

Regal Care Trading Ltd

Cheney House

Inspection report

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Tel: 01295710494

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 4 September 2017. Cheney House is registered to provide residential care for up to 34 people, including people living with dementia. At the time of this inspection 31 people were using the service.

There was a registered manager in post. 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 comprehensive inspection on the 22 and 23 February 2017 the provider was in breach of legal requirements. This was because suitable arrangements were not in place to effectively monitor the quality and safety of the care people received at the service. The provider sent us an action plan telling us how they planned to make the necessary improvements and at this inspection we found the legal requirements were met.

Improvements had been made to the systems and processes to monitor the care people received and the staffing arrangements. Closer monitoring of the environment and repairs and refurbishment works would ensure people lived in a home that was always safe and well maintained.

We found that a fire exit door was awaiting a break glass cover to be fitted and in the interim a combination padlock had been fitted. However not all staff were aware of combination number to open the door in the event of an emergency requiring people to be evacuated from the building. Following the inspection the provider informed a new break glass cover had been fitted and the padlock was no longer in use. Having spare stocks of break glass covers would ensure the fire exit doors were always fully operational.

People were treated with dignity and respect. However due to not having personal toiletries available to meet their personal hygiene needs, their dignity could have been compromised. During the inspection the provider took immediate action to arrange for all people using the service to have personal toiletries made available.

The registered manager and staff understood their responsibilities to safeguard people from abuse. The staff recruitment systems were sufficiently robust to make sure the right staff were employed to keep people safe. In addition sufficient numbers of staff were available to meet the needs of people using the service.

Individual risks were identified and effectively managed. People's medicines were appropriately managed to ensure they received their medicines safely.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these. There were positive interactions between people and staff.

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. Staff were supported in their roles, and had supervision meetings to discuss their performance, development and training needs.

Mental Capacity Assessments (MCA) had been carried out for all people using the service, the assessments identified where people required help to make specific decisions. Where people lacked capacity to make specific decisions, relatives and / or other health professionals had been involved in making best interests' decisions on their behalf.

People were supported to maintain a healthy diet and to have access to healthcare services. Healthcare professionals were contacted in response to any deterioration or sudden changes in people's health and the staff acted on the instructions of the health professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

A fire exit door had been fitted with a temporary combination padlock and not all staff were aware of the code to open the padlock. This had the potential to seriously compromise people's safety.

Routine maintenance, repairs and refurbishment works had taken place, but not always been completed to an acceptable standard.

The recruitment procedures and staff deployment had been strengthened to ensure suitable staff in sufficient numbers were available to consistently meet people's needs.

Risk assessments had been personalised to address the specific risks to individuals and how they were to be managed.

Staff knew of their roles and responsibilities to protect people from abuse and the provider had raised safeguarding alerts with the relevant authorities as required.

The medicines administration systems had been improved to ensure that staff consistently followed the medicines procedures.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training that was relevant to their roles and responsibilities, and supervision meetings took place to discuss their performance, personal development and training needs.

People were involved in making decisions about their care. Staff worked in accordance with the principles of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and they were supported to access health and social care professionals to ensure they received the care, support and treatment that they needed.

Good ●

Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were treated with dignity and respect. However due to not having personal toiletries available to meet their personal hygiene needs, their dignity could have been compromised.

There were positive interactions between people using the service and staff.

Is the service responsive?

Good ●

The service was responsive.

Since the last inspection an activity person had been appointed and a programme of group and one to one activities was taking place at the service.

The assessment and care planning processes ensured that records accurately reflected people's current needs and care requirements.

People were listened to and their views were acknowledged and acted upon.

People using the service and their relatives knew how to raise a concern or make a complaint and a system for managing complaints was in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Since the last inspection a registered manager had been appointed. Improvements had been made to the systems and processes to monitor the care people received and the staffing arrangements and legal requirements identified at the last inspection had been met. However the systems to audit the building environment needed to be strengthened.

Staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. However the keyworker role

needed to be embedded.

People, their families and staff were encouraged to share their experience of using the service to help drive improvements.

Staff were confident in the manager's leadership and found them to be approachable and friendly.

Cheney House

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 checked 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 comprehensive inspection took place on 4 September 2017 it was unannounced and carried out by two inspectors.

Before the inspection we reviewed information about the service from notifications of events which happened in the service that the provider is required by law to tell us about. We also received information from commissioners and health and social care professionals that visited the service.

During the inspection we spoke with four people who used the service and one relative. We spoke with six members of staff, including care staff, senior care staff, catering staff, the activity person, the deputy manager, the registered manager, the maintenance worker and the area manager. We reviewed the care plans and associated records for four people using the service. We also reviewed records in relation to staff recruitment, supervision and training, medicines administration and the quality monitoring of the service.

