

Mr Mark and Mrs Karen Hammond

Chelfham House Residential Home

Inspection report

Chelfham
Barnstaple
Devon
EX31 4RP
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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 

Overall summary

This inspection was unannounced and took place on the 6 and 8 October 2015. Chelfham House is registered to provide care and support for up to 41 people. Most people living at this service are living with a form of dementia. At the time of the inspection there were 37 people living at the home.

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.

When we last inspected this service on 14 May 2014 we found improvements were needed in the staffing levels to ensure people were safe and their needs could be met in a timely way. We also found there were some areas of the home which needed to be made safe for people. These

Summary of findings

included ensuring wardrobes could not fall on people if pulled and that all windows were fitted with restrictors to keep people safe. Following the inspection the provider and registered manager sent us an action plan to show how they intended to make improvements.

During this inspection, it was clear the registered manager was using a dependency tool to help determine the right levels of staff needed to meet people's changing needs. Staffing levels had increased and the deployment of staff had been considered. This was to ensure there were enough staff at meal times to assist people when they needed it.

We had received some information from the local safeguarding team which suggested that there had been a high incident of falls resulting in a high number of people sustaining serious injuries. The service is required to report this type of incident to CQC. Our records showed incidents were reported, but they were not unusually high for the number and needs of people living at the service.

The environment had been made safe. Any large furniture such as wardrobes had been secured to the wall, and all windows had been fitted with restrictors. Previously there had been some vanity units which were chipped and would have been hard to clean. These had been replaced.

The registered manager had attended a dementia course which had helped her and the staff team to think about the environment and how to make it dementia friendly. They had changed rooms around so that there were now more spaces for sitting in small groups. Dining areas were

created in lounges so there was no longer one big dining area. Staff reported this had been working well, as people found small groups with less noise more enjoyable. Consideration had been given to colours and making the environment a more stimulating place. There were lots of pictures and features for people to look at. For people who were spending most of their days in their bed due to their poor health, coloured mobiles and pictures had been put up. Colourful garden ornaments had been put outside bedroom windows. There was clear signage with photos to help people orientate themselves around the building.

Care and support was being planned by staff who understood the needs of people who lived at the home. Staff had regular training and support to do their job safely and effectively.

People and their relatives were complimentary about the caring approach of staff. One person said "I really like the staff, they are caring." One relative commented that they felt the staff group had showed a caring approach to them as well as their relative. They said "Staff here are very friendly and welcoming, they make it easier for me to visit and they listen to me." Our observations supported the opinions we heard about staff. We saw examples of staff providing care and support ensuring people's dignity and respect were upheld.

People's rights had been considered and the service operated in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This ensured people's rights were protected and the service worked in the least restrictive way.

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. There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had clear guidance on the management of identified risks.

Recruitment practices were robust and demonstrated staff were suitable to work with vulnerable people.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Good



Is the service effective?

The service was effective. Staff were motivated, well trained and effectively supported.

Induction procedures for new members of staff ensured they had training and support to do their job effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to eat and drink in an unrushed and supported way.

Good



Is the service caring?

The service was caring. The established staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly and be involved in supporting their relative and the service.

Good



Is the service responsive?

The service was responsive. Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

A wide variety of activities were available within the home provided by staff and volunteers.

People's and their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good



Is the service well-led?

The service was well led. The manager and the senior support team had provided staff with strong leadership and support.

Systems ensured the records; training, environment and equipment were all monitored on a regular basis. This helped to ensure the service was safe and quality monitoring was an on-going process.

The views of people and their relatives were part of this process.

Good



Chelfham House 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 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 inspection took place on 6 and 8 October 2015 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our visit we met with seven people using the service to gain their views about the care and support they received. We also met with six care staff, the manager, deputy manager and the registered provider. We spoke with six relatives and two health care professionals.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We had received some information from the local safeguarding team which suggested that there had been a high incident of falls resulting in a high number of people sustaining serious injuries. The service is required to report this type of incident to CQC. Our records showed incidents were reported, but they were not unusually high for the number and needs of people living at the service. There had been six reported falls resulting in a serious injury in a 12 month period. We looked at the incident reports and people's risk assessments. Where people had been identified as a high risk of falls, measures had been put in place to minimise the risks. These included mobility aids and pressure mats to alert staff that people were moving and may need assistance. Where people had sustained an injury, they referred to the falls assessment team for advice and support. For one person, they had bought hip protectors and for another they had introduced a different type of walking aid.

