

Chantry Court Care Ltd

# Chantry Court

## Inspection report

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Date of inspection visit:  
18 May 2017

Date of publication:  
08 June 2017

### 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

Chantry Court provides personal care to people living in a purpose build 'retirement village'. At the time of our inspection 22 people were receiving personal care from the service. The service was last inspected in March 2016, when we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had taken action necessary following the last inspection and was meeting the requirements of the regulations.

This visit to the service took place on 18 May 2017 and was announced. We gave the registered manager short notice of the inspection the day before the visit. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

People received good support to manage any medicines they needed assistance with. There was clear information in care plans about the support people needed and how it should be provided.

There were clear records to show people consented to the care and treatment they were receiving. If people did not have capacity to consent to their care, the requirements of the Mental Capacity Act had been followed. People told us staff always obtained their consent before providing any care or doing anything in their apartment.

The registered manager had improved the quality assurance systems in place at the service and made sure they were used effectively. There was a clear record of any shortfalls the quality assurance process identified and the action that was being taken to address any issues.

People who use the service were positive about the care they received and praised the quality of the staff. People told us they felt safe when care staff visited them. Comments from people included, "I feel safe with the carers. They do everything that's in my care plan – no problem" and "Staff are very good and do all that I ask of them".

Systems were in place to protect people from abuse and harm and staff knew how to use them. People said the staff generally arrived on time, and they would receive a call to inform them if there were any problems.

Staff received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

People had opportunities to provide feedback about their care and there was a complaints procedure. People were confident any concerns would be listened to and addressed by the registered manager.

## 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.

People who use the service said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and provided good support to help them manage their medicines.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

### Is the service effective?

Good ●

The service was effective.

Staff understood whether people were able to consent to their care and were aware of action they needed to take when people did not have capacity to consent.

Staff had suitable skills and received training to ensure they could meet the needs of people they cared for.

Staff supported people to access the health services they needed.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and maximised their independence.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and action had been taken to investigate and respond to any complaints received.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a strong leadership team who promoted the values of the service, which were focused on supporting people to retain as much independence and control as possible.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

# Chantry Court

## **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 visit to the service took place on 18 May 2017 and was announced. We gave the registered manager short notice of the inspection the day before the visit. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We obtained a provider information return (PIR). The PIR is information the provider sends us about the service.

As part of the inspection we spoke with four people who use the service, the registered manager and four staff involved in the delivery of care to people. We looked at the records relating to care and decision making for five people who use the service. We looked at records about the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection in March 2016 we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely and risks were not being assessed and kept under review effectively. The registered manager wrote to us to set out the action they would take to address shortfalls in medicines and risk management following the inspection. At this inspection we found the registered manager had taken the action they said they would. Medicines were being managed safely. Risks people faced were being assessed and there was up to date information on the actions needed to manage those risks.

People who were assisted with medicines felt confident in the support they received from staff. Comments included, "The staff help me with my medicines. They make sure I have the right tablets because it can get a bit confusing" and "I'm very happy with the carers. They help me with my medicines". People's care plans contained clear information when they needed support to take medicines. These plans had been amended since the last inspection to include specific information about the level of support people needed and their preferences for how the support should be provided. Staff kept a record of medicines they had supported people to take. Staff had received medication training to ensure they were aware of their responsibilities and knew how to provide safe support for people.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary. Staff said there were good handover procedures to ensure they were kept up to date with any changes in people's needs.

People told us they felt safe when care staff visited them. Comments included, "I feel safe with the carers. They do everything that's in my care plan – no problem" and "I feel safe with the care staff. Staff are very good and do all that I ask of them".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable

people. Records of these checks were included in staff files.

People felt there were sufficient staff available to provide the care they needed. People said staff usually arrived on time and they knew who the staff were. All of the staff we spoke with said they felt there were enough staff available to meet people's planned care needs. Whilst staff said there were enough of them to meet people's planned care, two staff expressed concerns about staffing levels in the evenings and their ability to respond if there were emergencies. The registered manager told us they were aware of the concerns that had been raised and were looking at the staffing rotas to identify whether any amendments could be made to the way staff were deployed. In addition to the care staff, there were other staff available in the retirement village, who could assist in the event of an emergency.



# Is the service effective?

## Our findings

At the last comprehensive inspection in March 2016 we identified the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for gaining and recording consent for care and treatment were not always followed by staff. The registered manager wrote to us to set out the action they would take to address shortfalls in the way they ensured people consented to their care and support. At this inspection we found the registered manager had taken the action they said they would.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The service had a record of people who had appointed a lasting power of attorney, which related to either finances or health and welfare decisions. This was clearly detailed in people's care plans. Staff had completed mental capacity assessments and had followed the principles of the Mental Capacity Act when making decisions in people's best interests.

People told us staff always gained their consent before providing any care. Comments included, "They don't do anything without asking first. They're very respectful" and "They always ask before doing anything".

People told us staff understood them and provided the care they needed. People felt staff had the skills and knowledge to provide the care they needed and said they were happy with the service they received. Comments included, "I am happy with the care provided. The staff come on time and always do what I need them to" and "They always do what I ask them and they are lovely".

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction had been very helpful, particularly shadowing experienced members of staff. Staff told us they were not put under any pressure to work alone until they were confident they were able to provide the care that people needed effectively. One new member of care staff commented, "I had three weeks of shadowing experienced staff. I didn't do anything on my own until I was comfortable".

Training was provided in a variety of formats, including on-line, practical working with experienced colleagues and classroom based sessions. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. One member of staff told us the registered manager would organise specific training if they requested it and gave an example of recent end of life training they had received. The registered manager had a record of the training staff had completed. This was regularly

reviewed to plan any training that staff needed. Staff were also able to complete national qualifications in health and social care.

