

## Chalfont Care Home

# Chalfont 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

This was an unannounced comprehensive inspection that took place on 4 and 5 April 2016. At the last inspection completed in May 2014 the provider was compliant with the regulations and quality standards we reviewed.

Chalfont Care Home provides accommodation and personal care for up to 10 older people in a small homely environment. At the time of the inspection there were 9 people living at the home.

There was a registered manager at the home at the time of the 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.

Overall, there were high satisfaction levels about the way people were cared for and supported.

People felt safe and there were systems in place make sure that the environment and way people were looked after was safe.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care was delivered safely with action taken to minimise identified hazards.

The premises had also been risk assessed to make sure that hazards to people living at the home were minimised.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce the chance of such accidents recurring.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home. The home had a longstanding, small staff team who had worked at the home for many years.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines ensuring people had medicines as prescribed by their doctor.

The staff team were both knowledgeable and well trained.

There were good communication systems in place to make sure that staff were kept up to date with any

changes in people's routines or care requirements.

Staff were well-supported through supervision sessions, an annual performance review and also practice observations by the registered manager.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs.

Relatives, staff and people were very positive about the standards of care provided at Chalfont Care Home. People were treated compassionately as individuals with staff knowing people's needs.

People's care and support needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered people's overall needs. The plans were up to date and accurate.

There were some communal activities provided and people were happy with the support they received in this area.

There were complaint systems in place and people were aware of how to make a complaint. None had been raised since our last inspection in May 2014.

The home was well-led. There was a very positive, open culture.

There were systems in place to audit and monitor the quality of service provided to people.

## 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 ●

There were systems in place to make sure people were cared for and supported safely.

Suitable staffing levels were maintained to meet people's needs.

Medicines were managed safely in the home so that people received the medicines as prescribed by their doctor.

### Is the service effective?

Good ●

The staff team were both knowledgeable and well trained.

People's consent was sought about how they were cared for and the home was compliant with the requirements of the Mental Capacity Act 2005.

People enjoyed a good standard of food that was appropriate to their needs.

### Is the service caring?

Good ●

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

### Is the service responsive?

Good ●

People's care and support needs had been thoroughly assessed.

Individual care plans had been developed for people that were accurate and up to date.

### Is the service well-led?

Good ●

The home was well led and managed with an open and transparent culture.

People's and relatives views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided.

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# Chalfont 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 was 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.

We did not ask for a Provider Information Return (PIR) before this inspection. 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 registered manager had prepared a PIR and provided this at the beginning of the inspection. The information contained was used as part of this inspection.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

This inspection took place on 4 and 5 April 2016 and was unannounced. One inspector carried out the inspection over both days when we met and spoke with eight of the nine people living at the home.

The registered manager of the home and the providers of the service assisted us throughout the inspection. We also spoke with one member of staff, two visiting relatives and a district nurse who was visiting the home on one of the days of inspection.

We looked in depth at two people's care and support records and reviewed the medication administration records for everyone living at the home. We also looked at records relating to the management of the service including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits and policies, completed quality assurance forms and other records relating to the management of the home.

# Is the service safe?

## Our findings

Everyone we spoke with was positive about the overall service that they had experienced whilst living at Chalfont Care Home and no one had any concerns about their safety.

The provider had taken steps to make sure people were protected from avoidable harm and abuse; ensuring people's human rights were protected.

The registered manager and the member of staff we spoke with were knowledgeable about identifying the signs of abuse and knew how to make safeguarding referrals to the local social services. Information notices were displayed in the home as a prompt for staff.

The staff team had completed training in adult safeguarding that included knowledge about the types of abuse. The staff were also aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

The service was managed so that people were protected from avoidable risk and their freedom supported and respected.

There were systems in place to ensure risks were minimised in delivering people's care. Risk assessments for topics commonly affecting older people had been carried out for the two people whose records we looked at in depth. The assessments included malnutrition, falls, mobility and skin care amongst others. They had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments then underpinned care plans that had also been developed to make sure that people's care was delivered as safely as possible.