Risks assessments included people's physical and mental health needs. For example, where people were assessed as being at risk of developing pressure damage, equipment was in place and staff were vigilant in monitoring people's skin to help prevent any pressure damage. We observed people had pressure relieving cushions and mattresses. People were encouraged to change positions where they had been sitting in one spot for a long period. One healthcare professional said the staff were conscious of people's skin and ensured they referred to the district nurse team to help prevent skin breakdown.

There was sufficient staff for the number and needs of people. Since the last inspection, where we found this was not always the case, the registered manager had been using a dependency tool to review staffing levels. This reviewed people's dependency needs and staffing had been increased in line with people's increased needs. There were usually six care staff and one senior care staff member per shift. They were supported by two cleaners, a cook, a kitchen assistant and a handyman. The registered manager worked supernumerary to this to provide the management guidance and support to staff. During the afternoon the care staff reduced to five care staff plus one senior. Domestic staff had been given training to enable

them to assist people at mealtimes. This meant the support levels increased at meal times so there were enough staff to ensure people had support at the right time.

Staff understood what to look for to keep people safe and how to report any suspicions about abuse. Daily records and care plans showed staff were monitoring people to ensure they were safe and free from harm. One staff member spoke about how they tried to divert a person if they were becoming anxious and distressed as this tended to increase the likelihood of aggression. One person for example was constantly asking to leave. Staff provided reassurance and offered them a drink, snack or time to talk to try to divert them and prevent them becoming distressed. These tactics were successful for a short time and staff persisted in offering reassurance to help the person remain calm.

People who were able to give a view about the service, said they felt safe. One person mentioned they did not like people coming into their room, but had a lock they could use to prevent this happening. One relative said "My father was not safe being left on his own, here he has staff to converse with and to check he is eating and drinking." Another relative said "I feel my relative is safe and well cared for. Staff are all very good here. They know her and make sure she is ok."

Staff recruitment files showed new staff were only employed once all checks and references were in place to verify they were suitable to work with vulnerable people. The registered manager said that on occasion new staff might come in for induction sessions before all the checks had been completed but would not work with people directly until she was satisfied their checks were in place.

Staff understood how to work in a way which ensured people's human rights were protected. For example some people preferred to spend time in their room. Staff respected this, but also encouraged them to come into the communal areas to eat. Where people were unable to get out of bed due to their frailty and ill health, staff made regular visits to check on their comfort and provide drinks snacks and a chat.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from medicines trolley and people were provided with appropriate drinks to aid them to take medicines. Pain

Is the service safe?

relief was offered to people and where medicines were prescribed as needed; there were clear instructions as to when this should be considered. The Medication Administration Records (MAR) had been correctly completed. All medicines that require stricter controls by law were stored securely and accurately documented. Regular medicines audits had been completed and an external audit of the homes medicine procedures was completed by a pharmacist on an annual basis. All staff who dispensed medicines had received training and their competencies were checked by the registered manager as part of their supervision processes.

Each person had a personal evacuation plan in the event of a fire and fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation procedures. Maintenance records were up to date, and safety checks were completed by the manager and maintenance person on a weekly and monthly basis to ensure the environment was safe and well maintained.

The environment had been made safe. Any large furniture such as wardrobes had been secured to the wall, and all windows had been fitted with restrictors. Previously there had been some vanity units which were chipped and would have been hard to clean. These had been replaced.

Is the service effective?

Our findings

People and relatives were confident the staff team understood their needs and knew people's preferred routines. One person said "The staff are very good, they know I like a cup of tea and bring me one all the time." One relative described how staff understood their relative was reluctant to join in but "always make an effort to encourage her to join in and make sure she is included."

Staff knew people well and how to support them. Staff described ways in which they worked to encourage people with their independence. For example giving people time to make choices in their day to day lives such as what they wanted to wear, where they spent their time and what they wished to eat and drink. Staff confirmed they had received a range of training to help them deliver care and support effectively. This included training in all aspects of health and safety as well as understanding the Mental Capacity Act (MCA) 2005 and specific healthcare conditions.

