

Chilton House Limited

# Chilton 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?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Chilton House is a residential care home, based in a privately owned 18th century Manor house, in the village of Chilton. Chilton House was providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

### People's experience of using this service and what we found

The service did not always comply with its regulatory responsibilities, we found that the service had failed to notify CQC of some reportable incidents.

We have made recommendations about the way the service manages accidents and incidents.

People were safe. There were systems in place to safeguard people from abuse and staff were knowledgeable about safeguarding principles. Staff were recruited and trained safely and there were enough staff to meet people's needs. The service was clean and maintained good infection control practices.

People's health and care needs were assessed in line with national guidance and people were supported to access healthcare services when required. People were supported to maintain a balanced diet, they told us they enjoyed meal times at the service and always had plenty of menu choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was planned collaboratively with people who use the service and people were regularly consulted on future plans and development of the service. The service facilitated a wide range of activities and these were personalised to individuals' hobbies and preferences.

People who use the service told us that staff were caring and treated them respectfully.

The service supported people at the end of their lives effectively and sensitively. The service tailored care provided to individuals religious, spiritual, cultural and personal differences.

The service was run by a registered manager whose staff described as supportive, approachable and 'hands on'. Staff were supported by the registered manager to develop professionally.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Chilton House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Chilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before this inspection, we reviewed the information we already held on the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke to ten members of staff. This included, care staff, housekeeping, hospitality,

the activity co-ordinator, the owner of Chilton House, the operational director and the registered manager. We spoke to four people and one relative about their experience using the service. We reviewed a range of records, this included four care plans, four staff files and several documents relating to the management of the service and premises.

#### After the inspection

We requested feedback from the local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I feel very safe living here. I wear a pendant to call staff, they are reasonably quick, there are times the system is under pressure - at peak times, but it's pretty good."
- The service had systems in place to safeguard people and staff knew how to recognise and report signs of abuse. When asked about reporting abuse, one staff member told us, "I would go to the registered manager first, I have complete confidence in her. There is a folder with information in on how to make a safeguarding and we have the numbers."
- Staff told us they knew how to whistle-blow, both internally and externally, and would feel confident to do so. Whistleblowing is when a member of staff reports information concerning a wrongdoing at work.

Assessing risk, safety monitoring and management

- The service completed several safety checks to ensure the premises and equipment remained safe. These included checks for legionella, gas safety, electrical checks and fire safety checks and drills.
- Equipment used to assist people with mobility was regularly serviced, this meant it was maintained safely.
- The service used risk assessments to identify risks to people using the service, however the tools used to risk assess were not always completed clearly or correctly. For example, the service had a falls risk assessment which identified level of risk using a point system. We saw that some people's falls risk assessments were totalled incorrectly or had been completed in a way that made level of risk unclear. This meant that actions taken to improve people's safety may not have been appropriate to people's level of risk.

Staffing and recruitment

- People told us there were enough staff and staff responded to them in a timely manner. One person told us, "I think there are enough staff really."
- Staff told us they had enough time and support to do their jobs well. One staff member said, "I think we are well staffed, not rushed.", Another said, "There are enough staff, I like to ensure my responsibilities are fulfilled."
- The service monitored call bell times via a screen in the management office. The registered manager told us if call times became too long they were able to talk to staff immediately and help with care if needed.
- The service completed appropriate pre-employment checks. This included, references from previous employers and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

Using medicines safely

- Medicines were administered and recorded safely. Staff received medicines training and were observed and assessed regularly.
- Storage of medicines was not always in line with best practice guidelines. The service monitored the temperature of the areas where medicines were stored, however, action was not always taken when this temperature was out of range. This meant some of the medicines stored may be at risk of becoming ineffective due to high temperatures.
- The service followed safe protocols for managing the receipt and disposal of medicines.

#### Preventing and controlling infection

- The service was clean and free from bad odours.
- Staff wore PPE (protective personal equipment) such as gloves and aprons appropriately.
- The service had a '5' rating from the food standards agency, this meant that they had high food hygiene standards.

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents, these were reviewed by the registered manager.
- Actions taken as a result of accidents and incidents were not always recorded clearly, however when we spoke to the registered manager, they were able to explain, in sufficient detail, actions taken as a result of these incidents.
- There was no clear overview or analysis of accidents and incidents, this meant that trends and patterns were not analysed in a way that could be used for future service improvement.

