Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Chatsworth Residential Home

Dormy Avenue, Mannamead, Plymouth, PL3 5BE

Tel: 01752660048

Date of Inspection: 26 November 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs S Davey and Mr & Mrs G Rhodes
Registered Managers	Miss Sallyann Colwill Mr. Geoffrey Rhodes
Overview of the service	Chatsworth is registered to provide residential accommodation and personal care for a maximum of 26 people who may also have dementia or a physical disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We met people who used services, talked with relatives, staff and checked the provider's records. We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not all able to tell us their experiences.

We saw people's privacy and dignity being respected at all times. We saw and heard staff speak to people in a way that demonstrated a good understanding by staff of people's choices and preferences. People said, "The staff are excellent, always friendly" and a relative said, "Mum is happy as Larry".

Staff were clear about the actions they would take should they have any concerns about people's safety.

We pathway tracked four people who use the service. Pathway tracking means we looked in detail at the care four people received. We spoke to staff about the care given, looked at records related to them, met with them and observed staff working with them. We spoke with two visiting health professional who confirmed that the staff at the home were helpful.

We saw that people's care records described their needs and how those needs were met. We saw that people's mental capacity was assessed to determine if they were able to make particular decisions.

As part of the quality monitoring system, people who live in the home, and their relatives, were sent surveys to complete, that asked their views of the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People privacy and dignity was respected. People views and experiences were taken into account in the way the service was provided and delivered in ration to their care.

Reasons for our judgement

One person told us "If I have to stay somewhere I am glad it's here" and (they) "Can't do enough for you". One person said, "I can get up and go to bed when I want to, they will also bring me a drink when I want one".

We saw that the staff cared for people as individuals. They were able to tell us about people's needs and why particular care was provided to each person. Examples included people with dementia who needed constant reassurance. We observed that staff offered support and reassurance when they wanted it and assisted each person appropriately. This included encouraging people to eat their lunch and enjoy the music activity in the main lounge.

The atmosphere in the home was calm and peaceful with staff going about their tasks with a minimum of noise and disruption. We saw that the staff treated people in a friendly and respectful way and were attentive and quick to recognise when people needed assistance. Whilst observing people having lunch during our visit to the home, we saw a staff member sitting beside a person, assisting that person with their meal. This was considerate and respectful.

We spoke to eleven people who lived in the home, some said they felt in control of their lives and were able to make their own decisions and choices. Those who were able to said that they had a high opinion of the staff team and comments included "The staff are kind, you can't fault them" and "Very happy living here".

We saw that care was unhurried. People looked relaxed and there was a friendly rapport between them and the staff team. This included a discussion on the morning quiz that had taken place. This showed that some people had been enthusiastic about their involvement in the activities that had taken place. One person said they choose not to attend as they had lived at the home for so long they did not enjoy this activity now.

People, who were able to, told us that they were treated with respect. We saw this in practice as all the staff assisted with the meals and helped people who required assistance

with their meals. We also observed that all the staff team provided reassurance and appropriate support to many people who required it during the time of our visit.

We saw that people had their needs assessed prior to moving into the service. This was so that the service could ensure that they were able to meet individual care needs. This included their history of previous illness, how to assist someone if they became confused, and how to manage any confused behaviour. Updates were carried out when needed in particular for people with a diagnosis of dementia whose health had deteriorated.

Risks were assessed, recorded, and action taken to minimise them whilst recognising the individuals' right to take informed risks. The care records showed liaison with other agencies including the district nurses and GPs for advice and support, to ensure people's best interests were served. This included the completion of a TEP (Treatment Escalation Plan).

One person's file that held a completed TEP form was signed by the person concerned and also recorded that family members were made aware of this person's decision on end of life care. This file also showed that the TEP form had been updated to show this person deteriorating health with consultation with the person concerned.

We saw that people's mental capacity was assessed to determine if they were able to make particular decisions. These were assessed by staff with the input of the local GP and recorded for the reference for all staff, therefore providing the staff with the information required to support people's decisions.

Several people who lacked the mental ability to make decisions about their own welfare had been protected as the home had correctly followed legislation for this purpose. This had included contact with the Deprivation of Liberty (DOLS) department for advice and assistance.

The homes manager, who is registered with the Commission, and one other staff member, has completed a MCA (Mental Capacity Act) and DOLS (Deprivation of Liberty Safeguarding) training with future plans for staff to complete this training. This training will assist staff with their role in helping people make decisions.

We spoke to two visiting professionals and one stated that they had "No concerns" about the home.

The registered provider may like to note that one staff member stated that night staff are required to get eight people up before they go off duty, between the hours of 6am to 8am. This expectation by staff is not reflective of the homes policy and people's rights and choices to get up when they want to.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

All of the people we spoke with said they were very happy with the care and support provided to them by the staff in the home. People who were able told us that the staff were helpful; they were always treated with respect, and were happy with the personal care provided.

We spoke to four relatives and all spoke highly of the home. One person said, "Always kept informed" and another said, "Mum is happy as Larry".

A visiting health professional spoke positively about the care being provided at the home and about the good working relationship with staff. They told us they visit the home regularly but they had no concerns.
The home used a local doctor's surgery and healthcare professionals visited regularly. People, if able, were also able to visit the surgery, this ensured people had regular medication reviews, health care check ups, and a review of any deterioration in people's health or those who had a diagnosis of dementia.

The manager informed us that several people had sensory pads in place, this enabled the staff to respect people privacy but are made aware if people leave there bedroom unaccompanied. This helps to keep people, who may be unsteady if unaccompanied, safe.

