

# Chantry Court Care Ltd

# Chantry Court

## Inspection report

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31 March 2016

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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

Chantry Court provides personal care to people living in their own home in a purpose built 'retirement village'. At the time of our inspection 18 people were receiving personal care from the service. The service was last inspected in September 2013 and was found to be meeting all of the standards assessed.

This visit to the service took place on 21 March 2016 and was unannounced. We returned on 31 March 2016 to complete the inspection.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

The systems in place to manage risks related to the administration of medicines were not completed consistently. Information on how to provide support to people with their medicines was not always available and staff had not received training in administering some medicines.

One person had fallen whilst receiving care. There was no record of any checks being completed to assess whether their head injury required further medical assessment or whether action was needed to minimise the risk of further injury.

The provider's systems for gaining and recording consent for care and treatment were not always followed by staff. This meant it was not possible to say whether some people consented to the care and treatment they were receiving, or if they did not have capacity to consent to their care that requirements of the Mental Capacity Act 2005 had been followed.

Some of the information in people's care plans was vague and did not provide clear information about people needs and the care staff should provide. Despite some of the vague information recorded in the care plans, staff demonstrated a good understanding of people's needs. Staff were consistent in their descriptions of the care people needed and how some people's needs varied.

The quality assurance systems in place at the service were not always used effectively. Audits had not identified the shortfalls we found during this inspection or effectively planned how improvements to the service were going to be made.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff. People told us they felt safe when care staff visited them. The relative we spoke with said they were happy with the service provided and didn't have any concerns about the safety of their family member.

Systems were in place to protect people from abuse and harm and staff knew how to use them. People said the care workers generally arrived on time, and they would receive a call to inform them if there were any problems.

Staff received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. However, training was needed for some staff to enable them to support one person with their medicines.

People had opportunities to provide feedback about their care and there was a complaints procedure. People were confident their concerns would be listened to and addressed by the registered manager.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 always safe.

The systems in place to manage risks related to the administration of medicines were not completed consistently. Information on how to provide support to people with their medicines was not always available and staff had not received training in administering some medicines.

The risks people faced following a fall were not always assessed and managed effectively.

People who use the service said they felt safe when receiving care. There were sufficient staff to meet people's needs.

Systems were in place to ensure people were protected from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The systems for gaining and recording consent for care and treatment were not always followed by staff. This meant it was not possible to say whether some people consented to the care and treatment they were receiving, or if they did not have capacity to consent to their care that requirements of the Mental Capacity Act had been followed.

Staff had suitable skills and received training to ensure they could meet most of the needs of the people they cared for.

Staff supported people to access the health services they needed.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's

individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

### **Is the service responsive?**

The service was not always responsive.

Some of the information in people's care plans was vague and did not provide clear information about people needs and the care staff should provide. Despite this, staff had a good understanding of people's needs and how to meet them.

People were supported to make their views known about their care and support.

People were confident that they would be taken seriously if they raised any concerns or complaints about the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The quality assurance systems in place at the service were not always used effectively. Audits had not identified the shortfalls we found during this inspection or effectively planned how improvements to the service were going to be made.

There was a registered manager in post who promoted the values of the service. Staff felt well supported by the registered manager.

**Requires Improvement** ●

# Chantry 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 visit to the service took place on 21 March 2016 and was unannounced. We returned on 31 March 2016 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We brought this inspection forward from our original plan because we received anonymous information about the way the service was operating. As a result of bringing forward we did not obtain a provider information return (PIR). The PIR is information the provider sends us about the service. We discussed the information we would normally obtain in the PIR with the registered manager.

As part of the inspection we spoke with four people who use the service, one relative, the registered manager and four staff involved in the delivery of care to people. We looked at the records relating to care and decision making for five people who use the service. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

The systems in place to manage risks related to the administration of medicines were not completed consistently. Information on how to provide support to people with their medicines was not always available and staff had not received training in administering some medicines.

