Chilton House Limited

Chilton House

Inspection report

Chilton
Aylesbury
Buckinghamshire
HP18 9LR

Tel: 01844265200
Website: www.chiltonhouse.co.uk

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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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 3 and 4 January 2017. During our previous inspection in September 2015 we had a number of concerns related to the safety, the effectiveness and the management of the service. These included inadequate care planning, unsafe recruitment processes, a lack of staff support and a lack of managerial oversight of the service. This resulted in us reporting on several breaches to the Health and Social Care Act 2014. During this inspection we found improvements had taken place in all areas. Some areas of work were on going with future improvements planned. For example in care planning documentation.

Chilton House is a privately owned 18th century manor house situated in the village of Chilton. The home is registered to accommodate 45 older people to receive nursing or residential care. Alongside people who lived in the home permanently, the provider also accommodated people who required rehabilitation and convalescence or respite care. The house is surrounded by well-kept gardens with views over the Vale of Aylesbury. The home has a registered manager in place.

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.

Information in care plans and risk assessments were up to date and easy to access. We discussed with the registered manager how these could be more detailed and involve input from people. The registered manager had worked hard with staff to improve the layout and content of the care plans. They told us this was still work in progress.

People wore pendant alarms to enable them to summon help from staff. We found these were not working as effectively as they should. The registered manager was aware and was taking steps with the provider and the alarm company to ensure this was rectified as soon as possible.

Medicines were stored, administered and disposed of safely by trained staff. Where people chose to self-administer their medicines this was accommodated by staff.

There were sufficient numbers of staff to meet people's needs. Staff knew what people's individual needs were, including their preferences. People spoke positively about their relationship with staff. We observed positive interactions and it was apparent, people enjoyed spending time with staff.

Staff received regular supervision and appraisals. Training for staff was provided and kept up to date. New staff completed an induction and the Care Certificate.

People living in the home had the capacity to make their own decisions about how they were cared for and

their preferred lifestyle. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and how this applied to their role. There were no DoLS in place at the time of our inspection. Mental capacity assessments had been completed for some people for some decisions to ensure people fully understood the decision they were making.

People spoke positively about the food provided in the home. The chef was aware of the dietary preferences and needs of the people living in the home.

People had access to health professionals to ensure they maintained their health. An in house physiotherapy service assisted people with rehabilitation and to maintain mobility.

Staff showed respect for people and preserved their dignity and privacy. People acknowledged this was the case and valued this aspect of their care. Staff were described as "Lovely" "Very caring" "Very attentive." "Nice and helpful" and "Kind". People told us they felt listened to by the staff and the registered manager. They had the opportunity to raise comments and ideas about the running of the home in the residents meeting. People told us this was a useful meeting. People knew how to raise complaints but told us they had not had to.

People joined in a variety of activities which they reported to us they enjoyed and visitors were made to feel very welcome.

The cultural needs of people had been taken into consideration and contact with the clergy was available for communion for those who wished to partake.

We were told by staff the morale of the team had improved since our last inspection. The staff worked well as a team and supported each other.

The registered manager had put systems in place to encourage and motivate staff and to recognise their contribution. Checks were made on the safety of the home and the quality of the service provided. The registered manager had an overview of the home and was working towards continuous improvement. Both staff and people in the home spoke positively about the registered manager and the senior staff.

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.

Where people required assistance with medicines these were administered by trained staff. The home has a medicine policy which was being adhered to.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

People told us they felt safe and the provider had systems in place to make sure people were protected from abuse and avoidable harm.

Is the service effective?

Good

The service was effective.

People enjoyed the food on offer in the home and could make choices about what they ate and drank.

Staff had received training to carry out their roles, the training was on-going and relevant to the care being provided in the home.

Staff understood how the MCA and DoLS applied to their role and the lives of the people they were caring for.

Is the service caring?

Good

The service was caring.

Staff were described as caring and kind by people who lived in the home.

