Wellbeing Residential Ltd

Chevington House

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

Overall summary

Chevington House provides accommodation for up to 16 people who require nursing or personal care. The service mainly provides support for older people and people who are living with dementia.

There was a registered manager in post. 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 Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no people had had their freedom restricted.

People who lived in the home were happy with the care they received. They felt safe living in the home and said that staff treated them with kindness and respected their privacy and dignity. People told us there were enough staff to meet their needs.

There were robust arrangements for ordering, storing, administering and disposing of medicines were in place.

Summary of findings

We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People had access to a range of healthcare professionals when they required specialist help.

The service did not enable people to carry out person-centred activities on a regular planned basis and did not encourage people to maintain their hobbies and interests.

People and their relatives were able to raise any issues or concerns and action was taken to address them. People had been consulted about the development of the service.

The provider had completed quality checks to make sure that people reliably received the care they needed in a safe setting. There was an open culture that encouraged staff to speak out if they had any concerns.

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

Where necessary people could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere in the home and people could choose where they spent their time.

Good

Is the service responsive?
The service was not consistently responsive.

People did not have regular access to daily, planned activities and had not been supported to continue to enjoy their hobbies and interests.

People had been consulted about their needs and wishes.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

Requires Improvement

Is the service well-led?
There was a registered manager in post and staff were well supported.

Good

Summary of findings

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Chevington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

We inspected Chevington House on 13 January 2015. This visit was unannounced and the inspection team consisted of one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. We also spoke with a member of the local district nursing team and a doctor who supported people who lived at the service to obtain their views about it.

During our inspection we spent time talking with four people who used the service and one relative who was present on the day. We also spoke with the registered manager and two members of care staff.

We observed care and support in communal areas and looked at the care plans of four people.

A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We looked at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

Good

Is the service safe?

Our findings

People said that they felt safe living at Chevington House. One person said, "The staff are lovely and it's nice to know there is someone there if you need them. Yes, I do feel safe here." One relative said, "I think as a family we are happy and feel [my relative] is safe here and well cared for."

Staff said that they had received training in how to maintain the safety of someone who lived in the service. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager and the provider. They told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about Chevington House showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Assessments were undertaken to assess any risks to each person who lived in the service and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress. This had been done with the agreement of the people concerned so they would be safe.

Staff demonstrated they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, we saw that a person had fallen in the service. This had been documented in the accident book and in the person's care plan. The person's falls risk assessment had been reviewed and action taken to reduce the risk of a further fall.

Staff who were employed by the provider had been through a thorough recruitment process before they started work to ensure they were suitable people to be employed in the service. We looked at three staff recruitment files and found that processes were in place. This included completion of an application form with a formal interview with references and identity checks.

There were sufficient numbers of staff available to keep people safe because people received the care they needed. One person said, "I can't say I have ever had to wait for them [the staff]. If I need a hand, they are there." A relative said, "Whenever I come and visit, staff are always around. I never hear bells ringing for a long time. We spend our time out here [in the lounge] and if people need help, the staff are there for them." Call bells were answered in a timely manner and we observed that staff delivered care to people when they required it and they did not have to wait.

There were other staff on duty who supported the service which included housekeeping, catering, and maintenance. Due to a vacancy in the catering team, the registered manager had worked care shifts to cover gaps on the duty rota. The service had been successful in recruiting a new chef which meant that the registered manager could return to working in a supernumerary capacity. This had not impacted on the care people received.

The service did not use any care agencies to assist them with unplanned staff sickness or leave and care staff within the team covered shifts when required. We looked at the staffing rota for the end of December 2014 and early January 2015 and found that there were no significant gaps. Where gaps occurred due to short notice sickness, we saw how the other staff or the registered manager had covered these shifts.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw that staff who administered medicines had undertaken initial training on commencement of their employment.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. Monthly

Good

Is the service safe?

medicines audits and the results were available for us to look at. We noted that there had been an independent audit of medicines management in March 2014 and that actions identified from the audit had been noted and actioned. All of these checks ensured that people were protected by the safe administration of medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said that they undertook their annual refresher training and also additional training in areas which included medicines management and caring for people who lived with dementia type illnesses. Staff also told us that they held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people's individual needs.

