

Cheriton Care Centre Limited

Cheriton Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cheriton Care Home is a residential care home providing personal care to 56 people aged 65 and over. The service can support up to 71 people across two separate wings known as Badbury and Maumbury. The service does not provide nursing care.

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

Staff spoke knowledgeably about how to identify and report potential abuse. Staff were recruited safely with the service ensuring all necessary identity checks were completed before staff commenced their employment at Cheriton Care Home. There were adequate levels of staff available on each shift to ensure people were cared for safely.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training and had their competency regularly checked.

The service was compliant with guidance and safe processes relating to COVID-19. Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance regarding COVID-19 testing for people, staff and visitors was being followed.

People and their relatives told us they or their loved one enjoyed living at Cheriton Care Home, they felt safe and received a good level of care and support. People were relaxed and comfortable with staff who knew them well and supported them in ways they preferred.

There was a clear risk assessment system in place. Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. Where appropriate, people and their families were included and involved in their care and support.

There was an effective governance system in place. There were a variety of action plans, audits, policies, spot checks, systems and procedures to monitor the quality and safety of the service. These ensured a culture of continuous improvement and learning took place and highlighted any potential shortfalls.

People, relatives and staff felt the service was well led. Staff spoke positively regarding the registered manager and the management team and felt well supported within their roles.

The service worked closely with a variety of health and social care professionals to ensure people received timely and effective care and support.

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

Rating at last inspection

The last rating for this service was good (published 16 March 2019).

Why we inspected

We received concerns in relation to the management of risks, the care and support people received and the management culture. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained at good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

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, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors and a Pharmacist. The Pharmacist reviewed the management, storage and administration of medicines in the service.

Service and service type

Cheriton Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cheriton Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of the inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the chief operating officer, the group quality manager, two deputy managers, the activities coordinator, senior carers and care workers. We spoke with a visiting health and social care professional.

We reviewed a range of records. This included 10 people's care and support records and 25 people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We received concerns that risks to people were not safely managed, we examined those concerns and found they could not be substantiated.
- Risks to people were assessed and managed safely. Risks to people and the service were regularly reviewed. Staff demonstrated good knowledge on how people preferred their care and support to be given. At our last inspection we made a recommendation for the provider to develop their oversight of people's food and fluid monitoring, to ensure people were supported safely with drinks and food. At this inspection we found the provider had made the necessary improvements and people were supported to eat and drink safely.
- The registered manager was in the process of making improvements to the system for reviewing accidents and incidents. Discussions with staff took place around how to prevent re-occurrence of falls during daily handovers, team meetings and supervision sessions. This ensured any potential learning from these events could be identified and shared with the staff team to promote continual improvements in safety.
- The registered manager told us about actions taken to address a recent increase in falls. This included installing sensors in people's bedrooms, an analysis of time and location of falls and moving one person to a bedroom closer to where staff and communal facilities were located.
- Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. Risk assessments covered a wide variety of areas and included, safe use of stairs, use of hot water, nutrition and hydration, safe swallow and pressure area care.
- Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. Risks associated with the premises and environment were well managed. Corridors were clutter free and communal areas were tidy and free from hazards.
- The provider had a process in place to assess the risk of fire and regular premises and environmental checks were completed. A range of equipment checks were completed to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Cheriton Care Home was a safe place to live. One relative told us, "I [person] is safe here. The staff are very helpful, we just press the button and they come, sometimes they take a bit longer than others, but they always come." A person said, "I'm having a nice quiet day and a drink. I like it here, yes I am safe, I'm nice and comfortable." Another person told us, "I'm all ok yes thanks. Yes, I feel safe here. I've drunk lots, I'm going to sit and have a rest for a while with this nice cup of tea."

- Staff received regular safeguarding training and understood how to report safeguarding concerns. Staff were confident any concerns would be acted upon straight away. One member of staff told us, "I really enjoy it, I did online safeguarding training over a week. Types of abuse include financial, physical and institutional. I've not had to report any abuse but I would obviously go straight to the seniors."
- The provider had policies in place that covered safeguarding and whistle blowing. These gave staff clear guidance to follow if they needed to refer any concerns.