We observed how staff cared for people and found it to be appropriate, respectful and courteous.

People had input into the running of the home during residents meetings. Some people felt they had been listened to and action

taken to improve the care on offer.

Is the service responsive?

Good

The service was responsive.

A range of activities was available for people to participate in. This protected people from social isolation.

Care and support was planned and delivered in a way that ensured people's safety and welfare.

The provider had in place a complaints procedure. This enabled people to raise complaints or concerns. The complaints procedure was accessible to people.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager was accessible and they felt comfortable raising issues or concerns with them.

A number of audits took place at the home. These were used to assess the quality and the safety of the service provided.

The staff worked well together as a team. Senior staff were effective in supporting care staff. The registered manager was aware of the day to day culture in the home.

Chilton 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.

This unannounced inspection took place on 3 and 4 January 2017.

The inspection team consisted of an Inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service for example older people.

We obtained information about the service from speaking to 11 people living in the home, seven staff including the registered manager, the head of care, two nurses, two healthcare assistants, and the maintenance manager. We examined care records for nine people including documents related to the management of people's medicines. We read the recruitment documents for the employment of four staff. We observed how care was provided to people, how people reacted and interacted with staff and their environment.

Good

Is the service safe?

Our findings

During our last inspection in September 2015 we had concerns documents related to care were not detailed and there were gaps in information. People who were receiving convalescence care did not have the same detailed care plans in place as those who lived in the home permanently. We reported a breach of Regulation 12 of the Health and Social Care Act 2014. During this inspection we found this had been improved. Care plans reflected people's needs and those people who were staying in the home for convalescence had the same care plans as those people who lived there permanently. We spoke with the registered manager about the care plans. They told us they had improved the layout and the content of the plans to ensure they were reflective of people's needs and information was accessible. They agreed with our observation that there were still areas for improvement as more detail could be added. They told us this was work in progress.

During our previous visit we found there were gaps in the information obtained when recruiting staff. These were important pieces of information which ensured staff were safe to work with people. We reported a breach of Regulation 19 of the Health and Social Care Act 2014. During this inspection we found our concerns had been addressed. Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.

During our last inspection we saw that some rooms had small steps at their entrance. These were not clearly visible and posed a risk of people falling. During this inspection we found that small ramps had been installed at the entrance to the rooms which were highlighted to minimise the risk of people falling.

At this inspection, people told us they felt safe living at Chilton House, comments included "I feel safe here", "I have no problems with safety" "I know the staff would not let me come to any harm".

We observed each person had a pendant alarm which most people wore around their necks. This was to enable people to summon assistance from staff. These were also used to summon help in the case of an emergency. We asked three people to press their alarm pendant so we could determine if they worked effectively. For one person there was no response from staff. For another there was a 25 minute delay before the alarm registered on the staff display. Staff did respond to the third person, but because the pendant was situated on the person, if gave staff no indication of where in the building the person was. We discussed this with the registered manager. They were aware of problems with the alarm system. Their alarm system had failed before Christmas, and they had reverted back to their previous system. Work was ongoing with the alarm company to ensure an efficient and effective system would be in place as soon as possible. This was verified by the owner of the service. At the time of the inspection this had not impacted on the people in the home.

Where people required assistance with medicines these were administered by trained staff. The home has a medicine policy and this was being adhered to. Medicines were stored securely, and only appropriately trained staff had access to them. Some people chose to self-administer their medicines and they were

supported to do so once a competency assessment had been undertaken. For these people their medicines were stored securely in their own room.

We undertook checks to ensure the storage, administration and records related to medicines were safe. Controlled drugs were stored in a secure locker and records were kept up to date in a controlled drug register. Where medicines were required to be stored in a refrigerator we found temperatures of the fridge were recorded accurately.

Staff were knowledgeable about the use of covert medicines. This meant the medicine was hidden in food or drinks otherwise the person would not take it. We were told no one received their medicines in this way.

