Alpha Care Management Services Limited

Cheaney Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on the 3 and 4 November 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to 65 older people. The people living in the home have a range of needs including people living with dementia, sensory impairments and physical disabilities. The service provides both respite and long term care. At the time of our inspection there were 59 people living there.

The service has a registered manager. 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.

There were appropriate recruitment processes in place and people felt safe in the home. Most staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns; however some staff were not aware of whom they would contact outside of the home if they had concerns and the information about contacting outside agencies needed to be updated.

Summary of findings

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care, however not all staff understood why they were collecting information and information was not always being collated.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines.

People received care from staff that respected their individuality and were kind and friendly. Their needs were assessed prior to coming to the home and care plans were in place and were kept under review. The care plans could be strengthened to give a more detailed picture of the individual and more accessible to some staff.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls.

Management were visible and open to feedback, actively looking at ways to improve and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service is not always safe

Although staff had received training in safeguarding they were not all confident in how to report it outside of the home and information around safeguarding needed to be updated.

Risk assessments were in place which identified what additional support was needed to keep people safe.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Requires improvement

The service was not always effective

There were inconsistencies in the recording on fluid charts and some staff where unclear why they were collecting the information.

People had different experiences at mealtimes and consideration needed to be given as to the timing of meals.

People were cared for by staff that had the skills and knowledge to meet their needs.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Is the service caring?

Good

The service is caring

People received their support from staff that were friendly and interacted well with them.

People's dignity and right to privacy was promoted and respected by staff
People were encouraged to express their views and to make choices

Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were in place; however there was scope to strengthen this process to build a more comprehensive picture of each person and staff encouraged to take time to read the information available.

Summary of findings

Activities were available both individually and in a group however these were reliant on the activities co-ordinators to deliver.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Requires improvement

The service was not always well led

Management needed to review its channels of communication to ensure that all staff fully understood the expectations the management had of them to deliver a consistent approach to care of people.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

Health and Safety and Quality assurance audits were completed and acted upon.

The local community were encouraged to join in with events.

Cheaney Court 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 3 and 4 November 2015. Our first visit was unannounced and the inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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 the completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with 12 people who used the service, 18 staff including nursing, care, housekeeping and kitchen staff, deputy manager and the registered manager. We were also able to speak to a number of relatives who were visiting at the time.

We looked at seven records for people living in the home, five staff recruitment files, training records, duty rosters and quality audits. During our inspection we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

During our visit we observed that people were relaxed and happy in the presence of the staff. A number of people said they felt safe and would speak to any of the staff if they were not happy or needed something. One person told us "No one speaks crossly to you and I am able to contact my family at any time."

Some staff were able to talk about the various forms of abuse and how they would recognise the signs of abuse, but we were concerned that only one member of staff who was qualified nurse was able to describe the procedure for reporting abuse other than to the manager or the deputy manager. Staff were confident that if they reported suspected abuse to the management it would be dealt with appropriately. A care worker said, "Any abuse must be reported." All of the staff files included a copy of a certificate to confirm safeguarding training as part of the induction process. However, the information given at induction needed to be updated to reflect the current contact details of the Local Authority's safeguarding team and these needed to be more readily available to all staff to ensure they knew who to contact if they needed to.

We had received information that suggested there were not always sufficient staff on duty. People who used the service told us they thought there were sufficient staff on duty. One person said, "Sometimes at holiday times they need more staff." During the inspection there were 5 care staff on each floor and 2 nurses, plus a lead nurse; they were supported by housekeeping and kitchen staff and an administrator. The deputy manager and registered manager were also available later in the day. At night there had been one nurse and two carers on the first floor and one senior carer plus 2 carers on the ground floor. Rosters reflected that this was the normal staffing level and staffing was increased if after an assessment of a persons' individual need indicated that they needed a higher level of care support. The manager told us this was always kept under review and whenever necessary staffing levels would be increased. Taking in to consideration the information available about the people living in the home at the time of the inspection and observing the support given throughout the day we felt that staffing levels were sufficient to meet those needs.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. Anyone at risk of falling had risk assessments in place and a monthly audit was undertaken around falls. We saw in the care records that where it was considered in the persons best interest to have bed rails in place these were supported by a risk assessment and a signed agreement to these being used.