We saw that the registered manager had a training plan in place which detailed when staff were due for their annual refresher training. Staff who had recently started to work in the service had undertaken an induction which ensured that they were equipped with the skills required to carry out their role. One member of staff said, "I joined around a year ago and had a good induction. It covered all the areas I needed which included safeguarding, how to move someone safely and first aid."

Staff received regular supervision sessions which reviewed their performance. We saw that the manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due and had taken place. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful.

The manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. They informed us that at the time of our inspection there were in the process of reviewing people's mental capacity assessments to reflect a recent supreme court judgement that had clarified the meaning of deprivation of liberty.

We were told that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions which included one to one supervision to keep them safe.

During our inspection we saw that people were provided with enough to eat and drink. People told us, "The food is lovely. I have no complaints. Always plenty to eat." Another person said, "I really can't complain. Since I moved in I have been happy with the food. If you fancy something else they always try to sort it out for you. "A relative said, "[My relative] enjoys their food. Sometimes they need a bit of tempting, but the staff are very good at that."

We observed people having their lunch within the dining room in the service and noted that the meal time was a relaxed, social event in the day as people who lived in the home were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow.

We spoke with the member of staff who was currently working in the role of chef, whilst the service awaited the appointment of the new member of the catering team. They told us how the majority of produce used was sourced locally and about their role and how they worked to ensure that people received a full and varied diet. The staff member told us how they used fortified foods that contained more calories to help people stay at a healthy weight.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. A relative said, "If [my relative] needs to see the doctor or nurse, the manager sorts it out." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example, staff had contacted a person's GP and asked them to visit and carry out a review of the person's health needs. This took place during our

Good

Is the service effective?

inspection and we noted how the person was commenced on antibiotics for an infection and how this was communicated by staff to each other and a note made in the person's care plan.

A relative told us that staff had kept them informed about their loved one's care so they could be as involved as they wanted to be. They said, "If anything happens, the manager will always call and let us know or update me when I pop in."

We spoke with a representative of a district nursing team and a local GP who visited the home on the day of our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health. The GP said, "The staff are very good here. It is one of the homes which I would recommend in the area. Staff always action what's required. I am in the home on a regular basis and see that residents are very happy here. I complete annual reviews on all residents and any changes are always actioned." The district nurse said, "I visit all the time. I really have no concerns at all about the care that people receive here. The staff give good care here. It is a home with a good reputation and that's due to the size of the home, the staff and the general feeling that it's like someone's home here."

Good

Is the service caring?

Our findings

People were happy with the care provided in the service and told us that they received a good standard of care. One person said, "I moved in a while ago and I really can't fault it. I know the place well and I wouldn't live anywhere else. The staff are very good and there when I want them."

Relatives were confident in the care people received. One said, "As a family I would say we are very happy with the care [my relative] receives here. I am always popping in and see how well the staff get on with the people who live here and really care about them. When my time comes, I would move in! "

There was a homely and welcoming atmosphere within the service during our visit which was reflected in the comments we received from people, their families, staff and visiting healthcare professionals. Relatives said that they were able to visit their loved ones whenever they wanted to. A relative said, "I always get a warm welcome and a cuppa when I come and I can pop in whenever I want to." A member of staff said, "I like working here as its small and like a family. My [relative] has been living in the home for a while now and I have no concerns about the care they get."

We saw that staff treated people with respect and in a kind and caring way and staff referred to people by their preferred names. We observed the relationships between people who lived in the service and staff were positive. One person said, "You can have a laugh with the staff and I like that." We saw staff supporting people in a patient and encouraging manner when they were moving around the service. For example, we observed a member of staff support someone to walk down to the dining room for lunch, allowing them to walk at their own pace.

We observed the lunchtime period and noted that when staff assisted people with their food, they allowed them time to enjoy the food and their own pace. Staff sat with people and chatted whilst they ate their food. The staff member working in the kitchen came out to check everyone was enjoying their meal and if they needed anything else. We saw good examples of staff taking time to speak to people as they supported them. When a person found it difficult to hear the staff member, they would go closer to the person to repeat the question without raising their voice.

All of the people who lived in the service had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to and we saw that people had their wishes respected.

The registered manager was aware that local advocacy services were available to support these people if they required assistance, however, there was no one in the service which required this support at the moment. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

People had been asked about the arrangements they wanted to be made for them at the end of their life. This included details about funeral arrangements and the involvement of family members. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.