The Medication Administration Record (MAR) charts were up to date, properly maintained, appeared complete and were easy to follow. We were told that; "We have no homely remedies". Homely remedies are non prescribed medicines available over the counter in pharmacies. Topical charts for creams and ointments were completed appropriately.

There were robust processes in place for the safe ordering of medication, and staff said: "Regular medicines are ordered in sufficient time for processing, delivery and checking ". Medicine amount balances were recorded and were correct at the time of this inspection. There were policies and procedures for following up anything errors or mistakes in the administration of medicines.

There were sufficient staff to meet the needs of people living in the home. Staffing levels were assessed based on the needs of people. Staff and people told us there were enough staff. Staff groups included nursing, care, hospitality, administration and maintenance. When staffing levels dropped due to staff absences, bank or agency staff were used. One person told us they believed there were sufficient staff numbers available, they said "If somebody goes off sick and they are maybe one down and can't get a replacement from the agency, they just get on with it. It happened last night." When asked what impact this had on people they told us "It doesn't make any difference." The registered manager told us they employed over and above the minimum staffing levels to ensure continuity of service. At the time of the inspection we were told they were fully staffed.

Infection control systems were in place to prevent the spread of infection. Staff received training in the area of infection control and wore protective clothing when supporting people with personal care. We found the home and kitchen to be clean, hygienic and well maintained.

Good

Is the service effective?

Our findings

During our last inspection in 2015 we had concerns staff were not being supported through regular formal supervision and appraisals. We recorded a breach of Regulation 18 of the Health and Social Care Act 2014. During this inspection we saw records that showed staff were now receiving regular supervision and appraisals. Staff told us they felt supported by the senior staff comments included 'I work here because there is a good morale and the manager supports me'. One staff member confirmed that they were both carrying out supervision and receiving supervision regularly. They told us this was monitored by the registered manager who read all the supervision notes. Staff told us they received training in the areas deemed mandatory by the provider. Records showed that staff had up to date training in areas such as fire safety, safeguarding and food safety amongst others.

New staff completed an induction which covered the administrative and practical aspects of working in the home. They also completed the Care Certificate. The care certificate is an identified set of 15 standards introduced in April 2015 that health and social care workers should use in their daily working life. Following this, staff had to complete practical pieces of work and their competency was assessed by the senior staff.

Staff also received support through staff meeting and daily handover meetings. Staff told us senior staff were available and accessible whenever they needed guidance or support.

People were very positive about the staff and the care they received from them. One person said "I love the place and I am looked after by staff who know what I need and are very caring". Another said "I have been poorly lately but I am very happy with the way the staff have cared for me".

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 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 were aware of and demonstrated an understanding of the Mental Capacity Act 2015 and DoLS. This was an improvement on the previous inspection in 2015. During that inspection we found a person's mental capacity had been assessed but it had not been time or decision specific. At the time of this inspection some people living in the home had been assessed as having the mental capacity to make their own decisions and choices about how they lived their lives and the care they received. As a result there were no DoLS in place and no applications had been made.

On the first day of the inspection we joined people in the dining room during lunch time. We saw how hospitality staff served people their lunches. Each person was able to choose from the menu, their choices were made the day before. The menu offered two starters, two main courses and three vegetable dishes. The menu also highlighted a healthier option of the meals to enable people to make an alternative choice if they wanted to. When shown the menu for the following day, a person said to the staff member "I don't want any of those could I have an omelette instead" and the member of staff said of course they could and it would not be a problem.

We spoke to the chef on duty who showed us information on people's food preferences together with details about any allergies and dietary needs. They explained if a person didn't want what was on that day's menu there was an alternative menu from which they could make a selection. This meant the chef ensured that people would have something to eat that they liked. The chef also explained that she kept staple items in stock at all times for example, eggs, ham, cheese, tuna just in case a person wanted a sandwich later in the evening.

