Stowcare Limited

Chilton Court

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

Summary of findings

Overall summary

Chilton Court provides accommodation and personal care for up to 47 people, some living with dementia. There were various forms of accommodation provided such as houses, flats and bedrooms.

There were 35 people living in the service when we inspected on 16 March 2017. This was an unannounced inspection.

There was a registered manager in place. 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.

Improvements were needed in the management of medicines, particularly in medicines prescribed for external application and medicines to be administered 'as required.' The service's own auditing system had identified the shortfalls in the records for the application of creams but this was not yet fully addressed.

Improvements were needed in the security of the service. This was in the process of being addressed by the service but not yet actioned.

The quality of information in people's care records to guide staff in how people's needs were met varied. Further consideration of how to provide additional and consistent guidance to staff would ensure that people were provided with safe and good quality care at all times.

There were systems in place for staff to receive training, achieve qualifications in their role and to be supported in their work practice. However, improvements were needed in the training of specific needs and subjects relevant to the people using the service.

People's nutritional needs were assessed. However, improvements were needed in how staff recorded the amounts that each person had to drink and eat each day, where required and how this is monitored to ensure people receive enough to eat and drink. Improvements were needed in the provision of training and knowledge to staff regarding people's specific dietary needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. However, improvements were needed in how people's capacity and support to make decisions is included in care records to provide guidance for staff. Improvements were needed to provide training to staff in the Mental Capacity Act 2015.

There were systems in place to monitor the service provided. However, this had failed to identify and address all of the issues we had picked up during our inspection.

There was a system in place to manage complaints and these were used to improve the service.

Systems were in place to provide staff to meet the needs of people using the service. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

People were provided with the opportunity to participate in activities. People were treated with respect and compassion by the staff working in the service.

Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse.

People were supported to see, when needed, health and social care professionals when required.

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 was not consistently safe.

Improvements were needed in the safe management of medicines.

Improvements were needed to ensure records support the safe care for people and people received safe care at all times.

Improvements were needed in the security of the building.

The systems for the safe recruitment of staff were robust. Systems were in place to assess the staffing in the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in the systems for monitoring how much people had to eat and drink.

Systems were in place to provide staff with training and support. However, improvements were needed in training in specific subjects.

The service was working within the principles of the Mental Capacity Act. However, improvements were needed in the guidance provided to staff including in care records and training.

People had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The quality of care planning documents varied. Improvements were needed to ensure that care plans gave consistent and informative guidance to staff in how people's specific needs were met.

People were provided with the opportunity to participate in activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor and assess the service provided. However, this system had not identified and addressed the issues we had noted.

The service provided an open culture. People were asked for their views about the service.

Chilton Court

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 unannounced inspection took place 16 March 2017 and was undertaken by one inspector, a specialist advisor in nursing and health care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 11 people who used the service and four relatives. We observed the interaction between people who used the service and the staff.

We reviewed the care records of 10 people and case tracked four of these people. We spoke with a director, the registered manager and seven members of staff including care, activities, laundry, training and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed in the security of the building to ensure that people using the service were safeguarded from others who were not authorised to access their home. On our arrival at the service we rang the doorbell, however, the front door was unlocked and we could access the service. A staff member came to answer the door bell but it was unclear how long it may have taken for staff to notice that we had entered if we had not rang the bell. Although it was positive that people and authorised visitors could come and go as they wished if they had capacity and were safe, we were concerned because the premises could be accessed by others who did not have the right to enter. We discussed this with a director who told us that this had also been pointed out by a visiting professional and they were in the process of addressing this.

People were walking to the lounge areas near the front door, some were living with dementia, there was no deterrent to stop them going out of the front door. This is unsafe for people who may have no perception of the risk of leaving the home unaccompanied. There were risk assessments and systems in place to manage people leaving the building, including an initiative with the police for missing people. However, improvements in the security of the building would minimise these risks.

When shown into an empty ground floor room to use as our base, the windows were opened for us by the director. The window had no restrictors on it, both sides of the window could be opened fully. A person could climb in from outside and also could climb out of the room. This is unsafe for people as they are at risk of others accessing the home and staff being unaware of their presence.