Staff told us they had regular meetings with their manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded in staff files. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Most people we spoke with said they used the restaurant on site for most of their main meals. Some people were supported to prepare meals in their apartment and there was clear information in their care plan about the support they needed. Where there were specific nutritional needs, staff had kept a record of people's food intake and worked with health professionals regarding unintended weight loss.

## Is the service caring?

### Our findings

People told us they were treated well and staff were kind and caring. Comments included, "I'm very happy with the carers. 10 out of 10. They go out of their way for me. Very kind", "I'm happy with the care provided. They are very kind to me" and "They are all very nice, I get on well with them". During the inspection staff interacted with people in ways that were respectful and demonstrated warmth and kindness.

Staff spoke about people in respectful ways and demonstrated a desire to provide the best care they could for people. Staff said they all focused on supporting people to be as independent as possible and liked that they only supported people who lived in the retirement village. Staff felt this helped them to develop a stronger relationship with people they were caring for.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. This included people's preferences for the way staff supported them with their personal care needs. Since the last inspection staff had supported people to create a short profile of themselves. This gave an overview of the person's needs and things that were important for staff to know about. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had been involved in reviews of their care and in decisions about any changes that were needed. During these reviews, people were given an opportunity to raise any concerns or complaints about the care they were receiving. Details of these reviews and any actions were recorded in people's care plans. We spoke to one person who was making arrangements with the registered manager to amend their care package on the day of the inspection because their specific needs had changed. The person said this was a straight forward process. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the service and how to respect people's privacy and dignity. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy. This included ensuring they respected people's homes and making sure personal conversations took place in private. Staff were careful to protect people's personal records throughout the visit, ensuring they were not left in areas where others could see them.

## Is the service responsive?

### Our findings

At the last comprehensive inspection in March 2016 we found some of the care plans held in the office did not contain up to date information about people's needs and how they should be met. Some of the plans also contained vague information that was not specific about people's needs and the actions staff should take. Although we identified that improvements were needed, we did not assess the shortfalls were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff demonstrated a good understanding of people's needs. Staff were consistent in their descriptions of the care people needed and how some people's needs varied.

Following the last inspection the registered manager had worked with care staff to review all of the care plans and ensure the most up to date information was held in all versions being used. Each person had a care folder in their apartment, which contained a detailed care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People felt staff knew what was in the care plan and that the care records reflected the care that was provided. Comments from people included, "Carers make a record at the end of their visit. I am happy the records are accurate" and "I was involved in developing and reviewing my care plan. The staff stick to it". Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated.

People said staff had enough time to meet their needs in the way they preferred. People were happy with the timings of their visits. Comments from people included, "Staff generally come on time. Sometimes they are late due to an emergency" and "The staff come on time and always do what I need them to".

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Comments from people included, "I would speak to (the registered manager) if I had a complaint. I've never had to but she would sort out any problems" and "I would speak to the manager if I had any complaints. I think she would sort it out but I haven't had to test it yet. I don't have any concerns". The registered manager reported the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. The procedure set out how the service would investigate any complaints they received, including time-scales in which they would respond to the complainant. The procedure also included contact details of the Local Government Ombudsman (LGO). The LGO have a role in investigating whether a service provider had followed the correct procedures to investigate complaints in the event that a complainant is unhappy with the response.

The registered manager had details of complaints that had been received in the previous 12 months. The records showed that the complaints had been investigated and action taken to resolve the issue. The records stated the complainants were happy with the outcome. The complaint investigations included a section on 'what we have learnt from the complaint'. This reflective practice was used to make sure action was taken to prevent a similar issue being experienced by other people who use the service.

# Is the service well-led?

## Our findings

At the last comprehensive inspection in March 2016 we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance systems in place at the service were not always used effectively. The registered manager wrote to us to set out the action they would take to address shortfalls in the way the quality assurance systems were used. At this inspection we found the registered manager had taken the action they said they would.

The registered manager and the nominated individual for Chantry Care Limited had developed a comprehensive quality assurance system. This included regular contact with people who use the service, audits of care records, observations of staff practice and formal feedback surveys. The quality assurance system included a detailed action plan to address any shortfalls identified, with a named member of staff responsible for ensuring the action was completed.

The registered manager conducted regular questionnaires of people using the service and their relatives. There was also a specific quality assurance review completed each month during a face to face meeting with people. There was evidence of action being taken on the back of this feedback. For example the registered manager had reviewed how staff were adhering to the care schedules following negative feedback from people. The feedback from subsequent surveys demonstrated this had resulted in greater levels of satisfaction.

There was a registered manager in post at Chantry Court and they were available throughout the inspection. In addition to the registered manager, there was a head of care to assist with the management of staff. The registered manager told us they were in the process of recruiting a new manager to oversee the care provision. It was envisaged this would leave the registered manager more time to carry out the general manager role of the retirement village. The registered manager had clear values about the way care should be provided and the service people should receive. They said the ethos of the service was to support people to retain as much independence and control over their life as possible, with a network of support available should it be needed.

Staff valued the people they supported and were motivated to provide people with a high quality service. Staff understood the focus of the service, to promote independence by supporting people to maintain their skills. Following the last inspection the registered manager had worked to develop the staff team through reflective practice sessions. These had helped staff to identify ways they could improve the service they offered to people. Staff told us the service had moved forward since the last inspection and staff had been involved throughout that process.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us the registered manager gave them good support and direction. Comments from staff included, "There is good management. We can go to (the registered manager) if there is any problem. She provides good direction" and "The service is well managed. There's lots of support for staff". Staff told us the nominated individual for Chantry Court Care Limited visited the service most weeks and was aware of any

issues in the service.

Notifications were submitted to CQC when incidents occurred which required notification under the regulations. The manager was aware of their responsibility to submit these notifications.