

Chelston Park Nursing And Residential Home  
Limited

# Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 15 and 16 July 2015 and was an unannounced inspection.

At the last inspection carried out on 17 September 2014 the service was found to be in breach of one of the Health

# Summary of findings

and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care plans did not always reflect the care people received. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. At this inspection we found that action had been taken to improve the service and meet the compliance action set at the previous inspection.

The service consists of two separate buildings. Chelston Park can accommodate up to 31 people and it provides accommodation with nursing and residential care to older people. Chelston Gardens is a purpose built home which is divided into four distinct units over two floors. Chelston Gardens provides accommodation with nursing care for up to 50 older people who are living with dementia. There are very large and well maintained grounds with ample parking.

There is a registered manager who is responsible for the home. 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 registered manager had an excellent knowledge about the needs and preferences of the people who lived at the home. They had a clear vision for the home and they made sure this was understood and followed by the staff team. They were committed to ensuring people received the best possible care.

Staff morale was very good. The atmosphere in both parts of the home was relaxed, cheerful and welcoming and staff communicated with people in a very kind and respectful manner. Without exception all the people and visitors we spoke with were very complimentary about the care they received and of the staff who supported them. One person said "I am so happy here. The staff are

so kind and they are always so happy. I would recommend this home to anyone." A visitor told us "The staff here have really got to know my [relative] well. Nothing is too much trouble."

People told us they felt safe living at the home. One person told us "I feel very safe indeed and I am very well cared for." A visitor told us "I can leave here knowing my [relative] is happy and safe which is such a comfort to me." There were policies and procedures in place to minimise risks to people and to help keep them safe. These were understood and followed by the staff team.

There were enough staff to help keep people safe and meet their needs. One person who lived at the home told us "They [the staff] always have time for you. There certainly seem to be plenty of staff about." Another person said "Last night I accidentally pressed my call bell and the staff were there straight away to make sure I was all right." The service made sure staff were appropriately trained and supported.

People were provided with opportunities for social stimulation and trips out. Designated activity staff were employed and activities were tailored to meet the needs and preferences of the people who lived at the home.

People received effective care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. There were systems in place to make sure people received their medicines when they needed them.

People had their nutritional needs assessed and food was provided in accordance with people's needs and preferences.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



### Is the service effective?

The service was effective.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. Each person had their nutritional needs assessed to make sure they received an adequate diet which met their assessed needs and preferences.

Good



### Is the service caring?

The service was caring.

Staff were very compassionate and caring in their interactions with people and their visitors.

People were always treated with the upmost dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

End of life care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Outstanding



### Is the service responsive?

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Good



### Is the service well-led?

The service was well-led.

The registered manager and the deputy managers were described as open and approachable.

Good



# Summary of findings

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

# Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

## 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 inspection took place on 15 and 16 July 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were a total of 79 people living at the home of which 29 lived in Chelston Park and 50 in Chelston Gardens. During the inspection we had conversations with 20 people, nine members of staff, the registered manager, two deputy managers and the provider. We also spoke with five visitors. Some people were living with dementia and were not able to engage in conversations with us. We therefore spent time observing how staff interacted with people in order to observe people's experiences of life at the home.

We looked at a sample of records relating to the running of the home, staff recruitment and care of the people who lived there. These included the care records of seven people who lived at the home and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

People felt safe living at the home and with the staff who supported them. One person told us “It was a hard decision to make leaving my home but I didn’t realise how weak I had become. At least being here I feel safe. The staff are always there when I need them.” Another person said “I can’t walk any more and this worried me when I lived alone. Now I feel very safe indeed and I am very well cared for.” A visitor told us “I can leave here knowing my [relative] is happy and safe which is such a comfort to me.”