The majority of the people's bedrooms had no number or way of identifying who resided in the bedrooms. There was no personalisation on the doors to aid people to find their own bedroom. This could also be confusing for new or agency staff, relatives or visitors to the service and there was a risk that errors being made in care not given to the appropriate person or people not being assisted to their own bedroom. The director told us that they were in the process of addressing this and that bedroom doors would be numbered and painted in a colour chosen by each person, which had started being completed across the service. In addition the registered manager told us that there were plans to provide memory boxes at doors to enable people to independently identify their bedrooms.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals. However, care records did not accurately reflect the equipment that people used to minimise the risks of pressure ulcers developing. For example one person's care records in the risk of pressure areas section stated, "[Person] does not currently have any pressure relieving equipment in place." However, we saw that the person had a cubed foam pressure relieving static mattress and was sitting on a pressure relieving foam cushion. The care plan did not give this information to staff. Another person was sitting on a foam pressure relieving cushion; there was no mention of the use of this in their care plan. Another person used equipment to reduce the risks of pressure ulcers deteriorating and developing, we reviewed their two hourly repositioning charts at 3.40pm on the day of our inspection, the only entry was

9.20am, "washed, dressed, pad change." The form did not record if the person had been encouraged to move position or stand up or walk, to ensure that they moved position, to aid healing of the sacral area.

In one person's bedroom on top of a cabinet there were two unlabelled sterile catheters. There were also three sealed containers of a solution used for bladder washouts, the expiry dates on these were March 2016. A staff member told us that the person's relative had brought them into the service. We advised that any items brought into the service by relatives should be checked and stored correctly. Following our inspection the registered manager advised that the staff had not been made aware that these had been brought into the service and they had addressed risks of this happening in the future.

We reviewed a person's care plan who had been recently discharged from hospital with an indwelling catheter. There was no information on the person's care records concerning the care of the catheter or the care of the leg and night urine drainage bags despite the person being in the service for nine days. We found a night drainage bag on a stand, the tubing had urinary debris in it and the open connector was lying on the floor in the person's en-suite. We showed this to a staff member who said that they would wash the tubing through and cover the end of the tube. The bags contain a non return valve to prevent urine flowing back up the tubing if the bag becomes very full, however this valve deteriorates with time and with the exposure to urine flow. If the valve deteriorates and allows urine to back flow up the tubing, it could then create pressure in the bladder and flow into the kidneys causing pain and a high risk of infection.

The fluid monitoring form for this person on 16 March 2017, which we reviewed at 3.40pm did not record any drinks being given or any fluids being monitored after 9am. The person was at risk because although the fluid monitoring form had been commenced, staff had not recorded or monitored their fluid intake. The person had short term memory loss and may not be aware that they needed to drink during the day. With an indwelling catheter in place it is essential to try and drink up to 2 litres of fluid if possible. This reduces the build up of debris from the bladder in the tubing and also helps to prevent the occurrence of urinary tract infections.

One person's care records showed that they were prescribed with Fybogel to be taken twice a day because they were at risk of constipation. We spoke with a staff member who told us that the person's bowel movements were not monitored because they were independent using the toilet. However, from our observation, speaking with the person and looking at their care records the person used the call bell for assistance and would only mobilise to the toilet if a staff member was with them. We asked the staff member if they asked the person if they had their bowels open and they said, "No, we don't." However, in a folder in the person's bedroom there was a seven day bowel chart, the only entry on this was on 14 February 2017, "2 (Bristol Stool scale)." The score of 2 on the Bristol Stool chart, is an indication of constipation, as this is a "sausage- shaped but lumpy" stool.

We reviewed the daily care records for this person; on 15 March 2017 it stated at 10.14pm, "[Person] has been shouting a lot this evening." At 4.08am, "[Person] is back and forwards to the toilet, [person] keeps ringing or shouting. We assist [person] back to bed and within 5 minutes [person] is out off to the toilet again." There was no record of any bowel movements or any indication that constipation may have been thought of as the cause of the person's unrest. As the person had a history of constipation and was taking regular Fybogel, this meant that it was good practice to monitor their bowel movements to ensure that they do not become constipated or impacted. The fluid monitoring forms or the person's care plan did not identify how much the person should have to drink and the fluid taken was not totalled and there was no indication of action taken if the person had not had enough to drink to ensure that the fibre is diluted and will pass through the gut.

