

Choice Pathways Limited

Chesham House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 January 2016. The home was given one days' notice of our intention to inspect to ensure staff we needed to speak with would be available. The home provides accommodation and personal care for up to 10 younger adults with mental health needs. There were eight people living at the home and two people on day transition as part of moving into the home when we visited.

The home had 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.

Care plans and risk assessments did not all provide comprehensive information about how people should be cared for. Information was not always available about the outcome of health appointments or if these had occurred. Not all people received the support they required to ensure they had a varied and nutritious diet.

Information about how legislation designed to protect people's legal rights should be applied for individual people was not always present. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied for appropriately but staff had not ensured they were aware of any specific requirements of one which had been approved. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Medicines were stored securely and administered safely. Individual 'as required' guidance were in use meaning there would be consistency in administration by different staff.

The recruitment process records showed all necessary pre-employment checks had been completed. There were enough staff to meet people's needs and contingency arrangements were in place to ensure staffing levels remained safe. Staff received appropriate training and were supported through the use of one to one supervision and appraisal.

People felt safe and staff knew how to identify, prevent and report abuse. Plans were in place to deal with foreseeable emergencies. The home was well maintained with procedures in place to ensure this continued.

People were positive about the service they received. They praised the staff. A range of varied individual and small group mental and physical activities were offered with people able to choose to participate or not.

People were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager was aware of key strengths and areas for development of the service. Quality assurance systems were in place with regular contact by the provider's senior management team and the registered manager with people and staff.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

Individual risk assessments had not been completed or updated for all people.

People felt safe and staff knew how to identify, prevent and report abuse. Medicines were stored and administered safely and plans were in place to deal with foreseeable emergencies.

The recruitment process ensured all pre-employment checks had been completed. There were enough staff to meet people's needs with arrangements in place to ensure staffing levels remained safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Information about how legislation designed to protect people's legal rights should be applied for individual people was not always present.

Not all people received care, treatment and support to meet their mental and physical health needs. People did not always receive the support they required to ensure they had suitably nutritious meals.

Staff were suitably trained and received appropriate support.

Requires Improvement ●

Is the service caring?

The service was caring.

People were cared for with kindness and treated with consideration. Their views and opinions were sought and staff acted upon these.

People's privacy was protected and confidential information was kept securely.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were disorganised and lacked some information to enable staff to respond consistently to people's needs. Pre admission procedures had failed to ensure all needs and risks relating to one person were known by staff.

People were provided with appropriate mental and physical activities of their choosing.

People were able to complain or raise issues with the registered manager and were confident these would be resolved.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place but had not identified all areas requiring improvement.

Staff and people were encouraged to raise questions and give opinions.

Requires Improvement ●

Chesham House

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 19 January 2016 and was unannounced. The inspection was conducted by one inspector and a specialist advisor in the care of people with mental health needs.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home. We also spoke with the two regional support managers, registered manager and six care staff.

We looked at care plans and associated records for five people, additional records of care people had received, staff duty records, one recruitment file, accidents and incidents reports, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

We previously inspected this service in January 2014 where no concerns were identified.

Is the service safe?

Our findings

Individual risk assessments had not always been updated or put in place. For example, one person had not had any review or updating of risk assessments since they had moved into the home in November 2015. Records from their previous accommodation had been provided to the home but these did not provide staff with the information they required about individual risks relating to the person. Staff therefore did not have access to information to enable them to assess and manage individual risks. Discussions with the registered manager showed they were unaware of all risks related to this person and had therefore not passed this information onto care staff. A life skills risk assessment had not been completed therefore it was not known if the person was able to safely complete a range of domestic activities they were expected to complete. Four of the five records viewed did not contain appropriate up to date risk assessments and associated risk management plans. The fifth file viewed was more detailed and up to date containing evidence of risk assessments such as for using cars and how this should be managed for the person's and staff safety.

The failure to ensure individual risk assessments and management plans were completed and kept up to date was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

General risk assessments were in place. These had been produced by the provider and individualised to the service where necessary by the registered manager. These included safety measures such as the secure storage of sharp knives and for the environment such as the fire risk assessment. Staff were following the correct procedures in relation to these risks.