One person was prescribed a 'rescue medicine' for use in the event of an epileptic seizure. The risk assessment for this medicine did not state how or at what point during a seizure the medicine should be administered, or whether the medicine should be taken with the person when staff supported them to go out in the community. The registered manager said this person had never needed this medicine, but was not able to find any documentation setting out how the medicine should be administered. The registered manager told us staff did not support the person to take their medicine with them when they went out into the community, but was not able to say why this did not happen and how it had been assessed as safe. Staff we spoke with gave differing accounts of the way they supported the person with this rescue medicine. Two staff said they had not completed the training to administer this medicine. They said they do not take the medicine with them when they support the person to go into town, but would call an ambulance if the person had a seizure. Another member of staff said they had also not completed the training to administer this medicine but they do take the medicine with them when they support this person to go out in the community. All of the staff we spoke with were aware of the risk of this person having a seizure and would take action to seek emergency medical assistance. However, the failure to follow consistent practices regarding the rescue medicine and ensure all staff supporting the person were trained to administer the medicine increased the risks to the person.

One person had risk assessments relating to their medicines which did not contain clear information. Sections of the assessment to describe the level of support people needed with their medicines had been left blank. A review of the person's care stated they were being prompted with their medicines and that the person 'takes them ok'. There was no information on what prompt meant or the level of support the person needed.

Another person's medicines risk assessment contained generic information, with nothing specific about their needs or how staff should meet them. The care records for this person made reference to the medicines being 'given', 'prompted' and 'overseen'. The registered manager was not able to clearly describe what the difference between the different types of support was or why staff had made a decision to support the person in a particular way.

The lack of clarity in the medicines risk assessments increased the risk that people would not receive the support they needed, or people would receive too much support, which did not promote their independence.

A prescribed cream for one person had an expiry date of January 2016. Staff had not noticed this and had continued to support the person to apply this medicine. The use of medicines after their expiry date may mean they are less effective at treating the condition for which they had been prescribed.

Other risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Assessments included details of environmental risks and actions to minimise the risk of falls. The staff we spoke with demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. However, it was not clear how staff had responded to some incidents. One person's care records stated they had fallen and hit their head and an accident form had been completed. It was recorded that this happened at 10:23am. There were no other care records for this person, until 7pm on the same day, which only recorded that staff had supported the person to change into night clothes. There was no record of any checks being completed to assess whether the head injury required further medical assessment or whether action was needed to minimise the risk of further injury.

This was a breach of Regulation 12 (2) (a) (b) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records for five staff employed in the last year. Whilst most of the necessary checks had been completed, the provider had not obtained a full employment history for two members of staff. A full employment history helps the provider to check where people have worked and whether there have been any issues in their previous employment. The registered manager said she would ensure this was obtained for all prospective staff in future.

People told us they felt safe when care staff visited them. The relative we spoke with said they were happy with the service provided and didn't have any concerns about the safety of their family member.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from senior managers in the organisation if needed.

People felt there were sufficient staff available to provide the care they needed. People said staff usually arrived on time and they knew who the staff were. Staff said they felt there was a realistic schedule, which gave them time to provide the care people needed.



## Is the service effective?

### Our findings

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The provider's systems for gaining and recording consent for care and treatment were not always followed by staff. Of the five care records we inspected, there was missing or contradictory information regarding consent in three of them. Examples included staff signing the consent form for a person; and, staff asking family members to sign consent forms on behalf of people without obtaining confirmation that the relative had the legal authority to do so. This meant it was not possible to say whether these people consented to the care and treatment they were receiving, or if they did not have capacity to consent to their care that the MCA had been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff understood their needs and provided the care they needed. People felt staff had the skills and knowledge needed to provide the care they needed and said they were happy with the service they received.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction had been very helpful, particularly shadowing experienced members of staff. Staff told us they were not put under any pressure to work alone until they were confident they were able to provide the care that people needed effectively.

Training was provided in a variety of formats, including on-line, practical working with experienced colleagues and classroom based sessions. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. The registered manager had a record of the training staff had completed. This was regularly reviewed to plan any training that staff needed. Staff were also able to complete national qualifications in health and social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded in staff files. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Staff were also given an annual appraisal by their manager. This assessed how staff had performed over the previous year and set objective for the following year.

Where people were assisted with meal preparation, they were given a choice. People felt they were never rushed and said staff were able to identify a change in their condition and would contact the relevant professional, such as the district nursing service or GP as required.

## Is the service caring?

### Our findings

People told us they were treated well and staff were kind and caring. Comments included, "I'm happy with the care", "Staff are kind and caring" and "We have no complaints about the service". During the inspection we observed staff interacting with people in ways that were respectful and demonstrated warmth towards people.

