Mrs Sushma Nayar and Vipin Parkash Nayar

Cheriton Care Home

Inspection report

9 Stubbs Wood
Chesham Bois
Amersham
Buckinghamshire
HP6 6EY

Tel: 01494726829

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 and 26 November 2015 and was unannounced on the first day.

We previously inspected the service in May 2013 when we found the service was meeting the requirements of the regulations in place at that time.

Cheriton Care Home is registered to provide residential personal care for up to 27older people. At the time of our inspection there were 24 people in residence. Cheriton Care Home does not provide nursing care.

Cheriton Care Home is required to have a registered manager. 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. The current manager was appointed in May 2015 and began the registration process with the Care Quality Commission (CQC) in June 2015. The process had not been completed at the time of this inspection.

We received very positive feedback about the service from people who lived there. "Very good," "very caring," and "I am very well looked after" were some of the comments made. People's relatives were also complimentary about the quality of the staff and the care their relatives received.

Healthcare professionals told us the home referred people appropriately and staff were responsive to any advice or recommendations they made. They were positive about the standard of care records they saw and felt the home provided a welcome alternative to some larger residential care services.

Staff were provided with the skills and knowledge they needed to recognise and respond to any safeguarding concerns. Risk to people's health, welfare and safety were appropriately and effectively managed. Risks to individuals were identified and risk assessments were in place which set out the action to be taken to reduce the likelihood of injury or harm to people during the provision of their care. There was a training programme in place for staff to provide and update them with the necessary skills and practical knowledge to meet people's needs effectively and safely.

People did not consistently benefit from stimulating activities or regular opportunities for interaction with staff and each other. We have made a recommendation about activities and interactions in the report.

Medicines were managed safely and people received their medicines, regularly, on time and as prescribed.

There was a robust staff recruitment process in place. Overall people were satisfied that there were sufficient staff to meet people's needs. The recent increase in numbers of people receiving care had been challenging for staff, however we were able to confirm staff numbers were to be increased on the staffing rota for the week following our inspection to reflect this.

Care plans were in place which set out people's needs and how they were to be met. Care plans included details of people's preferences for how they wanted to be supported. Care plans were reviewed and kept up to date to take account of changes in people's needs.

The service was being effectively managed. Staff told us they worked together well as a team. A high proportion of staff had worked at Cheriton Care Home for a number of years. This consistency of staff was something people who received care and support, their relatives and visiting health and social care professionals commented on positively.

The provider checked the quality of care at the service through visits, audits and attending staff meetings. They also had a very high profile within the service and provided support to the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were protected by the staff recruitment procedures used at the home and the checks made on applicants to ensure they were suitable to provide care and support to potentially vulnerable people.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests and in accordance with the Mental Capacity Act 2005.

People received the support they needed to maintain their health and well-being and were referred to specialist services when needed.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People's relatives and other visitors were made welcome at the home and could visit at any time.

People were treated with dignity and respect and their privacy was protected

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were not stimulating and appropriate activities regularly available. Opportunities for positive engagement with staff or other people were not always created or taken.

People's preferences and wishes were supported by staff and through effective care planning.

There were procedures for making complaints about the service. The service took steps to learn from complaints and to improve people's quality of life and care.

Is the service well-led?

Good

The service was well-led.

People received care from a staff team who were committed to provide high quality care and who were supported by the manager and provider to do so.

The provider monitored the service to make sure it met people's needs safely and effectively.

Where issues of concern or suggestions for improvement were identified or made, the provider took these into account and responded to them appropriately.

Cheriton Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 26 November 2015 and was unannounced on the first day.

The inspection was carried out by one inspector on each day.

Prior to the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During and immediately after the inspection the provider and manager responded promptly to any requests for information and evidence we made.

During the inspection process we contacted seven healthcare professionals to ask for feedback on the quality of people's care. We also spoke with a GP and two community nurses during our visits.

We spoke with the local authority to seek their views about the home.

During the inspection visits we carried out observations of the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments for six people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff recruitment records, training and supervision records for all staff and reviewed information on how the quality of the service was monitored and managed.

We spoke with seven people living at the home and four visitors. We had conversations with the registered

manager and ten staff members.

Good

Is the service safe?

Our findings

People were protected by the recruitment procedures used at the home. We looked at three staff recruitment files. These contained the required documents and evidence of checks made to confirm applicants' suitability to provide care and support to potentially vulnerable people.

People were protected from the risk of abuse. Staff received training to help them recognise and respond to safeguarding concerns. There were procedures for staff to follow if they suspected or became aware of any abuse. Information on how to report any safeguarding concerns was displayed in the home.

Staff told us they did not have any concerns about people's care and safety but would certainly report them if they ever did. Staff also confirmed they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

Staff confirmed that as well as safeguarding training they had received other training which kept people safe, for example, moving and handling, food hygiene and infection control.