People told us they felt safe. One person said, "I feel safe here; the alarm goes off every time someone goes in and out of the building". Another person said, "We are safe here; there is always a member of staff in the office to check who goes in and out". One person told us they had a key code for their apartment front door making it safe and secure. Information for people about their rights and what they should do if they had concerns was available on the service user's notice board.

Staff knew how to identify, prevent and report abuse had received training in safeguarding and knew how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member said, "I would listen to the person, note down what they said and tell [managers name]". They added that they were sure the registered manager would take this seriously and take any necessary action. Staff identified guidance on the office notice board with contact details for the provider's whistle blowing line which they stated they could also use to report concerns. There were suitable policies in place to protect people; staff had access to the relevant procedures which were available for all staff in the office.

People received their medicines safely and were happy about their medicines and administration methods used. One person said, "The staff give us medication on time" and added "I prefer that staff do my medication". People were aware that they could ask for medicines if they were in pain or discomfort. One person said "Although I still have a headache, I have to wait for a while before I ask for more paracetamol".

The person had received 'as required' paracetamol approximately half an hour previously. Medicines were administered by staff who had received appropriate training. We observed staff administering medicines and the procedure used ensured the safe administration of medicines. Medicines Administration Records (MAR) were fully and correctly completed. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person who needed 'as required' (PRN) medicines had information in place to support staff to understand when these should be given. Following assessment one person was self-administering their medicines. The procedures described by staff to monitor this were appropriate to support the person whilst promoting their independence. Medicines were stored securely according to the manufacturer's instructions and there was an appropriate process for the ordering of repeat prescriptions and disposal of unwanted medicines.

The home had a consistent staff team with one new staff member having been recruited in the year preceding the inspection. Recruitment procedures were in place to help ensure that staff were suitable for their role. This included involving a person in the interview for new staff with their views being considered when new staff were offered jobs. The registered manager stated they had recently completed an audit of all staff files and identified some missing information which they were in the process of obtaining from either the staff member or the provider's head office. The recruitment file for the new staff member showed that all the necessary pre-employment checks had been completed.

There were enough staff to meet people's needs at all times. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people and staff. The registered manager stated that whilst there were set staffing levels they were able to be flexible and staff would work later if required such as to support people at evening activities or outings. We observed staff were available to provide support throughout the day. Staff said they felt they had time to meet people's needs. One staff member was employed to work a day time shift covering 9am to 5pm. They were primarily responsible for activities but said they also took people for hospital and other appointments. Other staff worked more traditional shifts commencing at 7.30 am and finishing at 3pm and the afternoon shift at 2.30 to 10pm. In addition to the three staff on each shift the registered manager was available and provided additional support when required. The provider had a bank of care staff for ad hoc duties. Consistent bank staff were used meaning people would know the staff and staff would know how to support them. Duty rosters showed that staff covered additional shifts when necessary which ensured staffing levels were maintained at a safe level.

There were plans in place to deal with foreseeable emergencies. People were able to tell us what action they should take if the fire alarms sounded and where they should evacuate to. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations and had been provided with emergency alarms which could be used to summon urgent assistance if this were required. Personal evacuation plans were available for most people. These included individual detail of the support each person would need if they had to be evacuated. Records showed drills had been completed although people said they could not remember these. Essential checks had been completed on the environment such as fire detection; gas and electricity equipment was regularly serviced and safe for use.

Is the service effective?

Our findings

People expressed satisfaction and were content with the care they received. One person told us about the support they were getting from staff to attend regular treatment they were receiving. They were happy with the support they received from staff. Another person said, "I like it here, the staff treat us well" Other positive comments were "They are very good here, I cannot wait to move in permanently", "Its good fun here, the staff are very supportive", and "The staff are okay, they help me a lot with my condition".

People were not all receiving the physical and mental health and care they required meaning they may not have the best possible outcomes and their health could deteriorate. The registered manager and staff could not say if appointments had taken place or as to how these areas of health need were being addressed. For example, for one person there was information about a hospital appointment showing that the next mental health hospital doctor appointment was for 1 October 2015. There was no record to show that this appointment occurred or, if it occurred, information about the outcome of the appointment or when the person should next see the doctor. Similar concerns were found for people's physical health needs. Another person's health plan stated they should be weighed monthly but they had not been weighed since June 2015. There was no information or explanation why this was no longer occurring. For most people, the registered manager and staff were unsure if they had attended, or had refused, routine appointments such as dentist, opticians or other health monitoring appointments.

