times in their lives."

People received care from a staff team who felt supported. Staff told us differing examples of how they were supported. Some told us they received regular one-on-one support sessions. Others told us they received informal support where they could seek advice and guidance at a time to suit them without a formal arrangement. Either way staff members told us they could seek guidance at a time they needed in order to provide safe care for people. One staff member told us during one such support session they received feedback on how to be more interactive with people. They said this guidance was not a criticism of their work but advice on how they could improve on the experiences for them and those they supported.

We saw staff sharing information appropriately between people they supported and other staff members. We saw one person had declined some aspects of their care on that occasion but would like assistance later. We saw one member staff passing this to another in order for the person's wishes to be respected. We later saw this person receiving the support they requested at a time they had indicated. People and staff members we spoke with told us they were confident that information they needed to communicate would be acted on. Information relating to people was communicated between those supporting them effectively.

We asked people about the food they were provided with at Cheswardine Hall. One person said, "Its first rate. You can have pretty much what you fancy." When people needed support to maintain healthy diets this was provided. We saw people were offered a choice of four main meals in the evening. However; when talking to the catering staff we saw that seven different dishes were being prepared. One Chef told us, "We offer a choice of meals for people. Sometimes they fancy something completely different which is absolutely

fine and we aim to provide what people desire." We saw people had access to fortified foods when concerns regarding weight loss were identified. We also saw healthy alternatives were available for those who desired to lose weight. The catering staff had regular updates on people's weights so they could plan and provide meals appropriate to people's health. We saw the catering staff had access to information regarding people's allergies and any medical conditions which could be affected by diet. This ensured people received diets and food options appropriate to their individual needs. When required staff members sought the advice and guidance from GP's and followed their recommendation on maintaining a healthy diet. We saw people were supported to eat and drink sufficient amounts to keep healthy.

People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. One person told us, "If I am ever feeling unwell the staff are excellent. I can count on them for anything and they will always get a doctor if I need one." One visiting healthcare professional told us, "There is a very good relationship here between us and staff members. Any advice or guidance is acted on immediately. Any recommendation for additional equipment for the benefit of people's health is provided without any delay and everyone works together as a team. People's health really is their (provider's) first priority."

Is the service caring?

Our findings

People we spoke with were complementary about those who supported them. They described staff as "kind", "loving" and "exceptional". One person said, "I admire (staff) immensely. They all have a smile on their face and they treat us all with kindness and respect. It is lovely to be here." Another person told us, "When I returned from a hospital visit recently the Doctor told me that I will be returning home. This is just how I see it here, my home. It is lovely to hear someone else say it also."

The staff we spoke with talked about those they supported with warmth, kindness and compassion. Throughout this inspection we saw many spontaneous interactions between people and those supporting them. We saw people and staff members spending time together throughout this inspection chatting and socialising with each other. We saw one staff member reading from a joke book with some people. Everyone was laughing at the punchlines and taking part in this spontaneous interaction.

We saw people were supported at times of anxiety. We saw one person was starting to show signs of frustration when completing a task. A staff member recognised and asked if the person needed any assistance. They did what the person requested. The person then completed what they needed to do. When asked the staff member told us, "If [person's name] becomes too frustrated they can become upset. If we help when we see them start to struggle this helps them focus more and not become upset." One person told us, "I recently had to have a short stay in hospital. The transport returning me didn't arrive here until late. The registered manager came and sat with me until gone midnight just to make sure I was settled again. This was a lovely touch and made me feel valued."

People told us they were involved in making decisions about their own care and support. We saw people being asked what support they wanted and everyday decisions including what to eat and what they wanted to do. One person told us, "I have completely free choice about what I want to do here and when. Nothing is pushed on me and it's up to me just how much or how little I want to be included." Throughout this inspection we saw people being encouraged to make decisions effecting their care and support.

People were supported to be as independent as they could. We saw people going out for walks in the grounds and around the property. One person told us "I regularly go out to the local library and often pop out for a breath of fresh air." Another person said, "They (staff) make sure I have everything I need nearby. They know I don't like asking for anything and this helps me carry on doing things I can without anyone's assistance."

People told us they were treated with respect and their dignity was maintained. People we spoke with told us their personal care and support was provided in private and never rushed. One person said, "They (staff) always encourage me to do as much as I can for myself. I have never for one moment thought my dignity has been compromised. Far from it, if it wasn't for them I don't think I would have any dignity left." Staff members we spoke with were able to tell us how they supported individuals in a way they liked. We saw one person was assisted by two staff members who took their time, spoke with the person throughout and stayed with them after they finished assisting them. One staff member said, "It's not just about doing

something for someone but making people feel that they still matter. We never rush anyone but take our time and work with them at a pace they like."

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff sharing information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

Is the service responsive?

Our findings

People told us that they were involved in developing care and support plans that reflected their individual needs and preferences. When it was appropriate the thoughts and views of family members or friends were obtained as part of the planning of people's care. One person told us, "I went through what I thought I needed help with and [staff member's name] explained to me additional areas I could perhaps also need help with. We agreed it together."