New staff completed a 12 week induction programme which followed the new nationally recognised Care Certificate. This ensured new staff had a comprehensive induction covering fundamental aspects of care. Two staff members confirmed they had been supported to complete this Certificate and said it had helped them to better understand their role. New staff were given four shifts as supernumerary to work alongside a more experienced staff member before they were counted as part of the staff numbers. This allowed them time to get to know people and understand how staff met people's individual needs. The manager said that until new staff became more confident with knowing people's needs, they would be supported by the more experienced team members and work in pairs.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and is in a person's own best interests. The registered manager confirmed there were two people

who were subject to this safeguard and more applications were pending. Where people had been assessed as lacking capacity to make their own decisions, it was clear the service had consulted with their families and relevant healthcare professionals in order to make a best interest decision.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed with staff supporting people in a discreet and thoughtful way. People were offered a choice of meals and drinks. Staff sat at eye level with the person and talked with them whilst assisting the person. We observed one person was very sleepy and staff agreed it would be better to try them with their meal later when they were more receptive. The cook was aware of people's likes and dislikes and knew who needed to have a modified diet due to their health issues. The cook spoke about ways in which they tried to fortify people's diets to ensure good calorie and nutrition intake, particularly for those who were at risk from losing weight. This included using double cream, butter and milky puddings.

Daily records showed that people's healthcare needs were closely monitored and, where needed, referrals were made to healthcare professionals. For example one person had been observed as having difficulty in chewing and swallowing. The staff team referred them to their GP for follow up with the speech and language therapist. Following this, staff knew they needed to support the person with their eating and their meals needed to be fork mashable to prevent choking.

Relatives confirmed that people's healthcare needs were followed up swiftly. One relative said "Staff are on the ball; they pick up any health needs and get the GP in. If there is a health problem, they call me straight away." One healthcare professional confirmed the service referred people to them in a timely way. They said the staff followed any instructions or changes to care.

The registered manager was in the process of completing a dementia course and this had led her and the staff team to think about how communal spaces were being used. They had changed rooms around so that there were now more spaces for sitting in small groups. Dining areas were created in lounges so there was no longer one big dining area. Staff reported this had been working well, as people found small groups with less noise more enjoyable. Consideration had been given to colours and making the environment a more stimulating place. There were lots of

Is the service effective?

pictures and features for people to look at. For people who were spending most of their days in their bed due to their

poor health, mobiles colours and pictures had been put up. Colourful garden ornaments had been put outside of bedroom windows. There was clear signage with photos to help people orientate themselves around the building.

Is the service caring?

Our findings

People and relatives said staff were caring towards them. One person said “I really like the staff, they are caring.” One relative commented that they felt the staff group had showed a caring approach to them as well as their relative. They said “Staff here are very friendly and welcoming, they make it easier for me to visit and they listen to me.”

We observed staff interacting with people throughout the day. Staff were friendly and caring in their approach. We saw staff and people responding to each other in a way which showed they were at ease with each other and had developed warm relationships.

Staff were able to give examples of how they worked with people in a way which respected their privacy and dignity. For example, staff talked about ensuring people had their personal care in private areas such as their room or bathrooms. Staff knew how each person preferred to be referred as and those who enjoyed personal contact such as a cuddle or a hug. We saw examples of staff providing hugs and comfort to people at numerous times during the day.

The registered manager talked about ensuring people’s needs and choices were being met and described some of the ways they were changing the environment to ensure this happened. They had introduced pictorial menus to assist people in making choices about the meals they wanted. Dining areas had been created in different parts of the home so that people could choose where they eat, instead of using one large dining area.

When staff had a meeting to hand over information to the staff coming on shift for the afternoon, they spoke about people with affection. Staff talked about how people’s day had gone so far, what they had been doing and how their emotional well-being was. This showed the staff were working in a way which looked at all aspects of the person and not just their health and care needs. Care plans contained sections which detailed people’s past histories, who was important to them and their social interests. Staff were aware of this information and talked with people about things which were important to them. This showed a caring approach.

Is the service responsive?

Our findings

People said care was responsive to their needs. For example people agreed the call bells were answered quickly. One person said “I do not use my call bell, but staff still pop in and check I am okay.”

The service use the document ‘This is me’ which is used to give people the opportunity to document information about their life history, people and events which are significant to them and what they enjoyed doing before they came to the service. This helped staff gain a greater picture of people’s diversity and individuality. Staff were familiar with people’s wishes and needs and talked about what was important to particular individuals.