The failure to ensure people's mental and physical health care needs were known and met was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For other people we were able to see that they were receiving effective care and support in regards to continence issues, the use of different interventions, support with nutrition and coping with complex family relationships. One staff member told us part of their role was to support people with medical appointments and their shift pattern reflected the most likely times for these appointments to occur.

Not all people were receiving the support they required to ensure they ate a healthy balanced diet. There was a weekly communal meal prepared by staff and people who wished to help. For all other meals and snacks people were provided with an individual weekly allowance to purchase their own meals. For most people this was working well and they were able to plan, shop and purchase food with which to prepare their own meals. We saw some people were supported by staff to prepare meals. However, this was not the case for all people. One person had moved to the home from a service where staff had provided all meals for people. The person had spent most of their adult life in a variety of care services. There had been no assessment by the home of the person's ability to plan, budget, shop, store food, prepare and cook meals safely. Daily records included occasions when the person was found looking for food stored in cupboards and freezers belonging to other people. There were also records of the person telling staff they had no food. For example, on the 13 January 2016 'came out and asked for food. Staff told them there's no food and they went back [to their room]'. The next day there was no record of food seen eaten by the person or any follow-up by staff to make sure the person had food. Other records for January 2016 included the person telling staff they 'had not had any food for three days, staff offered some food left over from communal meal'. And

another occasion when the person 'went to the office and told staff they were short of food and was offered an advance so they could eat'. There was no follow up by staff to ensure the person received the support they clearly needed to manage their own nutritional needs unsupported.

The failure to assess and provide the support necessary to each person to ensure their nutritional needs are met was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's legal rights may not be ensured as information about these was not available. The Mental Capacity Act, 2005 (MCA) provides a 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 should be made involving people who know the person well and other professionals, where relevant. We did not find any mental capacity assessments or best interest decisions had been undertaken although there were some restrictions in place. For example, one person who had a brain impairment had restrictions in place at their previous care home. We were told these remained in place although they had not been reviewed at Chesham House. There was no evidence to show that the MCA and best interest decisions had been completed.

Care files did not contain clear information of any legal restrictions people may or may not be subject to. For example, in one person's file we found information showing the person was subject to restrictions and conditions from the Mental Health Act 1983/2007. There are various restrictions and conditions which could be imposed by the legislation and these can have individual restrictions dependant on the person's needs and risks. In order for these conditions to remain legal there must be regular reviews of the continuing need for these to be in place. The person had had a formal review in November 2015 but Chesham House did not have a report following the review, or information to show that the community treatment order remained in place. The registered manager had not ensured they received updated documentation or contacted the social worker to obtain the confirmation of the conditions the person was subject to, and action that should be taken should this be required.

The failure to ensure the Mental Capacity Act 2005 is followed and people's legal rights protected is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were able to agree restrictions with staff. We saw a person asking staff how long they were allowed to leave the home for. The person was given a time limit as to how long they were permitted to be out of the home alone which they agreed to.

A Deprivation of Liberty Safeguards (DoLS) application had correctly been made in respect of a person who was at risk if they left the home on their own. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Approved DoLS documentation was seen in the person's care file however, this was for a person not related to Chesham House and had been sent in error by the social worker. This had not been identified by the registered manager or staff at Chesham House. We were told they had not checked the document but "filed it". This meant they would not have known about any individual conditions of the DoLS which may have been placed on the person or Chesham House. Conditions can include for example, that the person must be supported to attend a minimum number of external outings or activities each week. Without reviewing the DoLS staff would not have known about these and ensured the legal requirements were being met or be aware of how long the DoLS was in place for. The registered manager contacted the social worker to request the correct DoLS be sent to the home.

People told us they liked their bedrooms and the communal areas of the home. The environment was safe and suited to the needs of the people living there. All bedrooms had ensuite facilities and were individualised by the person whose room it was. There was a communal kitchen, lounge/dining room and smaller quiet lounge. These were decorated and furnished pleasantly providing various areas where people could sit. There was level access to the outside rear garden and a covered area where people could smoke. Entrance and exit from the home was via number keypads which would provide security. However, this would not necessarily prevent people leaving the home via the gardens as the fences would not prevent someone determined to leave. Since the previous inspection the home had registered two self-contained apartments in the garden. These each provided a bathroom, bedroom and living space with kitchen area. One person told us how much they liked their apartment and that they were looking forward to being more independent.