We recommend the provider makes changes to the way it records and maintains oversight of accidents and incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, this ensured the service could safely meet the needs of people.
- Assessments were used to inform care planning and were updated regularly.
- The provider followed guidance and good practice recommendations to ensure people's needs were met. Care plans were developed in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People were supported by staff who had up to date training relevant to their roles.
- Staff spoke positively of their induction and told us it prepared them for their role. One person said, "Brilliant induction, I was honest and nervous, they were fantastic, they inducted me fantastically, senior carers inducted me and made me feel comfortable."
- Staff were supported and had regular supervisions and appraisals with their line manager. One staff member said, "We have these around six months, if you have got an issue can raise it. Issues are picked up on in this and sorted."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Chilton house and had enough to eat and drink. One person told us "It's very good really, we get choices and have two set meals. If you want something else they will get it for you.", Another person said, "The food is excellent, we get a choice of options every day. We have coffee in the morning and afternoon tea and cake, we never go hungry. I have never eaten so much, now I weigh lots more than when I first came."
- People had a choice whether to eat in private or in communal areas such as the dining room. We observed that mealtimes in communal areas had a social atmosphere.

Adapting service, design, decoration to meet people's needs

- All bedrooms at Chilton house were en-suite and personalised to people's preferred taste. People were encouraged to bring their own furniture and items that were important to them. One person said, "It's very nice, I like the fact we have the garden and no traffic. I brought my own bits here." Other people told us, "It's a beautiful room, I am very happy with it" and "I was encouraged to bring my own furniture to make it more homely."
- The building was spacious, and hallways were wide. This meant all areas were accessible to people of varying mobility needs, including individuals who used a wheelchair.

- People were afforded privacy as well as a number of spaces to socialise should they choose.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and had their health needs met. We saw evidence in records that appropriate referrals to health and social care services had been made.
- Chilton house had physiotherapists available 5 days weekly. We saw physiotherapy staff taking time to complete exercises with people and encourage them in their rehabilitation.
- The service hosted weekly exercise classes known as 'music and movement'. This meant that people had access to healthy lifestyle choices.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- Staff were aware of how to support people appropriately where they may lack capacity. Staff told us, "When people can't make decisions themselves, we work closely with them and the families, we have people who lack capacity but can still make daily decisions. Residents are still included in everything even if they don't have full capacity. It's their decision still" and "We would try and work with them to come to the best and safest result for their decision."
- Where required, the service completed mental capacity assessments and made DoLS applications appropriately.
- We observed that staff always sought consent before care interactions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and supported them in the way they wished. Comments included, "All the staff are very kind. I know them, and they are all very nice", "Staff are very good, I know them", "The staff are great, it is like a family, we all watch out for each other. If you have to be in a place like this then this is as good as you will get" and "They are kind and caring. They ask first. If we want anything they are always happy to arrange it to happen."
- Staff had been at Chilton House for a long time and knew people well. We observed people were relaxed around staff and shared things that were important to them. One person was seen getting out a picture of her great grandchild and showing staff.
- Staff told us they were able to spend time chatting with people and commented, "This is encouraged. I speak to people every day. I feel with care I help them in a different way. I say to them you don't have to just ring your bell, if you want to have a chat with us, we will come and spend that time with you. The other day I spent time reassuring someone after a bad dream, we are their family, the residents know me as a person as well."
- People had built positive and trusting relationships with the staff and one person told us, "I think they know me well, I am open with people, I don't treat them as servants. I feel whilst we are here if we don't create a friendly atmosphere life will be dull."

Supporting people to express their views and be involved in making decisions about their care

- Care plans were written collaboratively with people living at Chilton house. People were invited to be a part of their monthly care plan review and were able to see their care plans whenever they wished.
- People were signposted or referred to advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.
- People were observed consistently being asked their choices and preferences. This included how they would like their care, what kind of chair they wished to sit in and the type of wine or soft drink they preferred. One staff member told us, "The attention to detail is what's good, and treating people as individuals, we do go out of our way. I will go to each room and ask when they would like to have their supper, it's personalised."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their personal space. Staff told us, "We will knock on people's doors and ask if they are happy to have care in ten minutes, better to say than leave them." Another

staff member said, "We have a lady who stays in bed, we shut the door for her dignity, she likes her door open, but we cover her with a sheet. Sometimes they don't stay on long, but we try to encourage them as dignity is so important."

- People told us staff were respectful and maintained their privacy. Comments included, "Staff are very respectful. No criticism of staff they are all very kind, they don't treat you as a silly old woman" and "When staff help me with care some of it is quite intimate and they are very good during this."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained personalised information about their support needs and preferences.
- People were supported to attend religious services if these were important to them, for example, we saw one person was supported to attend the church she had been a long-standing member of.
- The service met the needs of people with protected characteristics, such as sexuality and gender identity. The registered manager told us she had previously sourced counselling for people who were unsure of their sexuality and had not been able to discuss this with anyone previously.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's individual communication needs and recorded these in their care plan. This information was shared with other healthcare professionals appropriately.
- People were supported to be able to communicate as effectively as possible with others. For example, we saw one person had been supported to attend a recent communication service assessment with external consultants. This considered what communication devices could be used in the home to assist this person in their communication.
- The service provided adapted documentation when required, for example, the service used large print and colour codes to assist people to stay independent with their medicines.
- The service had a Loop system installed following feedback from residents that it was hard to hear people during residents' meetings. A loop system is a special type of sound system for people who use hearing aids, the system helps people to hear more clearly by cutting out background noises.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were personalised to people's preferences and hobbies. This included both group activities and one to one outings. For example, we saw that one person had been taken to the opera and others had been supported to attend exhibitions they were interested in.
- People told us they enjoyed the activities at Chilton house, one person told us, "I think there is enough to do they are very good and help you join in. We are working on a mural at the moment for Remembrance Day with a poppy and we will display it in the entrance hall. I made something the other day and gave it to my family."