There were enough staff to help keep people safe. There was a good staff presence and staff responded quickly to any requests for assistance. One person who lived at the home told us “They [the staff] always have time for you. There certainly seem to be plenty of staff about.” Another person said “Last night I accidentally pressed my call bell and the staff were there straight away to make sure I was all right.” Regular audits were carried out to monitor the time it took staff to respond to call bells. The findings of a recent audit had been positive with a high percentage responded to in two minutes or less. Two percent had taken six minutes for staff to respond and this had been raised with staff at a recent meeting.

People were assisted in an unhurried and relaxed manner. Each person’s level of dependency was assessed and regularly reviewed. This helped to determine the number of staff required to meet people’s needs. The registered manager told us staffing levels were adjusted as people’s needs changed. For example if someone was unwell and required additional support then extra staff would be provided. Some people had been assessed as requiring one to one support from staff. Staff told us they always knew who required this level of support and which staff would be responsible for providing it.

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people’s intake of food and drink where they had been assessed at high risk of malnutrition. There were also risk assessments

which enabled people to maintain a level of independence and enjoy certain activities. For example, one person regularly went out on their own and enjoyed horse riding. Another person regularly went out for the day with their relative. The completed risk assessments detailed the possible risks and the measures in place to minimise any risks.

People received their medicines when they needed them and there were procedures for the safe management and administration of people’s medicines. We observed a member of staff safely administering medicines to people. People’s medicines were stored securely and they were administered by staff who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

The provider’s staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant’s employment history and qualifications. Each staff file contained written references one of which had been provided by the applicant’s previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Maintenance staff were employed and they also provided an on-call service so that any problems which occurred outside of office

## Is the service safe?

hours could be responded to quickly. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan. These gave details about how

to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

# Is the service effective?

## Our findings

Staff knew how to make sure people's legal rights were protected. They had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application and knew about the recent changes to this legislation which may require further applications to be made. We saw the home had made a number of applications for people who were unable to consent to living at the home. Applications had also been made for people who required staff to manage small amounts of money on their behalf and for people who required their medicines to be administered covertly. For example, medicines given in food without the person's knowledge. These applications were made because this was a deprivation of the person's liberty as it deprived people of their liberty to make decisions for themselves.

People could see healthcare professionals when they needed to. The registered manager told us the home received very good support and input from health and social care professionals. A person who lived at the home told us "If you feel poorly the nurse won't hesitate in calling the doctor. I find that reassuring." Another person told us "I was feeling under the weather a while back. Staff called the doctor and they got me some tablets which helped me a great deal."

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included

soft or enriched diets. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals.

People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. We observed lunch being served in Chelston Park and Chelston Gardens. Meals were served from a hot trolley and people were able to choose from three main courses. They did not have to decide on their meal choice until the lunch arrived. This enabled people to choose what they wanted at the time the meal was served.

People were also able to change their mind. For example, one person had requested a certain meal and when it arrived they told a member of staff they wanted an alternative meal. Staff responded to this request without delay. Some people required assistance to eat their meals. We saw these people were assisted by staff in an unhurried and dignified manner.

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. One person said "I feel very comfortable with all the staff. They know what they are doing and they help me in just the right way." A visitor told us "They [the staff] are very skilled. They know what they are doing and I have no concerns at all."

Staff told us training opportunities were very good. One told us "The training here is brilliant. You get everything you need plus more." Another said "There is so much training and they certainly make sure you don't miss any refresher training."

Staff told us they received regular supervision sessions and annual appraisals. This helped management to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they felt very well supported. They told us they were encouraged to discuss any aspect of their role or training needs at any time. All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people.



# Is the service caring?

## Our findings

Throughout our inspection we observed staff interactions were very kind and respectful. There was a cheerful atmosphere in both Chelston Park and Chelston Gardens and people appeared relaxed and comfortable with the staff that supported them. One person who lived in Chelston Park told us “I have not been here very long but all the staff have been so kind and welcoming. They have really gone out of their way to make sure I’m happy and settled. I didn’t like the idea of going into a home but this is first class.” A person who lived at Chelston Gardens said “I am so happy here. The staff are so kind and they are always so happy. I would recommend this home to anyone.”