In the medicines section of this person's care plan it stated, "Buprenorphine 5mg once a week on Friday," however the MAR chart had Thursday highlighted and was signed for on 9 March 2017, which was a Thursday.

The current medicines system used people's names and photographs. The photographs were printed on each dosage pot, to avoid errors. However, not all of the medicines administration records (MAR) held a photograph of the person. This is unsafe practice because people may answer to another name and accept any medicines given to them. For one person their MAR had a photograph of them but an incorrect bedroom number. This was unsafe, because a new or agency staff member, especially at night, could give medicines to the wrong person. This was also the case for bedrooms not being numbered at the door.

All medicines should be stored at below 25 degrees centigrade, unless otherwise stated, to maintain their effectiveness. It is unsafe to keep medicines at a high temperature as it can adversely affect the stability of the drug, this could mean it becomes less effective when given. The record of room temperature monitoring showed that on 10 and 12 March 2017 it was 29.7 degrees centigrade, on the 14 March 25.1 and 16 March 25.2. During our inspection visit at 12pm with the door to the medicines room open it was 26 degrees centigrade. We discussed this with the registered manager and director. The director told us that they had looked into the possibility of having an air conditioning system fitted and had sought advice. Despite this there were no further actions in place to ensure that medicines were stored at a safe temperature.

Records of prescribed creams showed that they were not given to people as prescribed. For example, one person's MAR stated that they had a prescription for, "Fenbid 5% gel apply 3 times a day to knees and shoulders." The signing form had times of only 8am and 9pm written on it. There was no guidance to staff about the amount of gel to use, such as pea size for each area or what was required. Therefore the person was not receiving the correct amount of this medicine prescribed by the GP to manage their pain. Another person's records stated that a cream was to be administered twice a day and their MAR from 6 March 2017 to 16 March 2017 held four gaps. Another person was prescribed with a cream to be administered three times a day but their MAR showed that it had been administered once a day.

We reviewed one person's MAR which had a form pro shield foam and spray skin cleanser, and the instruction was, "apply to sacrum twice a day." The form had times of, "20:00 and 20:00," hand written on it, another form for the cleanser, this had times of, "8.00 and 20.00," hand written on it. There was also a form for Conotrane and the instruction was to, "apply to area twice a day," and there was a body map indicating sacral and hip areas. This form had no times on it; it had, "am and pm." All forms had some dates and times not signed as being applied.

Where people were prescribed medicines to be taken as required (PRN), protocols were not in place to guide staff at what point these medicines should be considered for administration. The use of these protocols reduce the risk of inappropriate administration of PRN medicines. We asked a staff member for how PRN medicines were administered and if PRN protocols were in place. They responded, "No, we give them paracetamol if they have it written up and they ask for it, we then sign the chart."

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They [staff] always make sure that I get my tablets on time and often stay until I take them." One relative said, "They always make sure that [person] gets [their] tablets on time and that [person] takes them on time." Another relative said, "The [staff] are very good at giving [person] medication; they always

make sure that [person] takes [their] tablets."

We observed part of the lunchtime medicines administration round and saw that they were provided to people in a polite and safe manner by staff. They completed the MAR appropriately which identified staff had signed to show that people had been given their medicines at the right time. We reviewed the MAR charts and found that for medicines to be taken in tablet or liquid form these were completed with no unexplained gaps.

Medicines that required additional requirements for storage and recording were managed appropriately. We checked a sample of these medicines stored against the records and found they were correct.

Creams stored had stickers for the opening date, however there was no information about the expiry dates of the length of time that containers should be opened. There was a list in the medicines room which gave the correct times of one month for a tube or tub of cream and three months for a pump dispenser. This was because the tubes and tubs that had people's fingers used for access to the cream had a high risk of bacterial contamination after a month's use, the pump dispenser can be used for three months as fingers did not access the container. We told a staff member that whilst it is good practice to put a sticker on containers with the opening date, to avoid contamination it would be advisable to also add the expiry date, this ensures all staff are aware and can advise the seniors if a cream requires replacing. A staff member said that they would do this.