Requires Improvement

Is the service responsive?

Our findings

We found that each person had a care plan which was personal to them and had been regularly reviewed to make sure that it accurately described the care to be provided. We looked at four people's care plans which demonstrated how individual needs such as mobility, communication, religious and social needs, continence and nutrition were met.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The registered manager told us how people and their families were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person told us, "They know what I need and want. Like today, I don't feel 100% and feel like I have a cold coming and the staff know that and are keeping an eye on me."

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. For example, staff noticed that one person was not eating their lunch. The registered manager was assisting at lunch and spoke quietly with this person to ask if they were ok and enjoying their food. The person had only recently moved into the service and staff were still getting to know their preferences. The registered manager asked if they preferred a sandwich at lunch which the person responded that they did. They also informed staff that they liked their main meal in the evening and not at lunch time. This was actioned immediately by staff. A note was made in the communication book and the kitchen informed so that a meal was prepared for the evening.

People were offered a choice of drinks with their lunch and we observed how one person asked for a coffee after lunch with their favourite drop of rum in it.

The service did not have an activities person who supported people to pursue their interests and hobbies and there was not a planned schedule of person-centred daily events for people to choose to be involved in if they wished. Staff we spoke with raised concerns with us that they did not have enough time to support people with activities. Staff said, "It would be great to have a member of staff who could spend that time chatting with people and doing things. I would love to take people out for a walk or down to the park, but we don't have time to do it all. I always stop and have a chat."

During our inspection we noted that people sat in the two communal areas either sleeping, watching television, reading the newspaper or completing crosswords. We asked one person how they spent their day. They said, "I sit and watch the TV and read the paper. That really is enough for me. I do like to spend time in the garden, when it's warmer. I like to garden and grow things."

There was evidence that some ad-hoc entertainment activities took place in the service. This included visits from local choirs, musical entertainment, a visit to a local railway, movie nights and theme nights such as cheese and wine evenings. People also had access to a mobile library which visited the service.

However, on a day to day basis there were no planned activities for people which would motivate and stimulate them and encourage interaction and no evidence that people were supported to pursue their hobbies and interests. We spoke with the registered manager about this and they said that this was an area which needed to be addressed and they were keen to establish this role within the service.

There were two communal areas within the service where people could choose to spend time. The dining area was in a large conservatory which over looked the garden. We noted that appropriate music that people had chosen was playing and one lady was dancing to the music. Staff acknowledged this when they entered the room and a staff member danced with them.

People also had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had

Requires Improvement

Is the service responsive?

any complaints or concerns about the care provided. One relative told us, “I have no niggles or concerns but if I did then I would chat with the manager. They are always around and very approachable.”

The service had a complaints procedure which was available in the main reception and they had not received any formal complaints for us to review.

Good

Is the service well-led?

Our findings

The home had a registered manager in post who had worked at the service for seven years and this was reflected in the positive comments we received about the consistent leadership in the service. A doctor who was visiting the service told us, "[The registered manager] is a good manager and leads the staff well. They have a good handle on people's needs and what is going on in the home."

There were clear management arrangements in the home so that staff knew who to escalate any concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They worked alongside staff and were currently rostered in to cover some shifts. This would end and they would return to working in a supernummary capacity, when the new member of the catering team started in post. This would then release a senior member of the care team to return to working on the floor.

People said that they knew who the manager was and that they were helpful. One person said, "Oh yes, I know [the registered manager]. Always here, always smiling." A relative said, "A very cheerful person. When I first met them they were under the Christmas tree sorting out the lights!"

We saw the registered manager talked with people who used the service, staff and visiting healthcare professionals throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

During our inspection we spoke with the registered manager and two members of staff. They told us that they felt supported by the registered manager. One staff member said, "They are supportive, approachable and available."

Staff were provided with the leadership they needed to develop good team working practices. Staff told us that there was a strong team ethic in the service. Most staff lived locally and knew the area and the service when they applied for positions. Staff said, "We are a good team, we pull together and all help each other. We are like a family here."

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. This showed that people were kept informed of important information about the home and had a chance to express their views.

The registered manager had established some community links. We noted that a student had completed a work experience placement from a local college and that ministers from different faiths visited the service.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the provider which reviewed quality indicators. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.