Any accidents/incidents had been recorded and appropriate notifications had been made. The manager collated the information around falls and accidents/ incidents on a monthly basis and took any action as appropriate. The manager also met each day with senior staff to discuss any events affecting people and agree the most appropriate action to mitigate any risks.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment was stored safely and regularly maintained. Those people who needed to use a hoist had individual slings to meet their needs which were regularly washed after use. The home was clean and tidy and was being continually cleaned throughout the day of the inspection.

People were cared for by suitable staff because the provider followed thorough recruitment procedures. Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home. Any staff whose first language was not english were not allowed to work with people until the manager was satisfied that they could communicate clearly and had a good understanding of their responsibilities.

People were able to call staff to assist them by using the call bell system in operation in the home with bells in each room. In cases where bells were not placed near to someone in bed an assessment had been completed to confirm they did not have the capacity to use the bell. One person told us "I just push the bell if I need help."

There were safe systems in place for the management of medicines. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. The Medication Administration Records (MAR charts) had been completed correctly and there were few omissions of the staff signatures that confirmed the staff had administered the prescribed medicine. Informal audits identified any omissions in a timely manner to allow them to be rectified by checking stock balances. Where a variable dose had

Requires improvement

Is the service safe?

been prescribed staff routinely recorded the dose given on the MAR chart and recorded when and why any 'as required' (PRN) medicines were given. We heard staff sensitively checking if people needed pain control medicine throughout the day and observed staff explaining to people about the medicine they were being asked to take. The MAR charts in respect of creams and ointments were stored outside of the medicine charts so that staff could record these were administered at any time. However, we noted a number of omissions in signing which we brought to the attention of the Nursing staff and staff were asked to correct. The manager will ensure that all staff are recording that creams have been applied..

Requires improvement

Is the service effective?

Our findings

People were receiving adequate food and fluids, however we noted there were some inconsistencies with recording this information. Fluid charts were not routinely totalled and there was no record of the amount of fluid a person required so they could be supported to reach their goal. Staff we spoke with were unsure why certain people were deemed as needing these checks. We observed people being offered drinks throughout the day and others being supported to drink but there needed to be a better understanding from staff as to why they kept records on fluid intake. We spoke to the manager about this and they said that they will ensure that staff do understand and will review the information held on the chart to ensure it accurately reflects the needs of the individual.

Mealtimes were quite a relaxed time. Breakfast was served to people as they got up and could be taken in their room, lounge or dining area wherever people chose. There was a variety of choice at breakfast with some people choosing to have a cooked breakfast. However, we noticed that for some people who had limited communication they were not finishing their breakfast until nearer 11am and lunchtime commenced from 12.30. One person told us "I had a fry-up for my breakfast so I am not bothered about lunch." We spoke to the manager about this and they said they would talk to the individuals concerned and staff to ensure that people were getting their meals when they wanted.

At lunchtime people again had a choice of meal and ate where they wished. The meals were all plated up and some people were overwhelmed with the amount on the plate. We spoke to the manager and cooks about this and it was agreed portion pots were to be purchased to ensure that people got the amount they needed and wanted. People told us that the food was good, one person said "The food is very good, plenty of it, plates are full, if you don't like it they will make something else." There were sufficient staff to support people at meal times. Plate guards were used to support people and protective clothing was offered. Staff took time to support those people who needed to be supported. People's overall experience was different dependent on which floor they were on. On the first floor lunchtime was a sociable occasion with people and staff interacting well, whilst on the ground floor there was little interaction from staff. The kitchen staff were well informed about individual dietary needs and staff knew people's likes and dislikes.