The premises had also been risk assessed to minimise the potential of any hazard to cause harm to people. Actions to minimise risks included the covering of radiators to protect people from scalding surfaces, window restrictors fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves installed on hot water outlets to protect people from scalding water. Portable electrical equipment had been tested to make sure equipment was safe to use and an up to date fire risk assessment had been completed.

The registered manager monitored any accidents and incidents that had occurred. Records were maintained individually of any accidents or incidents. These were then periodically reviewed to look for any trends where action could be taken to reduce the incidence recurrence. Overall, there was a low incidence of accidents and incidents. An example of where action was taken to reduce likelihood of further accidents involved a person who had fallen from bed at night and after discussion with that person, bedrails were provided to prevent further falls.

Personal evacuation plans to make sure people were safe in the event of fire had been completed and other

plans put in place for the event of other emergency situations.

Staffing levels were sufficient to meet people's needs. Everyone we spoke with was satisfied with the levels of staffing provided in the home. People told us that their call bells were answered in good time if they called for staff assistance. People also told us that staff were always available for support and that they carried out regular checks to make sure people were safe. Being a small service with the registered manager and providers in the home each day, dependency profiles were not used to determine staffing levels. Instead staffing levels were monitored on day to day basis with additional staffing provided if required.

At the time of inspection there were two staff on duty between 8am and 8pm. During the night time period there were two staff on duty, one awake and the other carrying out a sleep-in duty.

Chalfont Care Home had a small team of staff who had worked for a long time at the home for many years. Consequently there had been very few new staff recruited. Recruitment records for the one member of staff who had started working at the home since the last inspection in May 2014, showed that robust recruitment procedures had been followed and all the required records and checks had been collated and carried out. These included a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing work when working in care. A criminal records check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

The registered manager had put systems in place to make sure that medicines were managed safely. For example, the registered manager ordered medicines required and checked the order when this was delivered to the home by the pharmacist. Only staff trained in safe medication administration were responsible for administration of medicines. Medication administration records showed that people had received medicines as required. There was good practice of a photograph of the person concerned at the front of their administration records together with information about any allergies they had to any medicines. Where a variable dose of a medicine had been prescribed, the number of tablets given was recorded. There was information as well as body maps to show staff where to apply prescribed creams. Records showed that these had been applied as directed.

The home had adequate storage facilities for all medicines including a small fridge that was checked daily to make sure it was working within the correct temperature range. Medicines were stored in an orderly way and not overstocked. We carried out a sample audit of medicines held and found that the amounts held tallied with the records.

The home had suitable facilities and records in place for the destruction of medicines no longer required. Overall there was a system in place to account for all medicines entering the home.



## Is the service effective?

### Our findings

Staff had the skills and knowledge to make sure people received effective care. One member of staff told us, "As we are a small home we are able to get to know people very well." The staff member also told us that they received good levels of training". Relatives told us that they had confidence in the staff team and that people's needs were met at all times.

The registered manager had a system in place to make sure staff received training that was appropriate to their role. Records detailed courses staff had attended and when they were due for update training. Training courses staff had attended included: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training.

Staff told us they felt supported by the registered manager and the providers of the service. They told us they received regular one to one supervision sessions in line with the home's policy as well as an annual appraisal to look at their career development and review their year's performance.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers at the beginning of each change of shift.

Everyone we spoke with said that their consent to how they were cared for and supported care was sought, in line with legislation and guidance.

The registered manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. Applications to the local authority had been made appropriately.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area. People living at the home had capacity to make their own decisions and they told us their consent was always obtained as to how they were cared for and supported. They told us that they could get up and go to bed at times that suited them and choices were always explained about their care. People had signed their care plan and other records showing that their consent had been agreed.

People were supported to have sufficient to eat, drink and maintain a balanced diet and made positive comments about the food provided. Some of the comments made included; "Not bad at all", "Very good", "I have just had a lovely breakfast and have no complaints" and "The food is excellent and always well-presented".

People's weight was regularly monitored and action taken when people lost weight. Nutritional assessments identified people's needs and personal preferences.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including opticians, chiropodists, GPs and specialist health professionals.

Care plans detailed how people's health care needs were to be met, ensuring that chiropody, dentistry and other healthcare needs would be met.

