Care UK Community Partnerships Limited

Chalfont Court

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

Overall summary

This inspection took place on 12 December 2014 and was unannounced.

Chalfont Court is registered to provide accommodation and nursing care for up to 46 older people, some of whom may have dementia. The ground floor provides care for people living with dementia and the first floor provides care and treatment for people with nursing needs.

The service is required to have a registered manager. 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. There is a new manager in post and their application is currently being processed.

At the last inspection on 23 September 2014, we told the provider to make improvements to ensure that people were protected against the risks of receiving inappropriate or unsafe care; That consent was sought from people about their care; staff received appropriate

Summary of findings

personal development and risks to the health, welfare and safety of people were assessed and the quality of the service was assessed and monitored. During this inspection, we found that the provider had taken steps to address these issues and was now meeting the standards.

People were safe and protected against the possible risk of abuse. Risks to people had been assessed and an action put in place to mitigate the risks. There were sufficient numbers of staff on duty to care and support people in meeting their needs. There were safe systems in place for the management and administration of medicines.

People received care and support from staff who were knowledgeable, skilled and experienced. People's assessed needs were met appropriately, their preferences and choices were respected. Staff had received relevant training for the work they did and were supported by management in their roles.

People who lacked capacity had a mental capacity assessment carried out and staff were aware of the process for 'best interests' decisions with the involvement of the relatives and other health care professionals. A number of applications for the Deprivation of Liberty Safeguards had been made and were awaiting assessments.

People received sufficient to eat, drink and were supported to maintain a balanced diet. People's cultural dietary needs were met. The support and advice of other health care professionals were sought as and when required.

People were treated with respect and received compassionate care. They and their relatives had been involved in the decisions about their care and support.

People's needs were assessed and met appropriately. Staff were aware of their preferences, choices and their interests. A variety of activities were planned and people chose which activity to join in. There was a complaints procedure which people were aware of. Information about the complaints procedure was displayed on the notice boards on each floor.

There was an open culture where people were able to raise any concerns they had. The manager was visible and people knew who they were. There were systems in place to assess, monitor and evaluate the quality of service.

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.

Staff had received training in safeguarding and they were aware of their responsibilities to report any allegation of abuse to the manager, the local authority or the Care Quality Commission.

People's risk assessments had been carried out and regular audits undertaken to ensure that the risks were mitigated so that people were cared for in a safe and comfortable environment.

There were sufficient numbers of staff on duty to meet the needs of people.

There were systems in place to ensure that people received their medicines safely and on time.

Good

Is the service effective?
The service was effective.

Staff were trained, skilled and experienced in their roles. They were knowledgeable about people's needs and ensured that individual's needs were met.

Staff received relevant training for the work they did.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care and support had been planned following an assessment of their needs. Each person had a care plan that showed how people should be cared for and supported in meeting their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a manager who was visible, approachable and accessible to people.

There were systems in place to assess and monitor the quality of service.

Good

Chalfont 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 inspection took place on 12 and 15 December 2014 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service, three relatives and six care staff including one registered nurse about their experiences of working at the home. We also spoke with the manager and the organisation's clinical development manager. We received feedback from health and social care professionals.

We looked at the care records of seven people who lived at the home, six staff files, training records and the duty rotas. We also looked at other records which related to the day to day running of the service such as incidents and accidents records, minutes of meetings and quality audits.

Is the service safe?

Our findings

At our last inspection carried out on 23 September 2014, we had found that the provider had not been consistent in reporting safeguarding concerns to relevant authorities. However, during this inspection we found that the provider had made arrangements to ensure that staff reported any allegations of abuse to the manager, the local authority or the Care Quality Commission. We evidenced that the service had notified the Care Quality Commission of incidents, accidents and safeguarding alerts as required by legislations.

People commented that they felt safe living in the home. One person said "I am perfectly safe. There are staff all the time and they keep an eye on you." Staff members confirmed that they had attended training in the safeguarding and that they were aware of protecting people from the risk of harm or abuse. They were able to describe clearly what constituted the various types of abuse, and what they would do if they had any concerns. They said that they would have no hesitation in reporting any allegation of abuse to the management team and were confident that any concerns raised would be dealt with appropriately. One staff member told us, "The manager has zero tolerance to any forms of mistreatment of people who live here. We are reminded of our responsibilities of ensuring that people were safe in our team meetings." Information about safeguarding had been displayed on the notice boards with contact details of the local authority and the Care Quality Commission. Our records showed that the manager had notified the Care Quality Commission of safeguarding alerts raised to the local safeguarding team.