The care and support plans we saw were individual to the person and contained information staff members needed to know in order to assist them. These included medical need as well as personal preferences and key life events. Staff member's we spoke with could tell us about those they supported, what they liked and disliked, what and who was important to them and how they liked to spend their time. People were supported by staff members who knew them as individuals and were knowledgeable about their personal needs.

People had their care and support plans regularly reviewed or adapted when their needs changed. One person told us, "I needed an assessment for a different piece of equipment so I could safely move. I was fully involved in the assessment and everything was explained to me regarding what I needed. I made a decision on one piece of equipment and so far so good, everything is working just fine." We saw staff members identified one person needed extra support regarding their mobility. We saw their risk assessment and care plan was updated and an additional piece of equipment provided to ensure they received appropriate support.

People told us they were involved in a wide range of activities whilst living at Cheswardine Hall. One person told us, "It is up to you just how much or how little you want to be involved in things. There is something to do if you want to but I can also just do what I want without any pressure." Another person told us, "I like the entertainment that comes in here. We have a good sing-a-long." At this inspection the activities coordinator was not present owing to sickness. However, we saw people were engaged in a number of activities throughout the day including board and throwing games. One person told us, "I just enjoy reading and there are always plenty of books to read. I also enjoy just adding a piece or two to the jigsaws we always seem to have on the go." People had access to activities they found stimulating and enjoyable.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. We saw relatives and friends visiting throughout this inspection. One person told us, "I keep in touch with some of my family via the internet. I had some difficulty with it one day and [staff member's name] came and corrected it straight away for me without any fuss. This means I can stay in touch with my family which matters so much to me."

People and relatives felt comfortable to raise any concerns or complaints with staff, the manager or the registered manager. One person told us, "In the past I had to raise a concern with [registered manager's name]. They corrected the situation immediately and let me know what had happened." That was quite some time ago and I have not had cause to voice any other issues since." People we spoke with felt

reassured that should they have the need to make a complaint or raise a concern this would be investigated by the management team and steps taken, when needed, to address their concerns.

Is the service well-led?

Our findings

People told us they were involved in decisions about their home and well informed regarding any changes. One person said, "We have regular resident meetings. These happen once a month. We get regular updates about our home and also can talk about anything we want. During these meetings we are also informed about any staff changes including new starters so we know who will be assisting us." In addition to resident meetings people also had regular meetings with the catering staff. During these meetings people had the opportunity to discuss the menus and to make suggestions. One person told us, "I didn't particularly like breaded items of food. I know there is always an alternative but I just wanted them to know." If people didn't attend any of the meetings available to them notes were produced for their reference at any time. One person told us they were not at the last resident meeting but showed us their copy of the minutes they had with them.

People told us they regularly saw the registered manager and other members of the management team. One person said, "I know I can see someone whenever I want but the chances are I will bump into someone throughout the day anyway. They (management team) are always around if I need them."

Staff members we spoke with told us they felt valued as employees and that their opinions mattered. One staff member told us the management team had made the decision to end formal staff meetings. They said the rationale for doing so was explained to everyone so people understood the reasons why. One staff member told us, "Instead of now waiting for a staff meeting to raise something we can just highlight it there and then. The (management team) are approachable at any time. If they want us to know something they pass it on directly or leave us a note. It works much better this way and we all talk together."

Staff members told us they believed any suggestion they made to the management team was valued and if appropriate acted on. One member of the catering staff said, "The care staff used to take people's food orders. We suggested that we did it instead. This allowed us to get to know people and their individual preferences. We were then able to suggest alternatives if they didn't particularly fancy something on offer. This has worked really well." At this inspection we saw one chef taking food orders from people and making suggestions based on people's known preferences.

Those living at Cheswardine Hall told us they still felt involved in and part of their local community. People told us they went out for walks and also to local amenities. For those who did not wish to travel beyond Cheswardine Hall a local shop provided weekly visits where people could purchase essential items. One person said, "I don't like going out much but the shop comes here. I can still have a little gossip and a catch up as well as getting what I need." Cheswardine Hall had good links with the local community within which it was located.

People we spoke to believed the management team and provider were open and transparent and were able to openly discuss anything they wanted. One person said, "We can approach [manager's name] at any time and be assured of a positive response. There is never the need to formalise things with them in writing as they will always put things straight and let you know what had happened. If needed we always get an

apology from them."

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Cheswardine Hall had a clear management structure in place which included a registered manager who received support from a manager. Both the registered manager and the manager had clear role responsibilities which the staff team understood. The registered manager understood the requirements of Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The management team had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, following a fire safety quality check the provider made changes to the environment at Cheswardine Hall to increase the level of fire safety and provided additional equipment for people's safety. Additionally, following feedback and consultation with people and their relatives the management team told us they are now looking at increasing people's involvement through a reinstated resident's committee. The manager told us they had a committee previously but this had subsided. They believed people were involved through the residents meetings but the residents committee may give people more increased input within Cheswardine hall.