The visitors we met had nothing but praise for the staff team and the care their relatives received. One visitor said “I cannot praise the home enough. My [relative] is so happy, so I am happy. The staff are wonderful; not just kind but it’s the attention to detail. They just care so much.” Another visitor told us “I can’t fault anything. All the staff; including the management are really wonderful.”

Staff knew what was important to people. This was achieved by staff spending time with people and their families. Care plans recorded people’s life histories this helped staff to understand what the person’s interests were. One person said “They [the staff] certainly know me well. They know what is important to me and that means a lot.” A visitor told us “The staff here have really got to know my [relative] well. Nothing is too much trouble.”

An activity co-ordinator in Chelston Gardens explained how they wanted to make sure people felt relaxed and cared for when they moved to the home. They told us about a person who had recently moved to the home. The activity co-ordinator had seen the pre-admission assessment and noted that the individual had a great interest in trains. They had put pictures of trains in the bedroom before the person arrived. This had been greatly appreciated by the individual and their relatives.

People were treated with dignity and respect. Staff offered people assistance with personal care in a discreet manner. Each person had their own bedroom. The majority of bedrooms in Chelston Park and all bedrooms in Chelston Gardens had en-suite facilities. This meant people could be assisted with their personal care in the privacy of their own room. Bedrooms were personalised with people’s

belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

On the first day of our visit at Chelston Park the administrator gave people their unopened mail as soon as it arrived. At Chelston Gardens staff some people required assistance to read their post. We observed a member of staff showing and reading a card to a person in a very caring manner in the privacy of the person's bedroom. The person responded positively to this and smiled. The service had recently installed a free wireless network connection for people who lived at the home and their visitors. A member of staff told us there were several people who had families who lived overseas and this helped them to keep in contact by email.

Staff morale was very good and staff spoke about people in a warm and respectful way. One member of staff said “I am here to make sure the residents have a good life and are happy. I feel like they are part of my family.” Another member of staff told us “I love working here. The staff team and all the residents are great. I feel the residents get really good care here. It’s their home and we all care about them.”

Staff supported people to make choices about their day to day lives and they respected their wishes. For example staff noticed one person was very sleepy at lunch time and did not want to have their lunch. A member of staff made sure the person was comfortable, brought them a drink and explained they would put their lunch back until they were ready. On the unit caring for people who were living with dementia, staff regularly checked people were happy with where they were and what they were doing. Staff were available to support people to walk around the gardens when they wanted to and we heard them offering people several options about what they would like to do. One person told us “I like my room very much and I can go there whenever I want to.” Another person said “I can get up when I like and I can go to bed at midnight if I wanted to. It’s very relaxed here.”

The registered manager regularly sought the views of the people who lived at the home. They were very visible in the home and they had an excellent knowledge of the needs



## Is the service caring?

and preferences of the people who lived there. The registered manager told us they “tasted” soft/pureed meals every week to make sure they were tasty and appetising for the people who required them.

Systems were in place which ensured people’s wishes and preferences during their final days and following death, were respected. This year the home had achieved reaccreditation to the ‘National Gold Standard Framework.’ This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every three years. The registered manager told us they had regular meetings with a local GP’s who specialised in palliative care. The GP’s regularly visited the

home to review the care and treatment people received. This helped to make sure people were receiving the best possible care. The registered manager told us people’s relatives were able to stay with their relative if they wished. A bed could be provided for those who wanted to stay in their relative’s bedroom with them. The registered manager told us the management on-call system was also used when a person had passed away so they could be available to support the person’s relatives. The registered manager spoke with great compassion when talking to us about the importance of “being there” for the relatives who had lost their loved one. There were numerous thank you cards praising the staff for the care their relative received.