Regular medicines audits were completed and we saw that in the monthly medicines audit for 13 March 2017 shortfalls in the recording of creams administration had been identified and plans for these to be checked weekly by a medicines champion were to be completed and staff to be spoken with.

Despite what we had identified during our inspection regarding the safety of people, they told us that they felt safe using the service. One person said, "Oh I do feel very safe here and have no worries." Another person commented, "We have been here for the past XX years doing what we want. It suits our needs beautifully. As our needs change so the level of support can change. With this in mind we feel very safe indeed. If we need assistance we can just press our buzzer." One person's relative said, "My [person] is very happy and feels very safe here. [Person] has no concerns with anybody here and has every confidence in the staff." Another relative commented, "My [person] is very safe here and it is a very calm place with nobody rushing around."

Staff we spoke with told us that they felt that there were enough staff to meet people's needs safely. The registered manager told us how the service was staffed each day. This was confirmed in records and discussions with staff. One staff member said, "We have four of us and a senior on each morning, today we have two agency staff, so I'm helping one of those." The staff told us that the staffing was allocated to different areas of the service to ensure that people's needs were met in a timely manner. However, we saw records of meeting minutes which stated that the staff had raised concerns that they were busy and rushed. During our visit we saw that staff were busy with supporting people with their needs, however requests for assistance were addressed promptly. The registered manager told us that staffing numbers was assessed on people's needs.

People and relatives told us that they felt that there were enough staff to meet their needs and that their calls for assistance were responded to promptly. One person said, "I have a buzzer in my room but when I am sitting here [in the communal area] I don't have access to one so if I need someone to help me I call out as staff are always passing. If I press the buzzer in my room they usually come quickly. So far I have not needed it." One relative told us, "If [person] presses the buzzer then they respond well." During our visit to the person and their relative we saw that the person had rang for assistance and the staff arrived in a timely

manner.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Where people were at risk of falls actions were taken to reduce future risks, for example by making referrals to health professionals. Care records identified where people wore items, such as hip protectors where there were risks of falls.

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisations who had responsibility for investigating any safeguarding issues.

Risks to people injuring themselves or others were limited because equipment, including hoists and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service need evacuating. There were environmental risk assessments in place, for example kitchen hazard analysis. There was also handwashing guidance in place and staff told us that they were supplied with access to, "Plenty," of gloves and aprons to use to minimise the risk of cross contamination.

Requires Improvement

Is the service effective?

Our findings

Daily monitoring records of if people had enough to eat and drink required improvement. For example food monitoring records did not explain what small, medium or large portions were or accurately documented what the person had eaten. When stated that the person refused there were no further entries to show what actions were taken by staff, such as if they encouraged the person later. The records reviewed held discrepancies, for example, some had the portion size recorded with no amount eaten for example, all or half. Some recorded the amount eaten but not the portion size. Some entries had no information of either the portion size or the amount. Some meals had no entry at all, not indicating if the person had refused or was out of the service for example. A staff member told us about one person who slept late in the morning, so often missed breakfast and stayed up at night, often eating during the night. We looked at their food monitoring records and saw that there were indeed times where breakfast had not been provided. However, there was no record of the food they had eaten during the night. We told the registered manager about this and they said that they would ensure that the night staff completed these records.

One person's care records identified the support the person needed with their dietary needs and risk of choking. However, our observations showed that the recommendations provided by a speech and language therapy (SALT) staff member were not being fully followed. The records identified that the person was to be provided with a, "soft diet. Any food that can be chewed easily is good, however any food that needs a lot of chewing will need to be liquidised," and, "staff are to pop in [to the person's bedroom where they preferred to eat] and ensure that [person] is eating at the correct pace and that [person] is not having any difficulties in eating. All welfare checks around this are to be documented."