We looked at four people's care records and saw that they had suitable care plans in place. These included care and support needs, risk assessments, equipment provision, and medication details. These care plans showed they were reviewed at least monthly: or more frequently should the needs of individuals change. We saw that people's weight was monitored and action taken to address any changes identified. Some people who required additional support to monitor their nutritional needs had fluid and food charts in place. This helped staff to monitor people's wellbeing.

Some people told us how they were involved in decisions about their care and we saw records that showed this had been encouraged. Other records showed that family members came in to the home to support them when needed.

We spoke to staff about a how to manage people if they become confused or upset. The staff showed they had knowledge of how to cope when people needed reassurance and

support. This information was recorded into people's care plans. This helped to keep people safe and review the correct treatment when they needed it.

Some people were able to tell us they had visits from their family and friends. We saw the lounge area being used for a quiz in the morning and a music session in the afternoon. We saw interaction between the staff and people taking place, including people dancing and singing. There were other quiet rooms available when needed.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Those people who were able, to say they felt safe at Chatsworth House and that they liked living there. These people told us that the staff were kind and caring. Some people were able to tell us that, should they have any questions or concerns, the staff and the management were approachable. One person said, "If I have any problems she (the manager) would be the first to know, and she will sort it". Relatives spoken with said they would also approach the manager but had no concerns, one said, "All great, and no concerns".

We saw that all the staff, including catering, cleaning and caring staff, talked and interacted with people and they were relaxed in their company indicating that there was an open and friendly culture at the home.

Individual records recorded any safeguarding information with outcomes and action taken if required. Most staff had completed safeguarding training and they were able to confirm that they had completed this training either with the local authority or via professional training courses such as National Vocational Qualifications (NVQ). The home had employed a few new members of staff and not all these staff had completed this training yet.

The staff knew who to contact if they had any concerns and they were aware that the home had a whistle blowing policy. There was good information displayed for people, such as where to find assistance from other agencies and how to complain. How to contact the CQC and other helpline details were also shown.

We asked all staff what they should do if they thought abuse might have occurred. Each said they would tell the manager, who was in most day or available by telephone, or they would contact the registered providers. Staff confirmed that if necessary, they would take the matter further and contact the Care Quality Commission or the local authority to make sure their concerns were followed up.

Chatsworth House had taken the correct steps to protect people who were not mentally able to make decisions about their safety and welfare. Some staff demonstrated some knowledge of the Mental Capacity Act and deprivation of liberty safeguards, which protect vulnerable people and uphold their rights. One care plan showed the involvement of health

care professionals and a family member to help make decisions' about a person's long term care; this discussion also involved the person living in the home.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we arrived at the home we found the home had 26 people living there and these people were supported by the registered manager, four care staff, one cook, one cleaner and the provider of the home. A trainee from the local college was also at the home and they shadow experienced staff members. A volunteer from overseas, who was training to be a paramedic, was also working in the home and always worked with experienced staff.

The rota showed, and staff confirmed, that there was sufficient staff on duty to provide care for the people currently living in the home. Some people had varying degrees of dementia and were in need of frequent care and reassurance. The manager also provided care and the provider carried out a quiz during the morning of our visit. The catering staff was also trained in care should they be required to help.

Many people who used the service, who were able to express themselves, said that they felt there were enough staff on duty to help them and were happy with the quality of staff. We also observed that staff were friendly, confident in what they did, and people responded positively to their assistance, requests and information. People were relaxed and enjoyed the staff's interaction during the two activities taking place and during lunchtime.

We spoke to eight staff and all agreed that the home had sufficient staff on duty. The staff spoken with, some who had worked in the home for sometime, and others newly employed spoke positively about their work and the way the home is run. Comments included "plenty of training on offer". All staff agreed that people were looked after very well, and one person said, "She (the manager) was always approachable".

All staff said they felt supported and able to ask for help and information from either the manager or the providers. Many of the staff spoken with confirmed that they had received supervision and another confirmed they had an appraisal. This is needed to ensure that staff are supported to deliver care which is good practice and of a good standard. One staff member, when asked what they felt the home did well, said, "The team work here is very good".

Staff were provided with information about their role and how to perform it correctly. We saw that staff training was encouraged and also included in staff meetings. There was an ongoing programme of training to ensure staff were provided with opportunities to keep up to date and develop their skills and competence.

The home has applied for the "Dementia Quality Mark" which is a locally recognised award for homes that undertake care for people with a diagnosis of dementia. This helps the staff understand and manage the care of people with dementia.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Some of the people who used the service and the staff told us, that they could speak to the manager or one of the providers, one of whom is in the home most days. Residents' meetings were also held and any topics or concerns could be raised then.

We saw that the quality of the environment provided was reviewed. The manager and provider said that a new patio had been laid as well as suitable handrails to enable people to access the gardens safely. Each bedroom when it becomes vacant is redecorated with new carpet if needed. Additional lifting equipment and chair lifts have also been purchased this year. One person said they were going to have a new carpet fitted soon.

As part of the quality monitoring system, people who live in the home, and their relatives, were sent surveys to complete, that asked their views of the home. Comments recorded in the surveys included, "I would recommend this home to anyone" and another said, "Excellent staff, friendly and helpful.

We looked at the care records for four people. These recordings identified that any issues with people were quickly addressed and enabled the manager to ensure all care was carried out sufficiently well to meet people's needs.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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