Risks to individuals have been assessed and managed appropriately. People said that they were aware of their identified risks and that staff had explained to them about the risks. For example care records demonstrated to us where people were identified to be at risk of malnutrition, developing pressure sores or falls, staff regularly assessed, reviewed and monitored this. Appropriate measures were then put in place, such as regular weighing, food fortification or equipment to support people's mobility. Staff confirmed that they were aware of people's risks and that they supported them safely to mitigate the risks.

The service had an emergency business plan, and staff were aware of the actions they should if required. The plan included the contact details of the utility companies and the management team. There was also agreement to use other local authority establishments including another local care home when required. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire procedures and would know exactly what to do if a fire occurred.

There were sufficient numbers of staff rostered on duty to meet the needs of people. People said that staff were responsive to their needs and always answered the call bells in a timely manner. One person said, "The staff check on me regularly on days and at night. When I call for help, they are always there. There are less agency staff now. " Staff told us that there were sufficient numbers of them on each shift to meet the needs of people. We saw staff spent time talking with people particularly at tea times. The manager confirmed that when they were short of staff on a shift due to sickness or absence, senior staff would make arrangements to cover the shortfall by calling staff who were off duty or the agency. The manager also confirmed that regular assessment of each person's needs were carried out so that they were able to decide on the numbers of staff required on each shift. We looked at the staff duty rotas which showed that there was a consistent number of staff on each shift including night duty.

There were safe recruitment procedures in place. The manager told us that they had recruited new members of staff which had helped to reduce the use of agency staff. Records for recently employed staff demonstrated that all required checks including a Disclosure and Barring Scheme (DBS) check had been carried out prior to an offer of employment made.

There were systems in place to manage people's medicines safely. People told us that they received their medicines regularly and on time. One person said, "Staff give me my medicines when I have my food. They are good at that." Staff confirmed that only trained nurses administered medicines and that regularly competency tests had been carried out so that they were competent in ensuring that people received their medicines safely. We observed how medicines were given to people. We saw that staff took care in ensuring that each person took their medicines safely. We saw that people's medication administration record (MAR) charts were easy to read and up to date, and there were no gaps in any of the records we looked at. Each

Is the service safe?

person had their photograph kept with the MAR charts to help staff identify people correctly before giving medicines to them. Clear written instructions were in place for people who were prescribed medicines "as required" and we noted that staff had written the reasons for the administration on the back of the MAR charts.

Is the service effective?

Our findings

At our last inspection carried out on 23 September 2014, we had found that people's consent was not always sought before care was provided.

During this inspection, we found that arrangements had been made to ensure that the requirements of the Mental Capacity Act 2005 had been followed. People had had their mental capacity assessed. Where people had been assessed as lacking mental capacity, best interests decisions with the involvement of their relatives and their doctors had been completed. The best interests decisions included, areas for health and welfare such as the provision of personal care, choices of food and administering of medicines. For example, some people who lacked mental capacity, refused their medicines which had to be given hidden in their food or drinks. There were clear records in place to show that best interests meetings had taken place in line with the requirements of the Mental Capacity Act 2005. The views of medical professionals, the pharmacist and the person's next of kin had been sought to determine if in each case this was in the person's best interests.

A number of applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS). On the ground floor, the home cared exclusively for people with dementia. Whilst people were free to move around the within the home, each unit had a keypad lock on it and people were not able to leave the home unaccompanied. Each person was living at the home because they required on-going supervision to keep them safe. We concluded that people living at the home on the ground floor required a DoLS application to be submitted in line with guidance under the Mental Capacity Act (2005). The manager agreed to submit applications for these people following the inspection.

At our last inspection on 23 September 2014, we had found that staff had not had their yearly updates regarding their mandatory training. However, during this inspection, we found that staff had been provided with the relevant training for their roles.