People who received care we spoke with during the course of the inspection told us they did not have any concerns about their safety or how they were cared for. "I am very satisfied with my carers and have no concern about my safety" was one person's assessment. Those relatives we spoke with and the health and social care professionals we received feedback from did not express concerns about standards of care they observed or people's safety. "The working environment is safe and totally caring" was one response.

People were protected from avoidable injury or harm whilst they received care. Risk assessments were in place in respect of specific risks. For example, people's risk of developing pressure damage, how they should be supported with moving and handling and their potential for falls. Where risk assessments identified a need, for example, for two staff to support them, the service ensured two were allocated. We checked the pressure settings on two mattresses provided for people who had been assessed as vulnerable to pressure damage. We found they were automatically set to the correct pressure in each case.

People lived in a building which was essentially safe. There were certificates to confirm the premises complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire, including checks on fire alarms, fire extinguishers and any automatic door closures. We spoke with the member of staff who was responsible for fire safety and they displayed a comprehensive knowledge of what had to be done to maintain a safe environment. They also indicated they received the necessary support from the provider to achieve this. We observed one bathroom floor was worn and was badly worn in places which potentially posed a risk of infection. We mentioned this to the provider and on the second day of the inspection a complete new floor was laid to address this.

We saw information was recorded where people might require support or equipment to evacuate the premises during an emergency. Staff had been trained in fire safety awareness to be able to respond appropriately in the event of a fire.

We observed there were usually enough staff to support people. During the inspection visits people's needs were met in a timely way and call bells were answered promptly. Staff managed busy times of the day to ensure people's needs were met as promptly as possible, for example, at meal times. People we spoke with told us staff were usually around when they needed them to provide assistance. The told us they understood that they might have to wait at very busy times. This was not however raised by anyone as a significant concern.

Staffing rotas were maintained and showed how shifts were covered. Staff told us they had been particularly busy recently as the number of people in the service had increased from 19 to 24. This had meant they were stretched at times, for example in the early morning and in the afternoon where staffing numbers had been reduced when occupancy was down. This had been recognised by the manager and provider and staffing rotas for the next week were seen to have been increased in the afternoon to take account of the increased numbers.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. We checked the system based medicines records and carried out a check on several medicines administration records. We found an error in one case in respect of the balance of one medicine remaining. On further examination, this was found to be a mistake with inconsistent labelling by the pharmacy and a reconciliation showed the correct medicines had been given to the right person at the correct time. We were told this error would be addressed with the pharmacy.

Accidents and incidents were recorded appropriately at the home. This included notifying the Care Quality Commission or other appropriate statutory bodies where required. This confirmed staff had taken appropriate action in response to any reportable incidents and helped ensure any trends or patterns were identified and additional measures put in place to prevent repetition. We noted on the first day that a person with poor mobility had difficulties getting past a framed chair which had been left in the corridor. This was reported to the manager who immediately had the chair moved.

The service had a plan in place to ensure continuity of service in the event of an emergency. This included contact details of the management team, the utility companies and the local facilities where people could be moved to. People had a personal emergency evacuation plan as part of the fire safety risk assessment so that they would be evacuated safely in an emergency.

Good

Is the service effective?

Our findings

People's healthcare needs were being met. Care plans identified the support people needed to maintain their health. Staff recorded the care and support provided, including details of any healthcare appointments and their outcomes. We saw evidence in people's care plans that they had access to community health services. For example, records showed people routinely attended appointments with dentists, opticians and hospital specialists.

During our visits we spoke with two community nurses who provided specialist assistance to one person each day. We also spoke with the home's principal G.P who visited weekly or more often as required. This confirmed people had access to appropriate healthcare professionals when needed.

We received positive feedback from healthcare professionals about how the home managed people's healthcare needs. They told us the home made appropriate referrals for specialist support. They said staff were prompt in providing information such as the person's notes and medical history and their weekly visits were well organised. They said staff were open to advice about how to improve people's care and were good at following any recommendations they made. "Receptive, proactive and prompt with changes to medicines" was one assessment made. Two other healthcare professionals told us they found; "No quibbles, the staff do what we ask them to, senior staff are very approachable…no problems at all."

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes which were completed for each shift. We observed two morning handovers from evening staff handing over to the next shift.

People who received care and support told us there was a very settled staff team, which meant they received consistency of care from staff who knew them and how they liked their support to be provided.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had undertaken training to understand the principles of the MCA and DoLS. Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. We saw Deprivation of Liberty Safeguards (DoLS) applications had

been completed and sent to the local authority and had either been agreed or the service were still awaiting an assessment and authorisation from the supervisory board.

