

# Mr & Mrs S Davey and Mr & Mrs G Rhodes

# Chatsworth Residential

# Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 19 and 20 July 2017 and was unannounced. Chatsworth Residential Home provides care and accommodation for up to 26 older people some of whom are living with dementia. At the time of the inspection there were 25 people living in the service.

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.

At the last inspection, the service was rated Good overall.

At this inspection we found the service remained Good in all areas.

Why the service is rated good.

One person said; "They are helpful and caring. They make me feel safe by understanding me." Another person said; "They are very very caring" and a relative said; "You would be hard pushed to find a better home in Plymouth" while another said; "I'm 100% happy with dad's care here."

People remained safe at Chatsworth Residential Home because they received their medicines safely. People, relatives and staff told us there were sufficient staff to meet people's needs. Risk assessments had been completed to help people to retain as much independence as possible and receive care with minimum risk to themselves or others.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had regular training and were competent. People were supported to have as much choice and control of their lives as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People said the staff were kind and very caring. One relative said; "Dad's care is second to none!" There was a calm atmosphere in the service with staff supporting people with their care needs discreetly. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care and support was personalised to each individuals which helped ensure people were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "Never needed to make a complaint but I know they would listen and sort it."

People were assisted to take part in a wide range of activities according to their individual interests. Entertainers visited the service and trips out were also planned for people.

The service continued to be well led. People, relatives and staff told us the registered manager was always very approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Chatsworth Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, it took place on the 19 and 20 July 2017 and was unannounced on day one. The inspection was completed by an inspector from the adult social care directorate 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.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information Return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with 12 people who lived at the service. The registered manager was available throughout the inspection. Some people were unable to tell us about their time at the service therefore we observed them and how staff and people interacted. We also spoke with five relatives and six members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, four staff personnel files, records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People who lived in the service seemed happy, relaxed and comfortable with the staff who supported them. People and relatives told us they believed their relatives were safe living at the service. One person said; "Safe yes, because the staff are here day and night. People can't just walk in off the streets, its strict" and another said "Safe yes definitely, atmosphere and people make me feel safe, there's staff and a call bell if I need it." A relative said; ""I couldn't think of anywhere safer for dad."

People were protected by staff who knew what to do if they suspected people were at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager or providers and were confident that action would be taken to protect people.

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included checks carried out to make sure new staff were safe to work with vulnerable people. Staff were unable to commence work until satisfactory checks and employment references had been obtained.

People, relatives and staff all agreed that there were sufficient numbers of staff employed to help keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time interacting and enjoying each other's company. Some people liked to stay in their room and this was respected. Staff confirmed that additional staff were made available if they were needed for example to help people attend appointments for example hospital visits.

People had risk assessments completed to make sure they received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided to promote people's independence when moving around the home. For example some people had walking frames. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and emergency services in the event of a fire. The service had a "Fire Box" to use in an emergency that contained evacuation plans, water, fire risk assessments and a plan to take people to another local residential home in the event of an evacuation.

People were protected from the spread of infections. Staff had completed infection control training and understood what action to take in order to minimise the risk of cross infection. For example to use gloves and aprons and have good hand hygiene to protect people. Relatives said; "It's always spotless when I visit" and "Never seen it anything other than clean." One person said; "Definitely clean, there always hoovering" and "They are always on the go cleaning something."

People received their medicines safely from staff who had completed medicine training. There were systems

in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There was clear information to show when these medicines should be offered to people and how many had been administered to people.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. Staff had a good knowledge of peoples' care needs and were competent in their roles which meant they could effectively meet peoples' needs.

People were supported by staff who were well trained. All the staff agreed the training provided was relevant to their role and regularly updated. Comments included; "We have had so much training. It's always updated." All new staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and how people needed to be supported. Staff without formal care qualifications were being supported to gain the Care Certificate (A nationally recognised set of skills training).

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were currently receiving care from the district nurse team for change of dressings. GP's visited regularly and were contacted when needed to provide support and advice to people and staff when required.

People told us, and observations showed, they were able to make choices on the food offered. Menus were clearly displayed to show people what choices were on offer that day. Where there were concerns about a person's hydration or nutrition needs, staff completed food and fluid charts to monitor this. Meals were provided in accordance with peoples' needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. A relative said; "He (their relative) always tells me the food is very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed, in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff confirmed that people were always encouraged to make day to day decisions where possible. One relative said they were and had been involved in any decision about their relative's care, when needed. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained and with regular updates carried out.