People were supported to meet their assessed needs by staff who had the knowledge and skills for their roles. People told us that the staff were experienced and knew how to support them daily. One person said, "Staff are very good. They know what I like and what I do not like." Staff told us that they felt well supported by the management team and that they had received their induction when they had started work at the care home. They confirmed that they had received relevant training for their work and also received on-going formal supervision and appraisals.

Staff training records showed that they had attended essential training such as moving and handling, safeguarding adults, medicines, fire safety and food hygiene. The staff members confirmed they had received the training, some of which were internet-based learning.

People were supported to have enough to eat and drink and to maintain a balanced diet in line with their personal preferences. Each person had Malnutrition Universal Screening Tool (MUST) completed to ensure that they were supported to maintain their daily dietary needs and prevent them from malnutrition. One person said "The food is very good. I enjoy both Asian and European dishes." Another person told us "I am given 'halal' meat and my cultural dietary needs are met. We do get enough to eat and drink." Staff confirmed that people who were assessed as being at risk of had care plans in place to ensure they received enough fluids and nutrition. We noted from their care records that their daily intake of food and fluids had been recorded and monitored to ensure that their health and wellbeing was maintained.

We observed people being supported to eat their lunch. There was a calm and pleasant atmosphere in the room with soft music playing in the background. There were choices of drinks readily available to people, and when the meals were served people were offered different choices of what to eat. One person did not wish to eat either of the meal options on the menu and was offered several alternatives to try to find something they would like. When staff supported people to eat they sat down and engaged with them to promote an enjoyable and social experience.

Care records showed that people had been supported by other health care professionals when required. The manager said that if someone needed to see a doctor, they would call for them. Some people told us that the GP visited the home every week and other times when required.

Is the service caring?

Our findings

People were cared for and supported by staff who were kind and compassionate. They were complementary about the care and support they received. People said that staff knew about them and their preferences and supported them as agreed by them. One person said, “Generally, staff are very caring. They always ask me how I would like my bath or shower.” Staff explained to us their routine when supporting people with their personal care. They said that they asked people how they would like to be supported with their personal care. Some people were encouraged to wash themselves so that they maintained some of their independence. Relatives told us that they felt the staff at the home were very caring and they were grateful for the assistance that was provided to their loved ones. One relative said, “I’ve never had any trouble here. I think my [relative] is well cared for and I’m happy for that.”

We observed one person being transferred to their chair with the use of a hoist and the person was reassured by the staff who checked with them whether they were comfortable or not at each stage of the manoeuvre. We also observed Staff were attentive to people's personal care needs and assisted them in a calm and unhurried manner. We saw one example where a person was provided with intimate personal care promptly and in a dignified way. Care records showed that people preferences such as baths, showers or strip wash had been documented.

People and their relatives had been involved in the decisions about their care. People told us that they had discussed with staff about their care and how they would like to be supported by them. One person aid, “I made sure staff knew about me because there were some food I could not eat due to my illness. They are very understanding and respectful.” Staff confirmed that they discussed with people and their relatives when there had been changes in their needs. They said that people had been asked whether they agreed with the care plan or not and whether they would like to change any aspects of it so that their needs would be met as agreed by them.

We noted that information about the advocacy service was displayed on the notice board and the manager said that they would access this service if required.

People were treated with respect and their dignity and privacy was promoted. Staff confirmed that they always made sure people’s privacy was maintained by closing doors, drawing the curtains, and covered people appropriately to protect their dignity when assisting with any intimate or personal procedures such as bathing or giving a strip wash.

The staff we spoke with said that they were aware of maintaining confidentiality and ensured that information about people was only disclosed to individuals who were involved in their care including other health care professionals.

Is the service responsive?

Our findings

At our last inspection on 23 September 2014, we found that the provider had not taken proper steps to ensure that people were protected against the risks of receiving inappropriate or unsafe care. During this inspection, we found that the provider had ensured that information in care plans was accessible to all care staff and that systems were in place to ensure that care was planned and delivered appropriately.

People received personalised care that met their needs. People felt that staff knew how to care and support them so that their needs were met. One person said, "The importance is friendliness and their capacity to look after me. Staff are aware of my preferences in food, the time I go to bed and the time I wake up in the morning." Staff were knowledgeable about people's care needs. They told us that they had read the care plans and they ensured that people's preferences were respected. For example, people chose what to wear on a daily basis and where people did not have capacity, the staff showed them different items of clothes and observed their reaction to each set and confirmed with them about their choice. One person said, "I have a choice if I want a shower or a bath and I prefer a lady, not a man to bath me."