Care plans had been developed from a pre-admission assessment. Where possible the registered manager and/or the deputy manager visited a person prior to their admission to gain information about their needs and preferred routines. This assessment included the person’s family and/or care giver to gain a picture of the support needs for the person. One person confirmed they had visited the service before moving in and another said their family had visited but they remembered seeing staff from the home before they moved in. Gaining information before someone was admitted helped to plan care and support for the individual. Staff said once someone had got used to being at the service, they could see that sometimes people became more independent as they became familiar with the environment.

We observed people being offered choices throughout the day. Staff were responsive to people’s need to have time to understand what was being asked of them. For example, when assisting someone to move safely staff explained what they were going to do, waited for a response and checked the person understood what was happening. For others, staff gave repeated reassurances throughout the day. One staff commented “Some people need us to tell them when their family are coming to visit and you can say this many times each day, but they still ask and we tell them, because that’s what they want to hear.” We saw examples of staff doing this. Staff did not contradict people

who were not orientated into the here and now, but gave gentle guidance and diverted them so they did not become distressed. Staff were very responsive to people’s moods and increased anxieties.

There were a range of activities offered throughout the week. These included volunteers who came into to help with activities such as bingo and reading. There were pockets of activities happening throughout the day in different areas. Some of the groups only lasted for a short time, whilst others involved a larger group and lasted for over half an hour. People were encouraged to join in, but staff accepted some people preferred not to and their choice was respected. One relative said “Staff always try to encourage my relative to join in things but she prefers to watch. They took her to see the pantomime which she loved and I could tell she took notice of it because she asked me who the funny person with the hat on was?” Another relative said she appreciated the fact there were newspapers and games available for them to use as a talking point when they visited.

Several relatives mentioned how much they enjoyed getting the monthly newsletter which the registered manager produced. This included what activities were being planned for the future and what people had been doing for that month. Staff said they had celebrated national Alzheimer’s day with an open day at the service. Staff from other countries had worn their national costumes and performed a dance. Staff said they had really enjoyed this event and were planning further events to raise money for charities and to encourage more relatives to get involved with activities within the home. Two relatives continued to visit and be involved in activities even though their relative had passed away.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with. One relative said “I have raised some minor issues and found they have always been responded to.”

Is the service well-led?

Our findings

The registered manager had a clear vision for the future development of the service. She had discussed this with people living at the service, their relatives and with staff. The registered manager wanted to ensure the service provided the right environment and care for people with dementia and was aiming to achieve a national kite mark in dementia care. Staff said the registered manager provided clear leadership and they shared her values and aspirations for developing the service. Small changes had been made such as staff were no longer wearing uniforms, but wore bright colours. People appeared to like this and several were heard commenting on staff dress code. One recent comment received from a relative stated “It is a very special manager and deputy who encourage staff to embrace change which improves the lives of residents and continue to keep abreast of research.”

The registered manager explained how they had a monthly meeting with relatives which provided support and guidance to them as well as encouraging them to be involved in the daily running of the service. One relative confirmed they found these meetings really helpful and had enjoyed having the opportunity to meet and get to know other families of people living at the service. One relative said “It feels like one big family here, I always feel welcomed.” Minutes were kept of these meetings and it was clear from these the registered manager worked in an inclusive way to encourage people and their families to have their say. There were also surveys sent to people and families which asked specific questions about the care, food and building/ environment. Relatives had in previous surveys highlighted the fact there was limited use made of

the outside space. This year there had been a project involving staff and relatives to enhance one of the patio areas with brightly painted furniture and planters with flowers. They had used this area to have a garden party/ BBQ which staff and relatives said had been a big success. The deputy manager talked about using more of the outside space to plant vegetable and enable people to do some light gardening.

The manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. Where people had been injured following a fall or had a number of falls they had been referred to the falls assessment team for advice and support.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits had identified issues, actions were taken to address these. For example where audits of care plans had shown there were gaps, a senior member of staff had been assigned to follow this up and have oversight of the care planning processes. This ensured they were reviewed and updated on a monthly basis.

Healthcare professionals confirmed there was a good partnership working with the service. The registered manager had requested updated training from the nurse educators and the community nurse team provided advice and guidance as needed, which the service responded to positively.