# Is the service responsive?

## Our findings

At our last inspection improvements were needed as care plans were not always reflective of the care and support people received. At this inspection we found appropriate action had been taken to address these shortfalls. Care plans contained information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. All the staff we met with and observed; had a very good knowledge and understanding about people's needs and preferences. One person told us "The staff are lovely. I only drink milk or coffee and all the staff know that." A visitor told us "I am fully involved in my [relative's] care. The staff keep me informed on the telephone and I am invited to come to the reviews. I have no complaints at all."

The service was responsive to changes and concerns in people's care or welfare. For example one person was exhibiting behaviours which were challenging to others. Staff had maintained detailed records and had requested input from a mental health professional and the person's GP in a timely manner. The person's medicines had been reviewed and staff had made sure the medicines had been obtained on the same day.

Before people moved to the home the registered manager or a deputy manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "Before I moved here [the deputy manager] came to visit me in hospital. She spent ages with me asking about what I wanted, what I liked and what I didn't like. She told me all about the home and said she wanted to make sure I was happy with everything." A visitor told us "I looked at several homes but when I walked in here; I knew it was the one. The staff were friendly and welcoming and [the registered manager] met with me and answered all my questions."

People were supported to follow their interests and take part in social activities. Staff were knowledgeable about people's life history and they used this knowledge to assist people with day to day activities which were meaningful to

them. We met with an activities coordinator in Chelston Gardens. They told us "One of our residents used to work in a post office so I got them some brown envelopes. They really enjoy putting things in them and organising things." They told us they had introduced a "men's group." They told us "The ladies enjoy time having their hair and nails done so I wanted to introduce something for the men. There is an old television they can take to bits and repair; we have car magazines and some people enjoying polishing their shoes. It's just nice for them to have some male time." The activity coordinator told us about the "breakfast club" which was very popular. They explained tables were pushed together so that people, staff and relatives could eat and chat together and newspapers were provided.

Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. On the first day of our visit people who lived in Chelston Park were involved in a reminiscence game. People were motivated and engaged and there was lots of happy banter between the activity coordinator and the people taking part. During the afternoon a local choir provided entertainment for people. On the second day of our visit we saw people who lived at Chelston Gardens enjoying musical entertainment. People were singing and dancing. The registered manager told us people enjoyed visits from local school children, the local majorettes and scout group. People also enjoyed trips out. The home hired a community bus and recent trips have included trips to the coast, garden centres and a local apple pressing centre

People could see their visitors whenever they wished. A visitor told us "I visit my [relative] every day. I have my meals with my [relative] too. It's a wonderful place." Another visitor told us "It doesn't matter when I visit. I am always greeted with a smile and made to feel very welcome."

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

# Is the service well-led?

## Our findings

People who lived at the home, staff and visitors described the registered manager as very approachable, supportive and always willing to listen. Through our discussions with the registered manager and through our observations it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

The registered manager had a clear vision for the home. They told us “I want people to have the best possible care based on up to date guidance and best practice. People are cared for by staff who are well supported and well trained. I want our residents and their families to be happy.” Staff shared this philosophy. One member of staff said “Our residents are the most important thing. This is their home and they always come first.” Another staff member said “I just love working here. I’m here for the residents. They all get really good care here.”

The registered manager was supported by two deputy managers. One deputy manager was based in Chelston Park; the other in Chelston Gardens. The registered manager and deputy managers were very visible in the home. They all demonstrated an excellent knowledge of people and their care needs. During the inspection they spent time in the main areas of the home talking with people, visitors and staff. Everyone was very comfortable and relaxed with them.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Registered nurses were based in all areas of the home and were supported by senior carers and care staff. The skill mix of

staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at each staff shift change to ensure all staff were kept up to date with people’s care needs.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included end of life care and dignity champions. The service achieved the Investors in People accreditation. This acknowledges the services’ commitment to driving the quality of service forward by ensuring staff have the skills and training required to do their job.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Maintenance staff were employed. They carried out regular checks on the premises and made sure any repairs were attended to promptly. The registered provider also monitored how the home was managed and the quality of the service provided through regular visits to the home and meetings with members of the management team.