Wellbeing Residential Ltd

Chevington House

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on 11 August 2017.

Chevington House can provide accommodation and personal care for 16 older people. There were 14 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. The directors of the company were not available to speak with us during our inspection visit. There was a registered manager in post but she was not present in the service during our inspection visit. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'. During most of our inspection visit we were assisted by a member of care staff. The registered persons had arranged for this member of staff to act on their behalf. In our report we refer to this person as being, 'the representative of the registered persons'.

At our inspection on 13 January 2015 we found that the service was safe, effective, caring and well led. Although we found that people needed to be provided with the opportunity to enjoy more social activities our overall rating of the service was Good.

At the present inspection we found that further improvements still needed to be made to the way in which people were supported to pursue their hobbies and interests. In addition, we found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the registered persons had not suitably promoted people's health and safety by consistently helping them to avoid preventable accidents. In addition, they had not completed robust quality checks to ensure that people consistently received care that met their needs and expectations. You can see what actions we have told the registered persons to take at the end of the full version of this report.

Our other findings at this inspection were as follows. Although there were reliable arrangements to order, dispense and dispose of medicines an improvement was needed to how they were stored. The registered persons had not reliably ensured that there were enough care staff on duty in accordance with their own minimum level. In addition, some of the necessary background checks on new care staff had not been completed in the right way. However, care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse.

Care staff had received training and guidance and they knew how to care for people in the right way. People enjoyed their meals and they were helped to eat and drink enough. Care staff had ensured that people received all of the healthcare they needed.

People were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Care staff were kind and people were treated with compassion and respect. People's right to privacy was promoted and there were arrangements to help them to access independent lay advocacy services if necessary. Confidential information was kept private.

Suitable steps had not been taken to fully achieve positive outcomes for people who lived with dementia. However, people had been consulted about the practical assistance they wanted and they received all of the care they needed. There were arrangements to quickly resolve complaints.

People had been consulted about the development of their home. Good team working was promoted and care staff were enabled to speak out if they had any concerns about the care provided in the service.

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.

Suitable arrangements had not been made to help people to avoid preventable accidents.

Medicines were not consistently managed in the right way.

The registered persons had not reliably ensured that there were enough care staff on duty in accordance with their own minimum level.

Background checks had not always been completed before new care staff were employed.

Care staff knew how to keep people safe from the risk of abuse.

Is the service effective?

Good

The service was effective.

Care staff had received training and guidance and they knew how to care for people in the right way.

People were supported to eat and drink enough.

People were supported to make decisions for themselves and there were arrangements to ensure that they only received lawful care.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was respected and their dignity was promoted.

There were arrangements to enable people to access lay advocates if necessary.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not offered sufficient opportunities to pursue their hobbies and interests.

Positive outcomes for people who lived with dementia were not fully achieved.

People had been consulted about the practical assistance they wanted to receive and were given all of the care they needed.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in shortfalls quickly being addressed.

People and their relatives had been consulted about the development of the service.

The registered persons had told us about significant events that had occurred in the service.

There was good team work and care staff had been encouraged to speak out if they had any concerns about the care people were receiving.

Chevington 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 was planned to check whether the registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 11 August 2017. The inspection visit was unannounced and the inspection team consisted of a single inspector.

During the inspection visit we spoke with seven people who lived in the service and with six relatives. We also spoke with a senior member of care staff, four care staff and the chef. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I get on very well with the staff and they're all fine with me." Another person who lived with dementia and who had special communication needs gave a thumbs-up sign when we pointed towards a nearby member of care staff. Relatives were confident that their family members were safe. One of them remarked, "I do find the staff here to be gentle and kind and I have no concerns on that score at all."

However, we found that suitable steps had not been taken to help people avoid preventable accidents. Three of the windows we tested on the first floor were not fitted with safety latches and opened too wide. This increased the risk that a person could fall out when opening them. We also found that a number of the radiators in communal areas were not fitted with guards to reduce the risk of people being burned. In addition, we noted a number of trip hazards caused by worn carpets and unsigned changes of floor level. These oversights increased the risk that people would not be kept safe from unnecessary accidents.

Failure to do all that was practical to provide safe care by addressing risks to people's health and safety was a breach of regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other steps had been taken to help people to avoid preventable accidents. We found that hot water was temperature controlled to reduce the risk of scalds. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. Furthermore, care staff had been given guidance and knew how to keep people safe in the event of an emergency such as the fire alarms sounding.