Staffing and recruitment

- There were enough staff on duty to ensure people's safety. People and their relatives told us staff were available when they needed them. One person told us, "They are all wonderful with me. They are all lovely."
- People had call bells within easy reach and where appropriate knew how to use them. One person told us, "I'm having quite a nice day today. I use this [call bell] if I need anyone. I am comfortable just having this cup of coffee thanks."
- Staffing rotas reflected people were cared for by appropriate numbers of staff. We observed staff responding promptly to people's needs and they did not appear rushed. A member of staff told us, "Generally there are enough staff, we are not short staffed, the rotas are full. They [management team] will always work something out to cover. We managed to get agency staff in, and we help each other out. We have the same agency staff in for consistency, they know what they are doing."
- The registered manager told us the management team had flexible roles which meant they would cover wherever was needed, such as delivering personal care or helping in the laundry or kitchen if needed. This flexibility provided much needed support if there were unplanned staff sickness.
- Staff were recruited safely. Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Cheriton Care Home. Staff files contained references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored and managed safely. Staff kept appropriate records of medicines ordered, received, administered and returned for disposal. There were protocols to help staff make decisions about when to administer medicines prescribed to be given when required.
- Some people had been assessed under the Mental Capacity Act 2005 and decisions about medicines were made in their best interests. Where medicines were given covertly, staff checked with the pharmacy to make sure this was safe.
- Staff administering medicines received training and had their competency checked to make sure their practice remained safe. Staff followed a medicines policy and medicines errors were reported.

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 MCA 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.

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 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. A member of staff told us, " There's always enough PPE."
- 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.
- The provider was following government guidance in regards infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection and relatives were completing rapid result tests prior to entry to the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received concerns that the management culture was not creating good care and support for people and staff, we examined those concerns and found they could not be substantiated.
- People, relatives and staff told us they felt the service was well led, with a clear management structure in place. We received positive feedback regarding the open, supportive and friendly culture at the service.
- Staff told us the management team operated an approachable open-door policy and they were always available for advice and guidance. Comments from staff included; "I really enjoy it. I always used to say I need to work in the care sector and I really enjoy it" and, "I love working here, we work really well together, no nit picking, we all just get on well. I've always said the manager is approachable and fair for all, very accommodating and flexible... I feel 100% supported in my role, I love it, it's a good place to work."
- We asked the registered manager what made them proud, they replied, "Having a good team... It's a lovely home, we all work well together under pressure and supported each other through COVID-19. When things go wrong, we pick each other up. We all make mistakes and learn from them."
- People received individual, person centred care from staff who worked well together as a team for the benefit of people living at the home. We asked staff what the service did well, a member of staff told us, "We work as a team very well. [Registered Manager] is the driving force, she's constantly planning ahead. I can honestly say I enjoy being here, it's a homely home." Another member of staff said, "Staff morale is good, we all get on really well. I love it, we have a nice management, I can go to them about anything. I get on with the staff and I love the residents. To sum up Cheriton I would say the teamwork is a real strength."
- The service operated a 'resident of the day' scheme which ensured each person received a full review covering all areas of their care and support needs each month.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. The management team operated an open-door policy and were available if staff needed further guidance or advice. Staff confirmed this was the case and felt well supported and comfortable to approach any member of staff for additional guidance or support.
- Staff understood their role and had clear responsibilities. The provider had a whistleblowing policy and staff knew how to raise concerns if needed.
- The registered manager demonstrated a good understanding of their legal responsibilities for sharing information with CQC. Statutory notifications had been made to CQC as required by the regulations. A

notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

- A range of audits and spot checks were undertaken to enable the registered manager and provider to ensure all areas of the service operated safely. These included; medicine management, care plans, health and safety, and infection prevention and control. This meant the service was continually improving, actions and lessons learnt were shared with staff during handovers and team meetings.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- The provider had identified, through their audit process that there had been an increase in the number of falls, incidents and accidents at Cheriton Care Home. In order to reduce these incidents and continually improve care standards, they were in the process of implementing an independent wireless resident acoustic monitoring system. Cheriton Care Home had been selected by the provider as the service to pilot the new system which aimed to provide additional support for staff during the night-time to reduce the amount, of falls and incidents.

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 understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team actively encouraged communication amongst everyone who lived, worked and visited the home. Residents, relatives and health and social care professionals were encouraged to complete annual quality assurance questionnaires for their views on the service.
- We reviewed the recently completed quality assurance questionnaires. These had been positively completed, comments included, "I am very happy, and they couldn't be any nicer", "I am very, very happy. I hope it will always be my forever home. The staff are amazing" and, "I am happy here."
- People, relatives and staff felt listened to and valued. They were confident their views and feedback would be acknowledged and acted upon. A relative told us, "Any concerns I would go to [registered manager] first. I come in regularly, there are enough staff about and I feel [person] is getting good care here."
- Staff told us they had regular staff meetings which they found useful and helpful. A member of staff told us, "We have team meetings now about every few months and senior meetings regularly. I'm happy to speak up at the meetings and any improvements needed are discussed. Usually things like fluids and how we are to work out how to ensure accurate recording and people are getting their fluids."
- The service worked collaboratively with visiting health care professionals. Staff told us the support and guidance they had received from health care professionals and made positive impacts on the lives of the people who lived at the home.
- A visiting health care professional told us, "[Staff member] is fantastic really, really helpful, really on it. They are all caring but have complex people to support. We are aware of their challenges and are building relationships."