An assessment of needs had been carried for each person before they came to stay at the home. Information obtained during the assessments had been used to develop care plans which had been reviewed regularly to enable people's changing needs to be managed efficiently. People confirmed that they were aware of the content of their care plans and that they had discussed their needs with the staff. We found that the care plans were focussed on the person's needs, giving clear guidance for staff on how to support them in meeting their needs.

Care records were stored on a computerised system for which only staff had access to. We were given access to the computer system. For each person there were contact details of family members and other representatives, care plans, risk assessments, medical information, daily and incident logs. We saw care plans in all cases which covered important areas of care such as personal care, mobility, nutrition and medication. The computer system prompted all care plans and risk assessments to be reviewed on a monthly basis. Care plans had been reviewed regularly so that staff had up to date information about people when supporting them in meeting their needs.

The home provided care for people with dementia. We noted from our observations of the care provided that they would benefit from being more focused on the people's specific interests and personal life histories. The manager agreed and was proposing to send the staff team on a future in depth course dementia training, which would be beneficial.

Planned activities were provided for people both indoors and outside. People said that they went to their local pubs and visited other places of interests. One person said, "I like to stay in my room and I read from my electronic books." People said that there were activities provided for them and that they chose which ones to join in. We saw an activity programme planned for each day for the early part of the month and a monthly 'events' programme which included seasonal activities such as going to the theatres, pantomime shows, carol singing groups and music sessions. We spoke with the activity coordinator who told us that they completed 'this is me' form for each person providing information about them and their leisure and social activities and hobbies. They also said that they discussed with people at the 'resident's meetings the various activities they would like to be organised for them.

There was a complaints procedure which was displayed on the notice boards. People said that when they had raised concerns, the manager had dealt with it. For example, a person had raised concerns that their clothes had gone missing when these had gone for repair. Another concern was the regarding the quality of food. We noted that this issue had been addressed and discussed with the new chef. People felt confident in raising issues they may have with the staff or the manager because they knew that their concerns would be addressed.

Is the service well-led?

Our findings

At our last inspection on 23 September 2014, we found that the provider did not have an effective system to identify and manage risks to the health, welfare and safety of people. During this inspection, we noted that regular audits had been carried out to assess and monitor the quality of service.

People spoke positively about the new manager and the work they had done to turn around the home. People said that there was a competent and stable staff team. They felt that their views were listened to and acted on. There were regular resident's meetings where they discussed issues relating to the quality of care and the day to day management of the home. One relative said, "The home has been through some changes of management and staff recently that I think has had a positive effect. We're definitely back to the good times." Other meetings such as relatives' and staff meetings were also held regularly to discuss and deal with issues of concerns and maintain a channel of communication so that all involved in the care of people were kept informed of the running of the home.

The manager was not registered. However, their application for registration was being processed by the Care Quality Commission.

The manager spoke positively about the changes they had made so far and that their priority was to ensure that all staff vacancies were filled so that the use of 'bank' and agency would be to a minimal. The manager also said that they continued to create a learning culture where all staff would be provided with other training or course to enhance their knowledge so that people would be cared for by staff who were trained, knowledgeable and experienced in the provision of good care. Staff spoke positively about the manager in that they felt that the manager was proactive and supportive. There was a culture that focussed in the provision of good care and there was a happy atmosphere within the team and staff morale was high.

People said that they maintained links with the local community. They accessed the local facilities and amenities regularly, sometimes with the relatives and friends and other time arranged by the staff at the care home. They also had regular visits from the local priests and kept contact with them and visited the local church.

A number of audits had been carried out to ensure that safe practices of care and support was provided in meeting the needs of people. These included regular audits of the management of medicines, infection control, care records, fire safety and health and safety. We found where the audits had identified any issues, an action plan had been put in place with timescales to address the issues. For example, sling should be purchased and made available for individual needs; unsafe flooring should be repaired or replaced and ensure that staff duty rotas accurately document shifts worked by staff.