People's nutrition and hydration needs were met. People were assessed for any risk of malnutrition and their weight was monitored regularly. People were referred to specialists such as the dietitian and speech and language therapist where there were concerns.

We received what was, in general, positive feedback about the standard of the food provided. We noted however, that a significant proportion of the 10 complaints recorded in 2015 were either about food or the decorative order of the building. However, to balance that, in the June 2015 survey, when asked to rate choice, variety, amount, time and presentation of meals, the overwhelming majority of the responses recorded were satisfied or very satisfied. There were seven ratings of totally dissatisfied, the majority of which related to the time of meals.

We observed people were given choices, for example at breakfast. Where one person liked their porridge in a certain way, this was accommodated. Several people we spoke with chose to have their meals in their own room. Assistance was provided by staff where necessary. We saw people were offered drinks outside of meal times, for example mid-morning and afternoon.

People were supported by staff who had undertaken training to develop their skills and knowledge. There was a programme of on-going staff training to refresh and update skills. The training matrix for the home showed staff had completed courses on, for example, food hygiene, safeguarding, infection control and dementia care.

Staff received appropriate support to help them meet people's needs. We saw records of staff supervision meetings and appraisals. We saw minutes of regular staff meetings which took place to discuss ways of working and their development needs. Staff told us they had undertaken an induction when they first joined the service. We saw induction records had been completed for newly appointed staff.

Good

Is the service caring?

Our findings

We received positive feedback from people. "They are always there to help" and "they do exactly what we asked them to" were two typically positive assessments. The three healthcare professionals and one local authority commissioner of care we spoke with told us staff were caring and committed in their approach to people's care

People told us staff were respectful towards them and treated them with dignity. We saw staff were respectful when addressing people. They spoke with people kindly and gently; they explained what they would like to do to assist them and sought their agreement before going ahead. Personal care was not provided in communal areas and staff knocked on doors before entering people's rooms and closed them whilst providing care.

People had information available to them including a service user's guide which set out the aims of Cheriton Care Home and the services that people could expect whilst living there.

Relatives and other visitors told us they were made to feel welcome. We saw staff chatted with them and offered drinks. Visitors said they could come to the home at any time, as there were no restrictions on visiting.

People's preferences and wishes were taken into account in how their care was delivered. For example, how they wanted to be supported with end of life care. Information had also been obtained about people's personal histories so that staff had an understanding of people's backgrounds and what was important to them. People had been enabled to personalise their rooms to make them; 'Their own space' and have familiar items around them.

Staff knew about people's individual communication needs. People could move freely around the home and choose where to spend their time. Staff respected people's choices to be in their rooms if they wished. There were areas in the building where people could sit and talk with visitors and family.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service promoted people's independence. We observed people going out during the two days of our visit. This included people being supported on a one to one basis to go to healthcare appointments and a local day centre. Relative's told us they were able to accompany people out of the home and that staff co-operated to make sure people were ready for them.

In their PIR the provider informed us that end of life care training had been provided for some staff. Care plans included advanced decisions where these had been established. One health professional said they thought the staff coped very well as people's health needs increased towards the end of their lives. It was recognised however, that at times people's health needs could no longer be effectively met within a

residential care setting. Cheriton Care Home worked with families and health and social care professionals to mitigate the distress to people if they had to move to a more suitable nursing environment. This process was not always easy due to delays experienced because of the lack of suitable places for people to move to.

Requires Improvement

Is the service responsive?

Our findings

When we spoke with staff we found they had a good understanding of people's individual needs and how they liked them to be met. We observed people's preferred routines were known and taken into account. This included where they liked to sit during the day, where they preferred to have their meals and their chosen routine for getting up and going to bed. Care plans included details of how they wanted their support provided. This included, for example, supporting people with their mobility, oral health, nutrition, preferred day and night time routines and their medicines.

Where people were unable to contribute to their care plans, people who knew them well with the right to do so had been consulted and had signed the documents. Care plans were kept under review, to make sure they continued to accurately reflect people's current circumstances.

People told us they were able to choose about what they did and how they spent their time. They confirmed they could have visitors and where able to do so, access community activities. People were dressed in an individual way, with no obvious conformity to a particular type of clothing or footwear. This suggested they were offered a real choice and were able to express their opinion about their daily routines and things important to them.

We saw different daily papers were delivered and distributed to those people who wanted them. When we spoke with the home's chef, they had a very clear understanding of people's individual likes and dislikes. One person who was having their breakfast told us they always had porridge as that was their favourite and it was made the way they liked it to be. One relative told us their relative was able to have carrots and broccoli every day as; "That was what they liked."

People were able to maintain relationships with people that mattered to them. Relatives and friends visited the home on both days we were present. Those we spoke with said they were supported and encouraged to visit and were always made to feel welcome. We observed the manager and staff appeared to have a friendly and open relationship with visitors and encouraged them to keep in contact with them.