Records of the accidents and near misses involving people who used both services showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the deputy manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered additional assistance by having a member of care staff by their side so that they could be safe when walking about.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. However, we found that suitable checks had not always been completed to ensure that medicines were consistently stored at the right temperature. This is important because some medicines lose some of their beneficial effect if they are not stored in the right way.

Everyone with whom we spoke who lived in the service and all of the relatives we met impressed upon us that there were not enough care staff on duty during the day. Speaking about this a person told us, "It's just ridiculous. The staff are flying about because there isn't enough of them. You get the help you need but the staff are quite simply run ragged." Another person said, "The place is definitely understaffed. Recently, the owner cut one whole care shift out and the remaining staff just can't manage." One of the relatives said,

"That's my only concern about the service, the staffing is just not enough. I feel sorry for the staff, they must be exhausted." We examined the staffing roster and noted that in response to a recent decrease in the number of people living in the service, the number of care staff deployed during the day had been reduced. However, at the time of our inspection visit the number of people in residence had increased and the service was almost full. This change had resulted in the service not being staffed in accordance with the minimum level set by the registered persons. We raised the concerns we had received with the representative of the registered persons. They assured us that immediate steps would be taken to increase the number of care staff on duty during the day.

Although we saw that care staff were very busy and were occasionally rushed, we also noted that in practice people promptly received all of the practical assistance they needed.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had not obtained a suitably detailed account of their employment history. This had reduced the registered persons' ability to determine what background checks they needed to make. In addition, in relation to one person two of the necessary checks had not been completed. These shortfalls had limited the registered persons' ability to assure the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, the representative of the registered persons told us that no concerns had been raised about the conduct of the members of staff concerned since they had been appointed.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Good

Is the service effective?

Our findings

People were confident that care staff knew what they were doing and had their best interests at heart. One of them remarked, "The staff know exactly what they're doing and they're helpful even if they're impossibly rushed." Relatives were also reassured about this matter. One of them said, "I think that the staff do a great job here and they seem to work together as a team." Another relative said, "Whenever I telephone the service the staff seem to know how my family member is without having to ask someone else. I think that's a very good sign."

Care staff told us that new staff had undertaken introductory training before working without direct supervision. Records showed that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff had received refresher training to make sure that their knowledge and skills remained up to date. We also found that care staff had regularly met with a senior colleague to review their work and plan for their professional development.

We noted that care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility or who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

People told us that they enjoyed their meals. One of them remarked, "The meals here are actually very good and I've no complaints about the catering. Sometimes we get too much but that's better than not enough I suppose." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered persons were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of care staff explaining to a person why it was advisable for them to avoid sitting for too long by a window that was in direct sun.

This was necessary because the person was becoming flushed with heat. The member of staff quietly explained to the person how changing position to another nearby chair would enable them to be more comfortable while still being able look out on to the garden. This explanation reassured the person who then happily moved to another chair that was in the shade.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was relatives and healthcare professionals being consulted when additional steps needed to be taken to keep a person safe when in bed. This had involved fitting rails to the side of their bed so that they could rest in comfort without the risk of rolling out onto the floor.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The care staff are just so kind to me". Another person said, "The staff all do their best for us. They don't watch the clock and finish dead on time, they'll stay on in their own time if someone needs help." We saw a person who lived with dementia doing a gentle jig with a member of care staff in the lounge and both of them were smiling and laughing. Relatives were also complimentary about this matter. One of them remarked, "I do indeed think that the staff here are very caring. I've never seen anything else during my visits here, that's all I can say."

People were treated with compassion, kindness and respect. We saw a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their family members. The person was pleased to tell the member of staff about the jobs their grandchildren were doing and then showing photographs of events such as family weddings. Another example was care staff making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting.

We also noted that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing if they wanted to be checked during the course of the night.

Residential care staff recognised the importance of not intruding into people's private space. Most people had their own bedroom to which they could retire whenever they wished and shared bedrooms had privacy curtains. Bedrooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff were assisting people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I don't want the fuss of having my own telephone and don't really need one as I can use the home's telephone when I want to."

We were told that the registered persons had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

Paper records that contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when care staff needed to discuss something confidential they went into one of

the offices or spoke quietly in an area of the service that was not being used at the time.

Requires Improvement

Is the service responsive?