Is the service safe?

Our findings

At the last inspection improvements were needed to staff recruitment, staff deployment, risk assessments and medicines administration. We found the provider had made the necessary improvements. However the provider needs to ensure that the premises are properly maintained and standards of hygiene are consistently maintained.

We saw that some redecoration of the service had taken place to include new curtains and furnishings; however the provider needs to ensure that refurbishments and maintenance works are completed to an acceptable standard. A shower room had recently been installed, however on checking the room we found the room had been left in an unfinished condition, the tiling and grouting in the shower cubicle area was stained and there were open gaps in the woodwork intended to cover pipe work. During the inspection the provider arranged for a contractor to visit the service with a view to arranging a date to complete the necessary works to make the room a pleasant and safe environment.

Within one person's bedroom there was a large expanded crack on their bedroom wall. The registered manager said that the crack had only recently appeared and the provider had arranged for a contractor to attend to the damaged wall. Following the inspection the registered manager provided photographic evidence of the repaired wall.

Cheney House is set in a rural village location, with limited access to public transport. The registered manager told us agency staff were accommodated in a flat on the third floor of the property and the accommodation was used for approximately four to five days at a time. We found the flat was in a poor state of disrepair with dirty walls and thread bare carpets. A large skylight window was broken in a permanent open position, leaving it wide open to the elements and presented a significant risk of causing water damage to the property. Following the inspection the provider confirmed that agency staff were no longer using the accommodation. They said that the skylight window had been repaired and works to refurbish the staff accommodation were due to start mid-September 2017.

We found several bedrooms; bathrooms and toilets had no paper hand towels available, this was brought to the attention of the provider who immediately arranged for all the dispensers to be replenished with paper towels.

We found a fire exit door had been temporarily locked with a combination padlock. The maintenance worker told us this was due to the break glass cylinder that covered the door latch being broken. We were told a replacement cover had been ordered and in the interim all staff had been made aware of the code to open the combination padlock. However the registered manager that had recently returned from holiday had not been informed of the combination code. During the inspection all staff were made aware of the code to open the lock and it was also placed alongside the fire exit door for quick reference. Following the inspection the registered manager provided us with photographic evidence of the fire exit door with the combination lock removed and the break glass cylinder cover in situ. Having spare stocks of break glass covers would ensure fire exit doors were always fully operational.

Records showed the provider had consistently reported all safeguarding matters to the Local Safeguarding Authority (LSA) and the Care Quality Commission (CQC) as the safeguarding protocols require. However on reviewing the providers complaints records we found a recent safeguarding concern had not been reported to the LSA or the CQC. We brought this to the attention of the provider, they said this had been an oversight and immediately raised a safeguarding notification to the LSA and CQC.

Staff understood their responsibilities to safeguard people from abuse and knew how to raise safeguarding concerns if they suspected or witnessed ill treatment or poor practice. One relative said, "I am overall happy with [Name of persons] care, I can sleep at night knowing she is safe here." A member of staff said, "People get good care here, if I saw anything concerning I would speak to the manager, my first priority is the residents. If I needed to report outside I'd go to the local authority safeguarding team." Another member of staff said, "The staff know they have to report it if they notice anything that could be a sign of potential abuse, such as unexplained bruising, or changes in personality. We also discuss these things in the residents meetings."

The recruitment systems were sufficiently robust to make sure the right (not sure about 'right') staff were recruited to keep people safe. Prior to staff being offered employment background checks had been carried out through the Disclosure Barring Service (DBS). References and proof of identity had been obtained for all staff. Sufficient numbers of staff were available to keep people safe and meet their needs. The staff said they worked well as a team. One person said, "I have no concerns about anything here, there are enough staff. " Another person said, "When we need them [staff] they come and help." One member of staff said, "There is a stable staff team and we have good teamwork, there are enough carers and there is always a senior on duty." The provider said they used agency staff to cover staff vacancies, holidays and sickness. The registered manager said they always used the same agency staff to ensure continuity of care.

The provider had reviewed their risk management systems to ensure that people's individual risks were identified and effectively managed. For example, risk assessments were in place for falls, pressure area damage and malnutrition. The staff told us they were aware of people's individual risks and during the inspection we observed staff assisting people to move safely, using moving and handling equipment, such as handling belts and the stand hoist. Staff talked with people and gave clear instructions to each person being moved and checked they were comfortable. We observed that people at risk of skin pressure damage had pressure relieving equipment in place to reduce the risks of developing pressure sores.