# Is the service caring?

## Our findings

People living in Chatsworth Residential Home continued to receive a caring service from staff who knew them well and understood their needs. People were supported by staff who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist people with their personal care needs. Staff were seen to be attentive and prompt to respond to people when required. For example when people became confused the staff offered additional support and people then became calm and seemed to enjoy the extra support and company of the staff member.

People told us staff were always kind, caring and respectful. Some people who could talk to us said they felt well cared for. A relative said; "They speak nicely to mum, give her time. They don't rush her. They ask her what she would like to do and try and be encouraging." Another said; "They care for dad so well, we couldn't ask for better."

The provider told us in their PIR; "By listening we ensure we are providing the care that is required but also ensuring we do it using dignity, respect and empathy at all times."

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. One person said; "When I am in my room they always knock before they come in, and they speak to me nicely." A survey returned to the service recorded; "Dad gets excellent care, it really gives us peace of mind" and "There are no words to describe how grateful we are for all the care you give to mum."

People were supported to express their views whenever possible and involved in decisions and discussions about the care and support they received. One person said; "I'm involved and my family talk it through with me." Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions.

People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with reviewing / planning their relatives care.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. Staff showed concern for people's wellbeing. Staff explained how they had noticed changes and signs when people's health deteriorated. They had liaised with doctors, district nurses and families over the care each person needed. The care people received was clearly documented and detailed. For example, people had information in place on how to care for their skin to prevent their skin becoming sore. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care. Some senior staff had completed further specialised training in this area of care, and held the role of 'Health and Wellbeing champions.' Staff had also completed a local hospice "Six Steps to Success" training, a course on end of life care, providing advice and guidance to other staff when required.

## Is the service responsive?

### Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. People were assessed and had a pre-admission assessment completed before they were considered for admission to the service. Information received from either the local hospital or previous placement was included in pre-admission assessments. This helped people, their relatives and the provider make an informed decision about the appropriateness of the admission and that they could meet people's needs. Each person had a care plan that explained clearly all aspects of their support needs. The plans had been drawn up with each person as far as they were able. One person said; "Yes the manager talks to me we discuss it together."

The PIR states; "In the care plans we monitor the residents risk assessments, moving and handling plans and falls. These help us to see where we may need to adapt resident's routines or equipment to help them maintain a level of independence suitable to their current needs."

People's care plans were personalised to each individual, contained information to assist staff to provide care and in a manner that respected people's wishes. Each care plan included a summary giving an easy to read overview for any new staff to help them get to know people quickly and understand their needs. Care plans included photographs and clear instructions for staff on specific tasks to ensure they provided support that met each person's individual needs. Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished or sit in the lounge area with others for company. We observed staff responding to people when needed and supported them according to their needs. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met. A relative said; "Yes they give a choice and mum can change her mind, they will accommodate her and know her likes and dislikes."

People took part in a range of activities including trips out. Outside entertainers were also brought into the service. The provider and staff arranged weekly activities in the service for example quizzes and bingo. People said; "I loved going to the Barbican." Another said; "I like the singing the best."

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with the registered manager or staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One relative commented; "Never had any concern but could always speak with [...] (named the registered manager) if needed." One person said; "Yes they listen to me. Sometimes they just come and sit and talk with me, ask if everything's alright. They know when something's not right and will come and ask me what's wrong."

# Is the service well-led?

## Our findings

The service continued to be well led. 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 PIR records; "The Manager and a deputy also attend quarterly meetings at The Dignity in Care Forum, which helps keep them up to date with any changes in legislation or procedures and helps share ideas in best practice with other home managers."

The service's values recorded included, dignity, privacy, independence, fulfilment, security and choice. These values were supported by the provider and registered manager and communicated to staff. Staff we spoke with were very positive and enthusiastic about their roles. Many had worked at the home for a number of years.

The service had obtained the Plymouth City Council 'Dementia Quality Mark Award'. This was awarded after an annual robust inspection from Plymouth City Council in regard of all aspects of care provided to people with a diagnosis of dementia.

The quality of the service continued to be monitored. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.

Staff were clear about wanting to provide a good quality service to people who live in Chatsworth Residential Home that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities. Staff told us they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. For example, staff held the role of champions in some areas including end of life care and provided additional advice and guidance to staff when required.

People confirmed the registered manager was always available and approachable. One staff member said; "She is always willing to listen to us" and another said "You couldn't ask for a better manager. A relative said; "The registered manager will always find time to discuss any issues with Dad health, anytime."

When the registered manager was not available there was an on call system available between the senior staff and providers. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the providers.