Comments about the food included "The food was a little bit rich at times but on the whole it was very nice" "The food is absolutely wonderful especially the home-made soup". "The food is lovely. Over Christmas and new year we were saying to each other, you wouldn't get better in a first class hotel." People told us they could eat their meals wherever they liked including in their room, the dining room or in the library. They commented "They (staff) tell you about any particular meal, they are interested themselves in how you enjoyed it." Another person told us they had "Eaten outside in the grounds in the summer evenings which had been very pleasant"

People's records included information about dietary requirements and we could see that GP advice was sought. Staff showed that they had knowledge of dietary requirements for older people. Records showed people's needs for food and drink had been assessed. Malnutrition Universal Screening Tool (MUST) assessments had been completed. These indicated where a person may be malnourished or be obese. This guided staff on how to ensure people's health was maintained. We observed people were regularly offered drinks and were able to choose what they would like to drink and when.

Records showed people had access to health professionals when they needed them. There was evidence in the care plans regarding their visits, the outcomes and advice from their interventions. For example, GP visits. People were supported to maintain good health. The home had a resident physiotherapy service, this enabled people who were convalescing and people who lived in the home permanently to receive physiotherapy treatment. The physiotherapy assistant had duties to enhance the mobility of people, including escorting them for walks and exercise. A person told us the purpose of the twice weekly exercise class was "To exercise every part of the body from the head to the ankles. This keeps all the joints moving which is rather necessary." One person told us they received treatment from a chiropodist regularly, staff supported them to make sure appointments were booked and attended. People confirmed "I can see a doctor if I want to without any problem" another said "Getting a doctor to visit me has never been a problem". This ensured as far as possible that people received appropriate care to help maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People spoke positively about the attitude of the staff and the quality of the care being provided to them in the home. Comments included "It doesn't matter who is on duty because they are all so nice and helpful. You never have to think oh I don't like who is on duty today because they are all absolutely lovely". "The girls are always so attentive there is always someone on hand to help if you need it". "I have been poorly lately but I am very happy with the way the staff have cared for me". Another said" I really appreciate the way the staff care for me, they are all so kind ".

We observed positive interactions between people and staff. We listened to conversations between people and staff which were very relaxed and informal but at the same time confirmed the respect the staff had for people. We observed one staff member taking meal orders. They joined a group of people sitting in the foyer. They went around the group sitting next to each person and speaking to them individually and explaining the choices to them in a quiet voice.

We saw that people's privacy, dignity and independence were respected. We observed on numerous occasions that staff knocked on people's doors and did not enter until asked to do so. One person told us "They (staff) knock on the door and they don't come in until you say 'Come in'". Consideration had been given to people's appearance; they had been supported to look clean and smart and dressed in co-ordinating clothes.

One area of discussion which proved of interest to people was the manner in which they were addressed by staff. Staff referred to people with their title and/or their surname. There were mixed views about whether this was appropriate or not. One person told us they thought it was appropriate as this was one way in which staff showed respect to people. Another person told us they would have preferred to be called by their Christian name. They reported to us that they told staff to call them by their Christian name and the staff did. The home had a long standing practice of not referring to people by their Christian name. This had been taken on board by both staff and people living in the home. We discussed with the registered manager whether this truly reflected people's choice. They explained it was an ingrained culture that would take time to change. We felt it was important that people were able to choose how they were addressed and this was respected by staff.

People told us staff respected their wishes and protected their dignity. One example given "They (staff) never speak down to you." Another person told us they liked to go for a walk on their own; they told us they informed the staff to ensure they knew they were not in the building. One staff member told us they protected people's dignity by ensuring if the person had a catheter bag it was not on show, also by talking to people about private and confidential subjects in a quiet area, so other people could not overhear what was being discussed.