People received their medicines safely. Staff received refresher medicines training and their competencies to administer medicines had been checked. We saw that staff were following the procedures for administering medicines to ensure that people received their medicines safely. Records showed that people had consistently received their medicines as prescribed and the systems for ordering, receipt, storage, administration and disposal of medicines were being appropriately managed.

Is the service effective?

Our findings

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. Induction training was provided for new staff that consisted of a mix of face to face, and e-learning courses. One member of staff said, "I have completed lots of training including manual handling, infection control and practical fire training. I was taught how to use the fire extinguishers. I have also completed dementia training." Another member of staff said, "The dementia training helped me to understand more about dementia, to have patience." The provider told us new staff were assigned to a mentor and the induction training took place over a six week period and at the end of the period the staff competencies were assessed against their learning.

Staff told us they felt supported in their roles, they said they had supervision meetings with the registered manager or team leader regularly to discuss their performance, development and training needs. One member of staff said, "I have supervision with [Name of registered manager], we talk about activities, plans to improve, and I'm asked for my opinion of what we can do to improve, I feel involved in the running of the home." Records showed that supervision was planned and took place as scheduled. We also saw that staff group meetings took place, one member of staff said, "The meetings take place quite often, I feel listened to, things that are raised during the meetings are followed up."

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 the 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 MCA.

Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions. All staff had received training on the Mental Capacity Act 2005 to ensure they consistently worked in line with the principles of the act. Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions. We saw that DoLS applications had been made to the local authority for all people using the service and the provider was awaiting decisions on these applications from the local authority.

People were supported to maintain a healthy diet. One person said, "The food is quite good, there is plenty of it." A member of the catering staff said, "I love working here, I like making a difference to the residents, making their lives the best they can be." They told us they kept in touch with people using the service by speaking with people on a daily basis, to inform them what meals were on the menu and ask them if they wanted any alternatives. They said, "Most people can say what they would like. [Name of person] is unable to say, so I base choices on the foods staff know they like; [Name of person] likes most things and has a very good appetite. I am aware of who is diabetic, who has food allergies, and who needs modified diets such as pureed foods." In discussion with the staff they demonstrated a good understanding of people's dietary

needs and food intolerances and ensured that appropriate meals were provided.

People were supported to have access to healthcare services in response to ill health and routine health checks. One person said, "I have been seeing the GP a lot recently for different problems, I tell staff and they get the doctor out." One member of staff said, "The district nurses visit regularly, we work together as a team, the GP also comes in regularly. When people are unwell it is important to check them regularly, offer drinks and food, to ensure they are comfortable and help them to change position to prevent pressure sores."

Records showed that health professionals were contacted in response to any deterioration or sudden changes in people's health and staff acted on the instructions of the health professionals. One member of staff said, "The support from the district nurses, the GP and the pharmacist is very good, we have good relationship with them."

Is the service caring?

Our findings

People's dignity and privacy was supported by care staff; we observed that staff ensured that personal care was carried out in private and that shared bedrooms had privacy screens in place. However we found the dignity of several people using the service had been compromised. This was because they did not have personal toiletries available for their use. In one shared bedroom we found the occupants, who were unrelated, shared the same shower gel and toothpaste. The registered manager told us that families normally brought in toiletries, but if no family was available the service would arrange to buy toiletries on people's behalf. They said the staff keyworker role was to ensure that people had sufficient stock of toiletries available for personal hygiene use and to liaise with families for stocks to be replenished. However due to the urgency of people needing toiletries, the provider immediately arranged for all people identified to have them provided.

People were encouraged to express their views and to make choices. One relative said, "I feel I can talk to any member of staff, especially the manager, they are all very friendly." Another resident said, "The kindness of staff and the care is good." Another relative said, "The staff are exceptional [Name of person] always looks clean and well presented."

Residents' meetings took place each month, one member of staff said, "We talk with people about whether they are happy, feel safe, and find out if there are any activities they would like to do, and any other things they would like to discuss. We are here to make people's lives as happy as they can be." Another member of staff said, "It's important to make sure that people get proper care, we have to observe the residents as some people can't tell us if they are unwell."

People had developed positive relationships with the staff supporting them. Information was available about people's preferences and choices regarding how they wanted to be supported by staff and staff respected people's choices. Some people had personalised their bedrooms with items such as, photographs, ornaments and mementos to create their own personal space. One relative said, "[Name of person] room is always kept clean and tidy."

The atmosphere in the service was relaxed; we observed staff assisting people and encouraging them to be as independent as much as possible. It was clear from the interactions they had with people that the staff knew them very well.