Staff spoke about people in respectful ways to us and demonstrated a desire to provide the best care they could for people. Staff said they liked the emphasis of the service on supporting people to be as independent as possible and said this is what made the service different to other places they had worked.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had been involved in reviews of their care and in decisions about any changes that were needed. We saw that during these reviews people were given an opportunity to raise any concerns or complaints about the care they were receiving. Details of these reviews and any actions were recorded in people's care plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the service and how to respect people's privacy and dignity. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example ensuring they respected people's homes and making sure personal conversations took place in private. Staff were careful to protect people's personal records throughout the visit, ensuring they were not left in areas where others could see them.

## Is the service responsive?

### Our findings

Each person had a care folder in their home, which contained a care plan and records of the care staff had provided. Copies of these records were also available in the office for staff to access if necessary. However, we found that the copies of records in the office were not always the up to date version. This may mean staff did not have current information about people's needs until they arrived at their home.

Some of the care plans we inspected contained vague information about people's needs that was not clear. For example, one person had varying mobility needs due to Parkinson's disease. The plan said sometimes the person had a 'bad day', but it did not state what support they needed on these days. Another person had a leg ulcer that was being treated by the district nurse. Their care plan stated staff should 'keep an eye on' the ulcer, but did not contain any information about what they needed to watch out for or at what point they should pass information on to the district nurse. Despite some of the vague information recorded in the care plans, staff demonstrated a good understanding of people's needs. Staff were consistent in their descriptions of the care people needed and how some people's needs varied.

People said the staff had enough time to meet their needs in the way they wanted them met. People were happy with the timings of their call. Comments from people included, "If staff are running late with their routine calls they will let us know".

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. One person said they would "contact staff with any concerns" and said the "manager is approachable". The registered manager reported the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. The procedure set out how the service would investigate any complaints they received, including time-scales in which they would respond to the complainant. The procedure also included contact details of the Local Government Ombudsman (LGO). The LGO have a role in investigating whether a service provider had followed the correct procedures to investigate complaints in the event that a complainant is unhappy with the response.

The registered manager had details of one complaint that had been received in the previous 12 months. The records showed that the complaint had been investigated and action taken to resolve the issue. The records stated the complainant was happy with the outcome.

## Is the service well-led?

### Our findings

The quality assurance systems in place at the service were not always used effectively. Audits had not identified the shortfalls we found during this inspection or effectively planned how improvements to the service were going to be made. An audit of the care plans and risk assessments completed in November 2015 identified more information was needed about people's health conditions, pain management and nutritional risks. There were no details about who was responsible for completing this work, time-scales for action to be completed or plans to review whether appropriate action had been taken. The audit had not identified the issues with the way staff obtained consent from people. An audit of staff records completed in October 2015 had identified shortfalls in the process and stated that action was required. There were no details about who was responsible for completing this work, time-scales for action to be completed or plans to review whether appropriate action had been taken.

This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some of the quality assurance systems were not effective, others had resulted in improvements to the service provided. A questionnaire sent out to people in February 2016 identified concerns in relation to staff lateness and time management on shift. We saw the registered manager had taken prompt action to address this with staff. The registered manager had clarified their expectations of staff, discussed with staff practical ways they could make improvements and warned staff about the consequences of failing to improve. The registered manager said she had seen a positive effect of this action.

There was a registered manager in post at Chantry Court and they were available throughout the inspection. In addition to the registered manager, there was a head of care to assist with the management of staff. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on supporting people to do as much for themselves as possible so they could maintain their independence.

Staff valued the people they supported and were motivated to provide people with a high quality service. Staff understood the focus of the service, to promote independence by supporting people to maintain their skills. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us the registered manager gave them good support and direction. Comments from staff included, "(The registered manager) is a good manager. Her focus is on supporting people to be as independent as possible and promoting choice" and "We are able to raise concerns with (the registered manager) at any time. She's very approachable and is there for us as a staff team".

Notifications were submitted to CQC when incidents occurred which required notification under the regulations. The manager was aware of their responsibility to submit these notifications.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not ensured they always obtained the consent of people receiving care or those with the legal authority to act on their behalf. Regulation 11 (1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured risks in relation to medicines management and the risk of injury following falls were effectively assessed and managed.</p> <p>Regulation 12 (2) (a) (b) and (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured there were effective systems to assess, monitor and improve the quality of the service provided. Regulation 17 (2) (a).</p>