People were actively encouraged to be involved in the running of the service and how care was provided. Opportunities to discuss any suggestions for improvement to the service were provided during the residents meeting. One person told us "You can raise any points that need to be addressed." When asked if they felt

listened to they responded, "Yes I think they do listen on the whole." We asked another person if they felt the residents meetings were useful, they said "I think everyone would say yes. If any issues that come up that are not dealt with at the time you can take them to the meeting. Yes they do listen, they would be daft if they didn't."

Good

Is the service responsive?

Our findings

People told us there were a range of activities they could participate in if they chose to. One person told us "There is such a lot laid on for us here, we can watch Netflix, do knitting, and there is a crocheting lesson this afternoon. The activity host takes us out to the garden centre and to the theatre. It is fabulous here, we can have physio everyday if we need it. We have done card making, flower arranging and there is a very nice library on the second floor. They allow dogs and children to visit. They had this guy who sounds just like Michael Buble to sing, and a genius pianist, we also have lovely suppers which are very social. It was just like going back to the 1930's over Christmas with the films we could watch, which are relevant to our age group. It was lovely."

Another person told us "The staff have been very nice and have helped me to organise a game of bridge with three of my friends. They also provided tea and cake and have accommodated this twice now". The activity host worked every afternoon and the activities ranged from exercise classes, indoor bowls, to scrabble. One person told us "They do have scrabble every Friday and I do enjoy that." There had recently been a lino-printing course which was carried out over a number of weeks. Some people had made lino prints and subsequently their own Christmas cards. The knitted squares made by some residents had been made into a blanket which had been sold at a coffee morning for charity.

A local school had visited the home during the Christmas period to sing carols. There had also been a Christmas party for people, friends and family which had proved very popular with over 60 people attending. People seemed very happy with the activities on offer and comments ranged from "There is something for everyone to do if they want" to "Scrabble is very popular and fun". As a result people were protected from the risk of social isolation.

People told us they were involved in how their care was provided. An open dialogue with staff enabled people to share their concerns and any changes they required to the delivery of care. One person told us "If there is anything that needs to be done I will tell them and they will help me sort it out. Staff are very pleasant and very helpful." Documents showed some people had consented to the care they received. More involvement from people was a planned development in the home in relation to care documentation.

Risk assessments and care plans, covered recognised risks to people. These included physical social and psychological needs. Also included were moving and handling risk assessments, the likelihood of developing pressure injury and nutritional screening. Actions were in place to try and decrease risks, such as provision of pressure relieving equipment. Staff we spoke with confirmed that two staff always carried out any moving and handling that required the use of a hoist.

It was clear that staff knew people's preferences. A nurse said "We have put systems in place to improve care planning and risk, and I have undergone specialist training in elderly care. We try and make the residents as happy and comfortable as we can". There was evidence that people's preferences had been discussed and recorded in people's care plans for example, one person enjoyed poetry, the registered manager told us they were trying to introduce a poetry reading. One member of staff who clearly knew a great deal about

people and their likes and dislikes said "I think it is an important part of my job to develop a relationship with the people I care for".

The home encouraged family members and friends to visit. One person told us a friend had visited them recently, both were able to enjoy lunch together. The visitor had been extremely impressed by the welcome they had received and the quality of care provided to the person. Another person told us "My friends can come and see me whenever they want to and the staff make visitors feel very welcome".

People's religious needs had also been considered as part of the care provided. A church of England vicar and a catholic priest visited the home regularly to provide communion. People told us they "appreciated the visits". The registered manager told us they would provide support to people from other religions and cultures if requested, but at the moment this was not applicable.

The home had a complaints procedure. People told us they knew how to complain. One person said "I could complain if I wanted to and would know how to do it but I have never had anything to complain about". Another said "I know the way to make a complaint but have never had to because there is nothing to complain about". A third person told us "I would go to the owner or the manager. She (the registered manager) is very good. She is also very nice and efficient. She responds very quickly and everyone likes her." We looked at the complaints log we saw complaints had been responded to and learning had taken place as a result of the complaint. For example, one complaint was about a missed health appointment. The registered manager had instigated a "Named nurse" who was responsible for ensuring all appointments were logged and attended. We were told there had been no further missed appointments.