Advocacy services were available for people, but at the time of the inspection no people using the service required the support of an independent advocate. The staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear.

Is the service responsive?

Our findings

At the last comprehensive inspection improvement was required. This was because people's care plans did not fully reflect their current needs and preferences and there was a lack of activities. At this inspection we found the provider had made the necessary improvements.

Since the last inspection an activity person had been appointed. One relative said, "The activities are good, the activity lady has been on holiday for two weeks and they [people using the service] really missed her, she has a lovely way about her and tries so hard. There's always something going on. I came to the fete; it was a really lovely atmosphere." A member of staff said, now people go to the church for a coffee morning every Wednesday, the care staff go out with people for walks round the village and visit the local coffee shop." We saw that regular musical entertainers visited the service and monthly armchair exercise sessions took place, and other social activities such as, film afternoons with popcorn and flower arranging sessions. One member of staff said, "Over the summer they (people using the service) have been out in the garden a lot planting tubs, People choose what they want to do." The activity person said, "I get a lot of support from staff, I help out at breakfast and lunch, we work well as a team, we work together to do the best for the residents. The manager provides funds for what is needed." We saw on the notice boards there were lots of photos of people taking place in the activities.

People's care and support needs were assessed before they came to live at the service to establish whether their needs could be met. The assessments were carried out by the registered manager who shared the outcomes with staff. Upon admission to the service initial risk assessments and care plans were produced and these were monitored and updated as necessary.

The care plans contained sufficient details to inform staff on people's needs and preferences as to how they wanted their care to be provided. They had been produced with the involvement of people and where this was not possible the person's representatives had been consulted. A keyworker system had been introduced, and staff were assigned to oversee the individual care of people using the service. Meetings had taken place with people using the service, relatives and staff to explain the keyworker role and inform them which members of staff were assigned as keyworkers.

Systems were in place for receiving and responding to complaints. One relative said, "If I had any complaints I know I can talk to the staff, the manager is perfect, she's really turned it [the service] around." Another relative said, "If I had any issues I could speak to staff and they would sort it out. They listen and take things seriously." A member of staffs said, "If people raised a complaint with me I would speak to the manager."

Is the service well-led?

Our findings

At the last inspection the provider was not meeting the legal requirements. This was because systems to assess, monitor and improve the quality and safety of service were not being used. We asked the provider to improve and they sent us an action plan telling us how they planned to meet the legal requirement. At this inspection we found the provider was meeting the legal requirement.

Since the last inspection a registered manager had been appointed. 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.

Systems were in place to audit the environment and maintenance and development plans were carried out. However we had found areas within the building that required the provider to take immediate action to address. The systems to monitor the environment required strengthening to identify and attend to repairs and refurbishment works in a timely way. This would ensure people lived in an environment that was continuously maintained to an acceptable standard.

Staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. The staff keyworker role had been introduced, which included staff taking on the responsibility for ensuring people had sufficient toiletries and clothing available. However we found several people using the service did not have personal toiletries available. Once this was brought to the attention of the provider they immediately arranged for all people have personal toiletries available for their use.

Scheduled quality monitoring audits were carried out on, medicines, accidents and incident records, care plans, risk assessments, staff records, safeguarding and complaints records. The audits were used to continually review the quality of care people received and identify gaps to drive up the quality of care people received.

The registered manager's style of management was open and transparent; people using the service and relatives knew who the registered manager was and they were comfortable approaching them to discuss matters. One relative said, "[Name of registered manager] is always ready to help and answer any questions."

Staff were confident in the manager's leadership and found them to be approachable and friendly. They told us that they felt able to ask for support, advice and guidance about all aspects of their work. One member of staff said, "The manager is very good, she knows everything about care homes." Another member of staff said, "We have meetings and can speak out if need be, [Name of registered manager] is so lovely, she is a good manager, she really cares and helps me to do my job. I always get thanked for my hard work."

A deputy manager's role had been introduced to provide day to day support for the registered manager. The

member of staff that had taken on the role said, "I am responsible for overseeing care plans, medicines, training, the kitchen and laundry." The registered manager said, "I am aware of my responsibilities, I like to think I can balance these and keep in touch with residents, also doing some hands on care."

The staff were able to demonstrate a good understanding of policies which underpinned their job role, such as safeguarding people and mental capacity. They were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture.

The provider consulted with people using the service and their relatives to seek feedback on service provision, the feedback received was used to drive improvement of the service.

We saw the rating from the previous inspection was on display in the front entrance of the service and the provider had submitted notifications of events to the Care Quality Commission (CQC) as required under law.