This person's food monitoring records were kept in their bedroom, these were loose and not in any order. These records were not complete, with missing days and some mealtimes with no meal provided. On the day of our inspection the form was not commenced by a staff member until 1.30pm, no breakfast was recorded. We had observed the person with their lunch, with their consent. The meal was minced meat, sliced potatoes, long green beans and cubed vegetables. The person ate the mince, but not the potatoes and vegetables. They told us, "I enjoy my food, but I like mashed potato, I can't eat these [pointed to the sliced potato and green beans]." When a staff member brought the desert they took away the main meal plate, they did not question the person about the amount eaten or if they would prefer another choice of food. Hard potatoes and long green beans were not a soft diet and could cause choking. The person ate all of their desert which was banana mousse and jelly. There were no welfare checks made or recorded. During the meal the person was coughing at times and asked us for a tissue because their nose was running. Coughing during or after a meal or drink is a symptom of dysphagia and a potential risk for choking. Regular coughing or repeated chest infections can indicate worsening dysphagia and increased risk of aspiration and choking. After lunch the person called staff using their call bell, which was answered by another staff member. This staff member completed the food monitoring form lunch as, "Cornish pasty, mash, sauté, roast veg, green beans," and the amount eaten as "all." The record of the type and amount of food eaten was not accurate, this gave a false record of the person's dietary intake and could lead to a delayed awareness of a poor appetite. This could mean interventions or other food options were not put in place quickly.

We reviewed the care records of another person who had lost 8.1kg in weight from January to March 2017. A dietician referral had been made and guidance provided, their records stated, "Weigh weekly document weight, nutritional and fluid intake." At 1.30pm no fluid or food charts had commenced for the day of our inspection of 16 March 2017.

At the front of the food monitoring folders there was a list of 12 people that should be provided with fortified milk shakes every day at breakfast, mid-morning, lunch, mid-afternoon and tea. These high calorie drinks are used to assist people to maintain a healthy weight. We looked at five of these people's records for the week of our inspection one person had one milkshake and another had two milkshakes. There was no other information in any of the records to show that people had been offered them or declined. A staff member told us that the senior staff made up the milkshakes as they were needed by people and they had been recommended by a dietician. We could not be assured that people were receiving these drinks as recommended. Therefore we could not be assured that the risks to people not eating enough to maintain a healthy weight were appropriately maintained and monitored.

The records of how much people had to drink required improvement to ensure that the risks of people becoming dehydrated were minimised, monitored and assessed. Fluid charts did not have a daily target or total to show what the person had drank. This could be confusing for staff when trying to ascertain how the person's needs had been met. For example one person's care records stated that they were at risk of getting urine infections and that they were to be encouraged to drink plenty of fluids and for staff to maintain a fluid chart. However, there was no information about what amounts they were recommended to drink each day.

One person's care records identified that they had been prescribed a thickener for fluids to reduce the risks of choking, in the section for the risk of dehydration it stated, "If [person's] fluid intake is not sufficient there is a risk that [they] will become dehydrated." There was no guidance for staff of how much thickener to use in the person's drinks or how to achieve the recommended fluid consistency. There were fluid monitoring forms in place, however, none of these were totalled and there was no indication on the forms or in the person's care plan how much to drink they should have to enable staff to take action should they not be drinking enough. We totalled the drinks received from 3 March 2017 to the day before our inspection. The amount of fluids ranged from 700mls to 1325mls, there were no actions recorded if this had been sufficient of if any action was taken if not. Some days there were two forms completed for the same day. On the day of our inspection there had been no fluid chart completed by 4.35pm.

Staff spoken with did not understand the consistencies required for softer diets. We spoke with the registered manager about this and they told us that they were in the process of getting a health professional to give a workshop to staff on this subject. Records showed that only two staff had received training in the malnutrition universal screening tool (MUST). We discussed this with the registered manager who told us that there were difficulties accessing MUST for all the staff as there were limited places available. We discussed how they could address this, for example sending staff on it who then cascade their learning to their colleagues. They told us that they would look into this.

We were not assured that the systems in place to monitor if people had enough to eat and drink were robust enough for staff to take action if people were at risk.

This is a breach of Regulation 14: Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were provided with choices of good quality food. One person said, "I am alright with the food. It could be warmer at times. I like my fish and chips which we get from a local chip shop twice a

month." This was confirmed in our observations, we saw a staff member collecting people's orders for the takeaway meal the following day. Another person said, "The food is quite adequate for my needs and I have no problems with it." Another person commented, "I like my food but I feel a little alone eating in my room." Another told us that the meals were, "Very good with lots of vegetables we also have a choice of two potatoes. Every Sunday we have a roast which is really nice."