Good

Is the service well-led?

Our findings

During our last inspection in September 2015 we had concerns some managerial responsibilities had not been carried out effectively, for example the monitoring of the quality of the service. The registered manager commenced employment between the first and second day of the previous inspection. We recorded a breach of regulation 17 of the Health and Social care Act 2014. Since this time previous areas of concern had improved. For example, care plans were now legible, and information was easy to access. The registered manager told us this was an area they continually work on to improve the quality and accuracy of recordings by staff. Care plan audits had been undertaken. The recruitment process had improved and supervision and training had been carried out and recorded. Other audits that were being carried out included health and safety. Since the previous inspection the provider had employed the services of a "Competent person". This was an external consultant who had audited the health and safety policy, and systems of working within the home. Training and consultation had taken place with the registered manager and training for staff was planned for the near future.

People were very complimentary about the way the home was run. One person told us "Everything good about the place comes from the top down. Staff are good too. They are well trained and most have been here for a long time. I think this is a good sign." Another person told us "The home has a very nice atmosphere, it has nice views and on the whole it is pretty good. I would say you won't find many places better than this."

During this inspection we were told how the registered manager had audited the staff sickness rate. Along with feedback from the staff survey the registered manager had introduced a return to work interview. The registered manager was aware of low morale in the staff team and had introduced a newsletter and an "unsung hero of the month" which acknowledged staff who had worked hard and exceeded expectations. As acknowledgement for this, staff received a "Bottle of their favourite drink." Since the introduction of these activities the registered manager reported a significant drop in the staff sickness level.

Staff morale was reported to have improved, comments from staff included "I work here because it has good morale and the manager supports me"; "We have the best care team now that we have ever had. We have a much happier team" and "We are a good team, we support each other". We found the staff worked well together as a team. They were courteous, quiet mannered and friendly. People enjoyed talking to the staff. All staff appeared to be happy in their work. The senior staff assumed the roles with ease and confidence. They worked methodically and prioritised work as required, and knew people very well. They coordinated and offered support to each other.

The registered manager had put in other methods to increase staff morale, including a "Getting to know you" form. This included questions for new staff about their likes and dislikes, hobbies and interests. This enable the registered manager to obtain a holistic view of the staff they employed and to be able to reward people appropriately.

Safety checks were carried out in the home by the maintenance manager. These included checks on fire

equipment, and fire drills were held regularly. Each person had a personal protection evacuation plan in place. Gas and electricity equipment was checked and serviced in line with requirements. A home environment audit was completed monthly, and weekly room checks were undertaken to ensure they were safe for people to use. This demonstrated the registered manager frequently checked the overall quality of the service and could drive forward improvements when necessary.

Feedback was sought from people, their relatives and staff through surveys which were completed in 2015 and 2016. Improvements and learning from the surveys included a simplified complaints process, a staff recruitment drive which resulted in increased staffing and the instillation of a named staff member for monitoring hospital appointments. This demonstrated the registered manager was receptive to ideas and suggestions and where appropriate made improvements to the service.

People and staff told us they had confidence in the registered manager. Comments included "The manager is very organised and knows what she is doing". "The manager works very hard and is very friendly". "The manager seems to know that the winter evenings are so long and she make sure we have something special to look forward to like a cheese and wine evening or special dinner". "The staff and manager are really the best you could ask for". "I know this is not my own home but the manger and staff do their very best to make it feel as close as you could possibly get". We found the registered manager to be accessible to staff along with the senior staff. One staff member told us "'If there is a problem, I know who to go to". One person told us "I am so lucky to be here. The best thing about the home is the level of care and the really excellent food." Another said "The care is amazing I am very happy here." It was apparent from listening to people and staff the registered manager had implemented changes that had benefitted everyone. They had a clear oversight of the service and were planning to constantly review and improve the quality of service for people.