## Is the service caring?

### Our findings

People were very positive about the way they were cared for. One person said, "I would give them 100 per cent in the way they look after me". Another person who had recently moved to the home told us they preferred Chalfont Care Home to their previous placement, adding, "It has been a very positive experience and they have been very supportive". Another person said, "This is an excellent home. The staff and owners are very attentive".

People said that they were treated with kindness and compassion in their day to day care and this was confirmed by our observations throughout the inspection. The member of staff we spoke with had worked at the home for many years and was knowledgeable about people's needs and preferences.

People told us that staff respected their privacy and independence by knocking on their bedroom door before entering and ensuring that any personal care was carried out in privacy. People also told us that staff addressed them by using their preferred form of address.

People told us that they had been involved in planning their care, which ensured that people could maintain their independence whilst receiving the support that they needed.

Relatives told us that they were free to visit at any time, were always made to feel welcome at the home and were kept informed.

## Is the service responsive?

### Our findings

People felt they received personalised care and told us that the registered manager and providers were organised and could be relied upon to follow through any arrangements that had been agreed. For example, one person told us, "Staff always assist me when I need to use the stair lift as they know I would feel unsafe on my own". People confirmed that they had been involved in planning their care. Overall, people had no concerns about the way care was planned and delivered.

There were thorough assessment procedures in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, a preadmission assessment of their needs had been carried out.

On admission to the home people, more in depth assessments were carried out using a range of assessment tools and risk assessments. These were used to develop an individual care plan for each person together with their involvement about the way they would like to be cared for and supported. Care plans we looked at were up to date and reflected people's needs, having been signed by the person concerned or in some cases their representative. The care plans were person centred, having taken into account their life history, giving a good overall picture of each person's ability and how to maintain their independence. For example, one person wished to manage their own medication. A risk assessment had been completed with the person to make sure they could manage this safely whilst supporting their independence.

People had been provided with specialist equipment where this was needed, such as an air mattress. Where these had been provided, staff ensured people's mattress settings corresponded to their weight. People who required the use of a hoist for their moving and handling needs had their own slings to minimise risk of cross infection.

A volunteer activities coordinator, who had been trained in providing activities for older people, visited the home once a week and provided communal activities such as quizzes, arm chair exercises and discussions. Responsibility rested with the staff to support people with activities for the rest of the week. People told us they were satisfied with this arrangement. Some people liked to go for short walks or spend time in the lounge with other residents. Other people liked to have a daily paper and spend more time within their bedroom. Everyone told us they enjoyed the fact that there were dogs in the home, which provided them with company and distraction. People told us that they had been informed before admission that dogs were accommodated at the home.

People knew how to make a complaint if they needed, with the complaints procedure being detailed within the information folder, 'Welcome to Chalfont', that had been provided to each individual. People told us that any concerns were addressed before any need to escalate to the complaints procedure. No complaints had been raised about the service since the home was last inspected but there were five compliment cards on the file with comments such as; "We can't thank you enough", and, "We couldn't have asked for more, we feel so lucky to have found you".

There was a system in place should people need to transfer between services, for example, if they had to go into hospital or be moved to a nursing home. This ensured information accompanied the person so that consistent, planned care could be provided to that person.

## Is the service well-led?

### Our findings

People and relatives told us that the home was well managed. They said there was a positive culture that was open, inclusive and empowering. There was good management and leadership provided by the registered manager and the providers who all maintained a high presence in the home. The home also had support from a consultant who assisted the registered manager with management of the home.

The staff member we spoke with told us that the registered manager and providers was always available to speak with and that they felt supported. They also said there was an expectation of high standards being maintained at all times. Relatives also confirmed that the registered manager was open and always available to speak with.

Throughout the inspection we observed that the service provided individual, person centred care with a friendly, caring staff.

The registered manager had a system in place to seek feedback on the quality of service provided. A survey had been carried out in June 2015 involving feedback from relatives. The returned surveys were all positive and a development plan for the home put in place.

The registered manager showed us the audits carried out showing there was monitoring of the quality of service. These audits included medicine management, care plan reviews and a data management audit. The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

Records we reviewed during the inspection were up to date, accurate and were stored confidentially.