People received care and support from staff that had the skills and knowledge to meet their needs. All new staff had an induction programme which involved completing mandatory training such as manual handling, health and safety and safeguarding. As part of the induction they also shadowed more experienced staff before they were allowed to work with people. The manager also informed us that where they had recruited someone whose first language was not English they ensured that before the staff member took on the full responsibilities of their role they needed to demonstrate that they were able to communicate clearly with people and understood the relevant policies and procedures. One person said, "Sometimes there is a little bit of a language barrier but they [referring to the staff] always make themselves understood."

Staff told us that they had received good and regular training and support to do their job. They said they had the opportunity to undertake and refresh their training. One member of staff said, "We are informed about when we need to attend training and it is always made available for us." A lot of the staff training was provided in house by a member of staff who had completed the train the trainer course. Staff told us this meant training could be personalised to the needs of the people living at Cheaney Court and as a consequence was more meaningful. We looked at staff training records and could see that each staff member had refresher training planned and there was opportunities for staff to complete more specialised training relevant to their individual roles, such as pressure ulcer prevention.

Staff said that they had supervision and most could recall their last supervision. One member of staff said, "We don't have to wait for a supervision session to discuss any issues, the manager is always available to us and will listen. The manager told us that in addition to individual supervisions there were group supervisions with different staff teams which focussed on specific issues in their area of work. For example care staff would have an opportunity to have a group discussion about how they should be working to meet the needs of individual people. Staff appeared confident in their roles and interacted well with people.

Requires improvement

Is the service effective?

However, management did need to check with staff their understanding of the need to record fluid intake and the impact that this may have on a person if they did not and ensure they fully understood the reporting of safeguarding concerns outside of the home.

People were continually asked for their consent to care for example a care worker said, “Can I help you with that” or “Is it alright to put this on you”; they waited to be given permission before carrying out the task. Where people were unable to give their consent care files demonstrated that staff had completed Mental Capacity Act (MCA) assessments, however it was not always clear as to the areas in which a person was deemed to have capacity and those areas for which best interest decisions were needed. We asked the manager to review the capacity assessments in place to ensure they accurately reflect in what areas the person lacks capacity. There were appropriate policies and procedures in place and staff had involved relevant professionals and others in best interest and mental capacity assessments. 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 Mental Capacity Act. The application procedures for this is called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA, and found that conditions on authorisations to deprive a person of their liberty were being met as related assessments and decisions had been properly taken.

Doors around the home were locked with a keypad. People who had the capacity and were physically able to come and go as they pleased were given the code along with families and people who visited the home on a regular basis. Mental Capacity assessments had been completed and appropriate authorisations under DoLs had been sought.

We saw from the care files that a variety of health professionals supported the home and that the nursing staff had the appropriate training and updates to perform nursing tasks on those people with nursing needs. One of the local GPs visited each week and we saw that a Speech and Language Therapist had been contacted for advice. People had access to a chiropodist who visited regularly and an optician.

Where people assessed needs indicated that they needed specific equipment this was provided. For example, a person who was assessed as being at risk of developing pressure ulcers had been provided with pressure relieving equipment and during case tracking we confirmed these were being used correctly. We also observed that a number of people had specially adapted chairs to support their physical needs. Those people who used a hoist had their own slings which were regularly washed.

Good

Is the service caring?

Our findings

The atmosphere in the home was friendly and welcoming. Visitors were welcomed at any time with a smile and staff took time to speak to people as they came in. Throughout our visit we saw positive interaction between the staff and the people using the service. Whenever possible staff engaged with people while caring for them. People told us that they were looked after well. One person said "I can't grumble about anything everyone is so kind." Another person said "the care here is genuine." A relative who was visiting at the time said "I trust the staff, they are wonderful and caring." Another relative commented "Lovely, marvellous place, staff approachable and people are well looked after."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. We asked the staff about promoting people's privacy and dignity, they spoke about offering choices when dressing, at mealtimes and when they went to bed and got up as well as shutting doors when providing personal care. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "I can get up when I want. I usually wait until I have had a cup of tea in bed." Another person said "The staff always knock on the door when they come into my bedroom and come in smiling."