One person's relative said, "The food is really nice here and there is a choice each day." Another commented, "[Person] is very happy with the food [person] gets. There was a time six years ago when [person] went off [their] food, but [they] now enjoys [their] food which is really good."

During lunch people were encouraged to eat independently and staff promoted independence where possible. Staff served people with their choice of vegetables and potatoes at the table and there were jugs of gravy that people could help themselves to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They understood when applications should be made to ensure that any restrictions on people were lawful. People's care records did show that DoLS applications had been made and if they were authorised but there was limited information about the arrangements for decision making for those who lacked capacity and the decisions that they may be able to make independently. The records of applications and authorisations were kept in a separate file in the registered manager's office.

People told us that the staff asked for their consent before providing any care. One person said, "They don't need my consent for anything as I do everything for myself." Another person commented, "They always make sure that I am happy with what they do for me and always make sure I am happy with it." One person's relative said, "They always use [person's] name when they work with [person] and always ask if it's alright to do personal things for [person]."

We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to their care identified in their care plan.

People told us that the staff had the skills to meet their needs. One person said, "Oh yes they know what they are doing and I have no problems with the things they do for me." Another person told us, "The staff here are certainly well trained and know what they doing when they move me." Another commented, "The [staff] are very well trained and know exactly what I need." One person's relative said, "The [staff] seem to know what they are doing and they always ask before they do anything. They also speak nicely to [person]

and never raise their voices." Another relative commented, "The staff here are very well trained and know what they are doing."

There were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. We spoke with the training manager who explained what training was provided and showed us records to confirm what we had been told. This included information about training in moving and handling, safeguarding, dementia, pressure ulcers and the induction. This was confirmed in the service's training records. However, there were 40 staff on the records and 26 of these were care staff including management, only five had received training in MCA and DoLS, for which we were told at our last inspection of 15 December 2014 that there were plans to deliver this to all of the staff team in 2015. Eight staff had received training in catheter care, and four in falls. Improvements were needed to ensure that staff were provided with training relevant to their role and to keep updated with people's specific needs.

One laundry staff member told us about the training they had received, this included as well as training associated with their specific job role such as infection control, they had also received training in subjects relevant to the people living in the service including dementia and safeguarding.

New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. As part of the induction staff were provided with policies and procedures such as the code of practice and principles of care and were required to sign that they had received them. During the induction staff were observed in their work practice by the training manager and provided with supervision. This was used to identify any further training needs that the staff member may have to improve their practice and knowledge.

In the staff kitchen area there was the policy of the week posted on the wall and staff were required to sign to show they had read and understood it. This ensured that staff were kept updated with the service's policies and procedures. Also on the notice board were notices of planned training with a list of staff required to complete it. This included fire marshal training.

Staff told us that they were provided with support to develop in their role and improve practice. Records showed that staff were provided with one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. Staff attended meetings where they were kept updated with information about people's wellbeing and their roles and responsibilities.

People told us that they were supported to see health professionals if needed. One person said, "If I ever need the GP then I just have to ask and the manager will arrange it." Another person commented, "I have regular checks at the hospital diabetic clinic. I also have regular checks for my asthma and breathing." Another person told us, "The doctor and the district nurse come regularly to see me. I also get to see the optician to check on my eyes." Another said, "I know it's very easy to get a doctor's appointment. I only have to ask." One person's relative said, "My [person] can get to see the doctor or the district nurse when [person] needs to." Another relative commented, "We know that [person] can always get to see the doctor if [person] needs to. [Person] also gets regular visits from the chiropodist."

Records showed that people had access to healthcare services and received ongoing healthcare support.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Yes the staff are caring. There are some very good people here." Another person commented, "They are always polite and quietly spoken." Another told us, "The [staff] are all very respectful and always try to help you if you need it." Another person commented, "They are very good staff here…They are all very polite and courteous and never raise their voices." Another said, "The girls are caring and always speak nicely to me and the other residents." One person's relative said, "The staff are very caring here. They know exactly how to care for my [person]."