The healthcare professionals we spoke with or received comments from were positive about the way staff were responsive and were able to talk to them effectively about people's needs. The GP we spoke with said staff were always responsive and accepted advice and support from them.

Throughout the inspection, the manager and other staff were readily able to tell us in detail about people's care needs, the level of support they needed and how they preferred that support to be provided.

The service had a complaints policy and procedure. Details of this were available to people in the service. In their PIR, the service reported in the twelve months up to the completion of the PIR there had been two formal complaints, both of which had been resolved within 28 days. In the same period the PIR recorded 10 written compliments. When we spoke with people they told us they knew how to make a complaint but were far more likely to raise any concerns with the manager, provider or staff informally. They told us they

had always found the staff responsive to any minor concerns they had and that these had been quickly addressed.

On the days we visited the home, there were few, if any, organised activities. We were told a new activity organiser had been appointed for both Cheriton and another of the provider's local services. The activities programme which was on display during the inspection was not accurate. It only covered five days in any case and there was nothing down for Monday, Wednesday or Thursday. What was included, for example for Tuesday – cooking shortbread, did not take place. The menu for the day was also not reflective of what was actually on offer although this was later changed following a discussion with the chef. The actual meals provided appeared popular and in general well-received though.

We carried out and recorded a detailed observation of the main lounge on the second day of our visit between 07.40 am and 08.40 am. During that period there was no positive staff interaction with the people sitting in the lounge. One member of staff brought a person into the lounge at 08.00 am and left without speaking with other people sitting there. At 08.21 am one carer glanced into the lounge and did not speak, even to the person who was, at that time standing next to them. Throughout the whole of the observation the television was on but with the sound quite low for people who might have wanted to hear it. This was not helped by builders replacing the flooring in the ground floor bathroom and banging very loudly at 07.50 am. There were staff going past the lounge throughout the observation period, engaged in delivering breakfast to people in their rooms and we were told providing to assist people to get up and ready for the day.

We discussed with the manager and provider how active engagement between staff and people could be enhanced. This included, for example, even whilst staff were busy, undertaking important routine tasks in a way which provided opportunities for brief conversations or interaction with people, to provide some stimulation and involvement.

We recommend the service considers current good practice in the development of effective activities and positive interaction for and with people, including those who live with dementia, throughout the day and week.

Good

Is the service well-led?

Our findings

People were cared for in a service which was well-led. The service had a manager in place, although their registration with the CQC was not yet completed. We received positive feedback about how they managed the service from staff, people who received care and support and from relatives. The manager, staff and people who lived in Cheriton Care Home also benefitted from the regular and active involvement of the provider.

Those community health and social care services that provided an assessment of Cheriton Care Home were positive about the partnership working they experienced.

The manager had been in post since May 2015 and submitted their application for registration with the CQC in June 2015. Specific issues with the previous registration of Cheriton Care Home and another of the provider's local services had caused some confusion and delay. We were informed this had now been clarified and both services had active manager applications under consideration by CQC. The existing registration category for Cheriton Care Home was discussed with the provider and manager. This currently included the regulated activities Treatment of Disease, Disorder and Injury and Diagnostic and Screening Procedures. The provider agreed to clarify the current registration categories for Cheriton Care Home with CQC to ensure they were appropriate and relevant.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. Staff meetings were held at the home to discuss practice and improve ways of working. We saw minutes of recent staff meetings where a range of issues had been discussed.

The home had links with the local community, for example, local schools and churches and a day centre. People told us they enjoyed visits to the home from people associated with them or attending the day centre when this was appropriate for them to do so.

People were protected through the maintenance of appropriate records. Records were well completed at the service and those we asked to see were readily available. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, confidentiality, missing persons and fire safety.

The home made appropriate changes where errors or accidents had occurred. For example, taking external advice into account and updating risk assessments to prevent further occurrence.

People could be certain important events were reported to external agencies when necessary. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

The provider regularly monitored quality of care at the service and attended staff meetings. Staff told us the provider frequently visited the service and spoke with them, people who lived at the home, relatives and

healthcare professionals.

Regular audits had been carried out which included people's care records, health and safety, medicines and infection control procedures. Where issues had been identified from these audits, action plans had been developed and issues addressed. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of them happening again.

People's views about their care had been sought in a residents' satisfaction survey in June 2015. We saw the results of this had been analysed and an improvement plan had been produced which was being worked through. This included upgrading of parts of the building, for example, bathroom flooring and redecoration throughout. We saw some communal areas had been recently decorated, however there remained areas of the service which were in need of refurbishment and redecoration and some of the furniture was now in need of replacement. We were told a significant improvement to the property was being considered in order to provide an additional communal area to take advantage of the grounds and garden.