Where people had difficulties in communicating their needs and became unsettled staff took time with people, holding their hands to reassure them and speaking to them calmly and quietly. In one situation we observed staff being able to distract a person to doing something else when they appeared quite frustrated with another person. One person carried a list of names of staff with their pictures which enabled them to recognise and remember who they were speaking to.

The home also offered support to relatives, one relative told us "They look after me as well as my relative" This person had their main meal with their relative at the home each day. We observed a number of relatives who came in throughout the day to assist in supporting their relative. This helped the staff to gain a better understanding of the individual's needs and assured relatives that their relative was being well cared for. It helped to create a nice atmosphere throughout the home.

Requires improvement

Is the service responsive?

Our findings

Some staff did demonstrate a good understanding of each person in the service and clearly understood their care and support needs. They interacted with people in a confident and carefully considered manner and they were responsive to individual needs. However this was not consistent aross the staff team. Although, people had completed 'Life Story Books' which detailed peoples past lives and interest it was evident that some staff had not made effective use of the information. The more inexperienced staff although were attentive to people may have found it helpful tohave a greater understanding of a persons background when engaging with them. The activities co-ordinators took the lead in helping people to complete the 'Life Story Books' but the needed to be better communication between the staff to share the information they had gathered.

Electronic care plans were in place and detailed people's care needs. They lacked personalisation but did include all the required needs of a person. The unqualified care staff told us they did not write in the plans and instead passed any information that needed updating or altering to the nurses for inputting. This system did not always work effectively because care staff rarely had an opportunity to read the care plan. One member of staff said "the care plans are not easy to access." We saw an example of care needs not being updated as care was provided and during lunch time if care staff had been more aware of a person's history they may have been better able to support them when they were getting distressed. We were able to check that where someone had been identified as being at risk of developing a pressure ulcer staff had put a care plan in place which indicated the level of care the person needed and what specialised equipment they needed which was all in place.

Daily records were completed but again contained more basic information about the care and support a person had received. Although this helped the next set of staff on duty to know what care needs may be outstanding information about how the person had spent their day, what mood they had been etc would have helped to enhance the support people were getting.

We were concerned that when we arrived at 7.45am to start the inspection 14 of the 29 people living on the ground floor of the home were up and dressed, many looked very sleepy. The night staff told us that in order to complete the required tasks it was necessary to start to wash people and get them up if they were awake at 5am. We spoke to the manager about this who was able to explain that there was no definitive expectation as to the number of people who the night staff were expected to get up; only those people who wished to get up and dressed early should be assisted to do so; night staff were responsible for ensuring that those people who needed to be changed should be washed and changed but left in bed if they wished to be. The majority of people who were up were unable to confirm with us if they wished to be up, however, a couple of people were able to tell us they preferred to get up early. The manager agreed that they would speak to the staff about this and monitor the situation to ensure that only those who wanted to be up early were up and the care plans included people's preferences as to the time they got up.

At times throughout the day there was little to stimulate people in all areas of the home. Although people told us about activities none were offered during our visit. One person said, "We keep our brains active by doing quizzes and playing games". We were told that the activity staff were either off on holiday or sick. One member of care staff said, "We would not do the activities" This indicated that staff did not have a holistic approach to providing care to people. The manager explained that this was an exceptional situation as they had three activities co-ordinators working up to 66 hours during the week. We contacted one of the co-ordinators who was able to tell us about how the activities were organised and delivered. There was a mixture of group activities such as quizzes, beetle drive and sponge foam dice and individual activities offered throughout the week. For some people who are living with dementia there was a lounge which had been specifically decorated with memorabilia from past decades and people were offered a music headphone session. One person who had not been able to recognise their family had actually spoken their spouses name when listening to some of their favourite music. We observed one person who liked singing being encouraged to sing to people in one of the lounges, which everyone appeared to enjoy. People's spiritual and faith needs were supported by visits from various faith leaders. Although, this may have been an exceptional circumstance it was disappointing that the staff on duty did not feel they were responsible or able to offer some form of activity in the absence of the activity co-ordinators.