A thank you card in the staff kitchen area stated, "Thank you to all the carers who with tender, loving and professional care, went to great lengths to maintain a sense of wellbeing for our [person's] comfort while [they] stayed at Chilton Court." There were several compliments received by the service relating to the caring attitude of staff.

People told us that their privacy was respected. One person said, "They always knock and wait for us to answer the door." This was confirmed in our observations.

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Interactions between staff and people were caring and respectful. The staff made eye contact with people and were patient when waiting for them to reply. We heard a domestic staff member chatting and laughing with a person in their bedroom whilst they were cleaning their bedroom.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning and going to bed at night. In one person's care records kept in their bedroom their relative had signed to show they agreed with the contents and wrote, "[Person] always tells us [person] is very happy and looked after very well, we are all very happy with [person's] care." One person told us, "The hospital made the original plans and it gets assessed every year with me by the manager." Another person commented, "My daughter arranged the care for me. I had a visit and an interview to see if I would be happy here." Another person said, "We are able to do what we want whenever we want."

There were different types of accommodation and support available in the service which supported people's choice and the amount of care and support they required. This included bedrooms and flats and houses, which supported people's independence where required. Tea and coffee making facilities and or kitchens were provided in the flats and houses.

People told us how their independence was promoted and respected. One person said, "I can do a great deal for myself…Because I am mobile I am able to go out when I please and I like to go to Ipswich and Stowmarket for days out." People's records identified the areas of their care that they could attend to independently and how this should be respected.

The director told us and showed us bedrooms which had been decorated to assist people living with dementia to find items in their bedroom. This included clear fronted doors on drawers and strong colour differences, such as between the floor and the wall.

Requires Improvement

Is the service responsive?

Our findings

People's care records were kept on a computerised system with the most up to date care plans kept in a folder in people's bedrooms. There was varying quality in people's care records. There were some areas where staff were given guidance on people's needs including personal care and their condition. Where people required continence aids, such as pads, there was appropriate guidance in records relating to the size and type of pads they used. We also saw that their personal pads were kept in their bedrooms. This is good practice to have people assessed for the appropriate pad type and size for their needs.

In other areas improvements were needed. For example, records were contradictory regarding if people used pressure relieving equipment and support and discrepancies in records kept relating to diet and hydration. Two people's records stated that they had difficulty expressing themselves. Whilst there was guidance for staff in how to speak with the person they were guided to observe facial expressions and body language. However, this was not expanded upon to identify what the facial expressions and body language meant. Another person's records identified that they may display behaviours that were challenging to others. There was no information including the possible triggers to these behaviours and how the risks to their distress reactions could be reduced.

Regular care reviews were in place which included input from people and their relatives, where appropriate. The registered manager told us that they reviewed people's care records when their needs had changed to ensure that the information was up to date.

People told us that they felt that they were consulted about their care, were cared for and their needs were met. One person said, "The care I get is excellent." Another person commented, "They know exactly how to do things for me and always think of us first." Another told us, "We took over a year planning this care and it has proved to be just what we want." Another person said, "The care I get here is very good. The girls are all very polite. I am able to do what I want and when I want to and if I need anything then I just ask." One person's relative said, "The care my [person] gets is very good. They [staff] understand [person's] needs and always speak nicely to [person]." Another relative commented, "I think they know what my [person] likes and [person] is happy with the way they treat [person]. We have never had a reason to complain, everything is working well." Another told us, "My [person] is as happy as [they] can be given [their] condition. There are days when [person] is much brighter. All the staff including the manager have been so helpful in helping [person]."

We observed a handover meeting between senior staff where the morning staff member handed over information of people's wellbeing to the oncoming afternoon/evening staff. People were spoken about in a caring and compassionate way and the staff members clearly were knowledgeable about the people that they cared for.

We saw that staff responded to a person when they showed signs of being upset. For example, one person called out and told us that they were worried that they had missed tea. A staff member then came and reassured the person and invited the person to go into the dining room with the other people for tea, which

they did.