- People's relatives were encouraged to visit the home and were able to stay if needed. People told us, "I still see my friends they visit here with no restrictions", "No restriction on family visiting, they just come on in", "My family can visit when they choose, there is no restriction" and "I have made friendships in the home and its open house for people visiting. Everyone is well looked after as a guest when they come in."

#### Improving care quality in response to complaints or concerns

- Complaints by the service were dealt with appropriately and in line with Chilton House's complaints policy.
- People told us they were aware of the complaints policy and would feel comfortable to make a complaint if required. One person said, "Nothing has come up, but if I wanted to, I would talk to staff."

#### End of life care and support

- Some people had their end of life wishes recorded in their care plan. This was recorded using a nationally recognised framework known as the 'gold standards framework'. However, we saw that end of life wishes were not recorded for all people using the service.

- At the time of our inspection, there was one person receiving end of life care. We saw in this person's daily notes that staff had recorded spending time sitting with this person, providing emotional support for several hours.

- The service supported people to access counselling and other emotional and spiritual support at the end of their lives.

- We saw positive written feedback from relatives about the care and kindness shown to people by staff at Chilton house. Comments included, 'I am really appreciative of you all and I know she loved her time with you. You were her family and you cared for her so well' and 'I cannot speak too highly of you all and her last few days, you gave commitment and emotional support that I thought would only ever come from close friends or relatives.'

- Staff received training in end of life care and told us they were supported to provide high quality support at the end of people's lives. One staff member told us, "It's really rewarding caring for people at the end of their life, we have good connections with the family, we support them and have a chat. We are supporting a person at the moment and its hard, staff get support during this. I can go to the manager and she's really good at supporting us."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question is now requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that one notification of alleged abuse and one notification of a serious injury had not been reported to CQC in line with the provider's regulatory responsibilities.
- The management team completed several audits to ensure peoples safety and quality of care, however these audits had not identified some the concerns we found regarding unclear assessment tools, missed notifications and medicine storage.
- When we discussed these concerns with the registered manager, she stated that she had originally started the role with the plan that another staff member would support her to meet the regulatory requirements, however this person had left the service unexpectedly. A new staff member was currently having their induction ready to take over this role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff consistently told us the management team were approachable, available and listened to them. Comments included, "I love the registered manager, she's always on our side no matter what, she literally always has our back. I can go to her about anything and it will be dealt with. She's on the floor and will work where needed. This week she was on the floor with us, as residents needs change she comes on the floor and shows us. She's hands on." As well as, "The Manager is approachable, no worries, she's a strong character, but you need that. We see senior management, they are approachable."
- Staff felt there was a positive morale throughout the home. They told us they were well supported and felt valued. Comments included, "The whole house has a brilliant morale, there are family members here as well and each team has their own team closeness", "The residents are the best thing. There is not one I don't laugh with. The staff also. I never have a day I don't want to work" and "The staff are the best, if there is a problem I can speak with the manager and go to her with everything and she will help."
- The registered manager spoke about people respectfully and showed commitment to person centred care, equality and embracing people's differences. We found this attitude to be echoed throughout the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good understanding of the duty of candour. They were able to provide examples of where this had been met.
- The service communicated openly with people and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was regularly sought from people using the service and their families. This was done through surveys, regular provider meetings, care plan reviews and informal chats.
- People told us they felt able to make suggestions regarding the service and these were listened to, one person told us, "We have a resident meeting once a month and we can say whatever we want at the meeting. We are listened to."
- The registered manager considered staffs religions and cultures and organised rota's in a way that respected these.

Continuous learning and improving care; Working in partnership with others

- An atmosphere of continuous learning was encouraged at Chilton House. The service had good links with a local college and they attended specialist courses provided by the college in areas such as end of life care and falls prevention.
- The registered manager encouraged staff members to pursue nationally recognised qualifications. At the time of our inspection, there were 3 staff members completing a level 2 diploma in health and social care.
- The service maintained close links with local health care professionals such as specialist palliative care nurses and local pharmacists. This meant that the service had good access to specialist training, support and advice.