Requires improvement

Is the service responsive?

There was evidence that pre-admission assessments had been carried out to ensure that the service could meet the needs of a person coming into the home. One person told us about moving to Cheaney Court because it offered them more space for their mobility equipment. People and their families were encouraged to visit the home before they made any decisions about living at the home. There was a four week period after admission which allowed people time to see whether the home was right for them and for the home to ensure they could meet the individual's needs. People had been able to bring in small personal items and we could see that some people who had specific hobbies had been able to display things such as model airplanes in their rooms. We spoke to one family whose relative had only lived in the home for a couple of months and they said "So far so good, able to speak to staff and the manager, overall not too bad."

In each person's room there was information about the home including how to make a complaint. The manager explained that on admission staff will talk through with people and their families how they could give their feedback and gave them the information booklet. The manager had an 'open door' and everyone we spoke to said the manager and deputy manager were approachable and listened to people's concerns. The manager had been pro-active in responding to any concerns and had sought support from the provider when they had needed to address difficulties which has arisen within the senior team. We saw a lot of thank you cards from people expressing people's gratitude to all the staff for the care and support they had offered to individuals.

Requires improvement

Is the service well-led?

Our findings

Everyone we spoke to knew who the manager and deputy were and spoke positively about them. Comments included “approachable”, “take time to listen”, “supportive”, and “encourage you to develop your skills.” The manager took time out each day to walk around the home and speak to people and staff. We observed visitors speaking to the manager and one told us “I know I can always speak to the manager, their door is always open.” However, the manager and deputy manager needed to ensure that all staff were making use of the information available to them and that instructions that they had given were consistently being followed.

The manager met each day with heads of departments to ensure that information was fully communicated which may impact on the people and enabled each department to have an open exchange of information. This meant everyone was focussed on the needs of the people. We observed one of these meetings and could see the good rapport the manager had with the heads and people were able to speak freely. However, there was a need to strengthen the communication links between management and care staff to ensure that all staff were aware of the ethos of the home and consistently worked to provide a good experience for all the people living in Cheaney Court.

Regular meetings were held with people and their families and each month at least 10% of people using the service along with their families were asked about the quality of care and for any feedback about the service they were receiving. The information received back was then used to improve the service and environment. For example we saw that following feedback about the grounds work had been undertaken to improve them and families had commented that they could see much improvement with them. New curtains were to be purchased following comments for the need to replace the current curtains.

The manager spoke positively of the provider and how much support they gave and were pro-active in any suggestions being raised. The manager and provider are currently looking at the design of the building to see how it could be improved to better meet the needs of the people living in the home.

Staff met regularly so there was an opportunity to share good practice and to address any issues staff had. We read that communication between senior staff had not been as good as it needed to be and that with the support from the provider this had been addressed. On our observations there was a good rapport between staff and all staff were observed to engage with people and visitors throughout the day.

Staff were encouraged to develop their skills and experience. The home regularly had student nurses on placement which had enabled some of its own nursing staff to be trained as practice supervisors. Overseas nurses had been given the opportunity to gain the skills and experiences needed to fulfil professional roles before they had taken on those roles. This had included ensuring with the people living in the home and the general staff team that the individual was able to make themselves clearly understood.

Health and safety audits were undertaken on a regular basis and action taken when necessary. For example a recent fire risk assessment had highlighted that hoists and a clothing rack were being left at night at the top of the stairs on the first floor these had now been re-located.

The home opened its doors to the local community encouraging them to take part in some of the events it held such as the annual fete. Cheaney Court has been voted as top Nursing Home in the East of England for 2015 following the number of recommendations it had received on the Care Homes website.