There was evidence to show that the staff had responded to ensure that people's wishes were acted on. For example, two people told us that they had wanted to attend a funeral on the day of our inspection. We saw that transport had been arranged for them to do this.

People told us that there were social events that they could participate in. One person said, "I would like to go out but I can't because there are not enough carers. The family take me out when they come." One person's relative said, "They do have activities here but there could be more opportunities for them to get out." Another relative commented, "I would like to see more things for them to do because it can be boring."

There were posters around the service informing people of the activities provided. For example an Easter celebration and a Saint Patrick's Day party the day after our inspection. People knew about this and one said, "We are having Guinness." Other activities advertised were a visit from representatives of a local Baptist church, exercise, ball games, singalong and crafts. There were activity profiles in place which identified what people enjoyed to do in relation to leisure and activities.

The activities staff member worked between the provider's two services, alternating between the morning and afternoon. On the day of our inspection they were working in the service during the morning. They told us that people did not want to participate in the planned activity, so they were offering an activity to prepare decorations for the party the following day and one to one time with people. The activities staff member told us how they ensured that people received one to one time to reduce the risks of them becoming isolated.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors. The director told us that there was free access to Wi-Fi throughout the service and people had access to telephones in their bedrooms. This enabled people to keep in contact with friends and relatives if they chose to. One person's relative said, "The staff have been very supportive and we can visit any time. If we need anything we just need to ask. The office are very helpful." Another relative who described the care the person received as, "First class," told us, "I come different times every day so I have a good eye on things, we have no complaints at all."

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person said, "We are very happy here. Everything suits our needs perfectly. The manager and staff are so helpful and are always ready to change anything if we need to."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. People's comments were used to improve the service and ensue that people were happy with the outcomes.

Requires Improvement

Is the service well-led?

Our findings

Our last inspection of 15 December 2014 the service was rated as good, during this inspection we found that the standards required for good had not been maintained. Improvements were needed in how the service was assessed and monitored to ensure that people were provided with a good service at all times. Audits demonstrated that checks were made in the service to ensure that people were provided with good quality care and actions were taken when shortfalls were identified. These included audits in medicines, mattresses, equipment, care plans and infection control. Although it was noted that there was some good practice in the monitoring of the service, they had failed to pick up the shortfalls, such as the food and fluid recording identified in our inspection.

The manager's monthly reports identified that the manager completed records for the provider on actions being taken and changes in the service. This included staffing and recruitment, people's wellbeing, complaints and training. Tasks for improvement were identified in these reports for example, the replacement of arm chairs and staff required to read people's care plans. There were manager's meetings where areas for improvement in the service were identified, discussed and agreed.

A falls register was in place which analysed falls, contributing factors and identified actions to minimise risks to people.

People told us that they felt that the service was well-led. One person said, "The manager is very good and knows exactly what she is doing." Another commented, "They understand me and what I like. I have no complaints everything is perfect… I often have informal chats with the manager and [their] deputy." Another person said, "I am very happy in the home. Everything is just perfect. The office organise everything for me. The home is well managed." One person's relative said, "The manager is very good and if there is any problem then [they] will fix it for us."

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires and meetings. The minutes of meetings showed that people's preferences and views were discussed and action points were identified in response to people's comments, including menu choices, activities and repairs to the environment. The latest quality assurance questionnaires in August 2016 showed that actions were taken as a result of people's comments, including painting door frames.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they were supported in their role by the management team. One staff member said, "We can speak to the manager at any time and we do have regular meetings with [them], I like working here, I know the residents and we try to give them good care." Another staff member told us about the waist bags which they wore. They said that the bags held a pen, their pager and a notebook where they could write, "Anything I need to remember as we put it on the residents care plan on the computer at the end of our shift." The service operated an employee of the month scheme, this recognised staff for good work practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not provided with safe care at all times. Risks were not fully assessed and addressed. The premises was not safe in all areas. The systems for the safe management of medicines were not robust for storage and those prescribed for external administration. Regulation 12 (1) (a) (b) (d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The systems in place to monitor people's dietary and fluid intake were not robust. We could not be assured that people's nutritional and dietary needs were met. Regulation 14 (1) (2) (a) (b) (4) (a)