Our findings

People said that care staff provided them with all of the personal care they needed. One of them remarked, "Staff help me morning, noon and night and I couldn't manage without them." Relatives were also positive about the help their family members received. One of them told us, "Yes I am sure that my family member is well cared for. Whenever I come to the home I find them to be wearing neat and clean clothes and to be well in themselves."

However, some people told us that they were not offered enough opportunities to pursue their hobbies and interests. One of them said, "In particular since the staffing levels were recently cut, the staff have just been too busy doing care to organise activities." A relative remarked, "To be honest on most days people are just left to their own devices when they don't need actual care. The care staff can't help it as they've only got one pair of hands each and tasks like helping people to the bathroom must come first."

We were told that there was no activities coordinator and that care staff tried to find time in the afternoon to hold low key social events in the main lounge. However, we did not see any of these events taking place during our inspection visit. In addition, when we spent time in the main lounge after lunch we saw three people sitting without anything to engage their interests for three quarters of an hour. Two of the people eventually fell asleep while the third person remarked that, "Time can hang heavy when there's not much to do." We examined records of the social activities each person had been supported to enjoy during the month preceding our inspection visit. They did not show that people were being offered regular opportunities to participate in social activities.

We saw that care staff were able to provide reassurance for people who lived with dementia when they became distressed. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who became upset because another person was unintentionally standing in their way. A member of care staff noticed what was happening, reassured the person and then quietly helped them to continue their journey.

However, we found that sufficient steps had not been taken to fully support care staff to achieve positive outcomes for people who lived with dementia. We saw that little had been done to help people to find their way around their home by using signs and different wall colours. In addition, bedroom doors only had numbers to distinguish them. They did not have not have more personal and relevant identifiers such as photographs and memorabilia that people would more easily recognise as relating to them. In relation to this we saw a person becoming upset because they were not sure if the door they were opening was to their bedroom. In addition, we noted that most of the bedroom doors were not fitted with working locks. Care staff told us that this sometimes led to people who lived with dementia going into the wrong bedroom which caused anxiety both for them and the rooms' occupants.

However, records showed that care staff had carefully consulted with each person about the practical assistance they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records

confirmed that each person was receiving the practical assistance they needed as described in their individual care plan. This included help with managing medical conditions, washing, dressing and using the bathroom.

Care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the representative of the registered person was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours in order to provide comfort and reassurance.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. We were told that in the 12 months preceding our inspection visit the registered persons had not received any formal complaints.

Requires Improvement

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "Overall, it's pretty well run I suppose. They need more staff on duty but apart from that the place runs quite smoothly on most days." Relatives were also complimentary about the management of the service. One of them remarked, "I've always found it to be fine. The staff know what they're doing although they're far too rushed. The meals are good and the place is kept homely and warm. Yes I think it's run professionally enough."

However, we found that there were oversights in the management of the service. Although a number of quality checks were being completed they had not always been effective in quickly putting right the shortfalls we have described earlier in our report. The problems included the concerns we raised about the prevention of avoidable accidents, the management of medicines, the deployment of sufficient care staff and the completion of recruitment checks. Other shortfalls were in the provision of social activities and in the promotion of positive outcomes for people who lived with dementia.

In addition, there were further examples of problems not quickly being put right such as defects in the accommodation. In one of the bedroom's en-suite bathrooms we found that the bath was heavily stained with lime-scale that looked unsightly. In one of the bedrooms a replacement power socket had been crudely fitted to the skirting board leaving a large gap around the fitment. The carpet in the front lounge was heavily stained and in the main foyer an area of worn carpet had been roughly repaired using sticky tape. We did not see any evidence that these defects in the accommodation had been noted or that plans were in place to address them in the near future. However, we did note that other quality checks had been completed to ensure that fire safety equipment, the chair lift and appliances such as hoists remained in good condition.

Failure to complete robust quality checks was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Documents showed that people had been regularly invited to speak with care staff and to complete questionnaires to give feedback about how well the service was meeting their expectations. We noted a number of examples of these suggested improvements being put into effect. These included changes being made to the menu. These had been introduced because some people had felt that the two meal choices at lunchtime were too similar to each other and so did not provide them with the variety they expected to be offered.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to promptly establish that people continued to receive safe and consistent care.

Care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered persons if

they had any concerns about the care people received.

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 The registered persons had not done all that was practical to provide safe care by addressing risks to people's health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to complete robust quality checks to ensure that people consistently received safe care.