Staff were knowledgeable about the needs of people living with mental health needs and how to care for them effectively. When asked if they felt staff had a good understanding of their mental health needs one person said, "I think they do and it hasn't been an issue". New staff received induction training which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff were positive about the training they received which one described as "mostly really good". Whilst there were some staff who needed to update training this had been identified and arrangements were in place for staff to complete any outstanding training. Some staff had obtained recognised care qualifications relevant to their role and others were working towards these.

Staff were supported appropriately in their role, felt valued and received regular supervisions. Supervisions provided an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. The registered manager told us that supervisions included an element of observation, during which staff practices were observed and discussed. Staff received one-to-one sessions of supervision and a yearly appraisal with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. One staff member told us, "The manager is always available and works with us when needed." Another member of staff said, "The manager is always supportive and we can contact them at any time if they are not here".

Is the service caring?

Our findings

People were cared for with kindness and compassion. All the people we spoke with praised the staff and said they treated people in a very caring way. One person told us, "They are very caring here, the staff look after me, and they clean my room and cook for me when I am not well". Another person said of the staff, "They are all kind, I like them". Another person said they [staff] are "all very nice here, really friendly". We observed staff responding to people in a warm and friendly manner. Staff treated people as equals and listened to and valued their opinions and suggestions. We saw one person teaching a staff member how to cook lasagne. This provided the person with the opportunity to demonstrate their skills and feel valued.

Staff treated people with consideration. For example, when people asked staff a question or for support staff always responded to the person. If they were not immediately able to resolve the issue they informed people what action they would take and when they expected to be able to help them. All members of staff spoke positively about people and knew them as individuals. Staff told us there was no pressure to get tasks completed and there was time to sit with people if they were distressed or required emotional support. We observed good interactions between people and staff. This included sharing of snacks, cigarettes and ideas.

Staff understood people's individual needs. We observed staff supporting a person who was anxious. Staff reassured the person without minimising or invalidating their experience whilst avoiding over reacting. An appropriate level of support was provided. Staff were clear that people were never made to get up unless they were awake and ready to rise. People told us they could remain in bed as long as they liked and spend time where they liked in the home. People were able to refuse activities if they did not wish to join these.

Staff ensured people's privacy was protected by speaking quietly and providing a private place if required for conversations. All bedrooms were for single occupancy and people were able to lock their bedroom doors when they went out preventing other people from entering. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Shortly before the inspection there had been concerns raised by a person about things a staff member had said to them. They had told another staff member who recognised this was not acceptable and had told the registered manager who had taken immediate action. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

People were not socially isolated and their families and friends were able to visit as they wished. For example, one person told us they were preparing dinner for a family member who was coming later in the evening. Two other people told us about their families including children visiting them at Chesham House and about visits to their families and activities in the community. The registered manager described how they aimed to maintain and develop links with people's families and the community. People were involved in some fundraising activities providing them with opportunities to participate in the community in a positive inclusive way.

The amount of involvement people had with planning their care varied. Most people met monthly with their key worker and were involved in planning and deciding how and what they would do to meet their identified

goals. However, this was not the case for all people. We were told one person had refused to participate in this approach. This was not clearly recorded and there was no documentation to show how they were being supported to become more involved in planning how their needs would be met. On a day to day basis people were able to make decisions as to how and where they spent their time and which activities they participated in.

Is the service responsive?

Our findings

People could not all be guaranteed to receive care and support that was personalised and responsive to their individual needs. People's care needs were not reassessed regularly which resulted in their care plan being out of date and not reflecting their current needs. This placed people at risk of receiving inconsistent support or not receiving the support they required. When incidents had occurred, daily records made by staff did not always provide sufficient information or demonstrate how the service responded to incidents. Some terms or language used in daily records was unclear and open to misinterpretation. For example, in one person's daily notes staff had recorded that the person had been aggressive to visiting NHS staff. This did not provide sufficient detail about what had occurred or give an insight into why this may have occurred or what action staff should take to ensure safety. Another person was described as being 'confused' but there was no description of how this was affecting the person or of any action taken to support the person or identify the reason for their confusion. Neither instance was investigated to determine the possible reasons for the changes in people's behaviours. One person had refused their medicines on seven separate occasions in the previous four weeks. No action had been taken to understand why the person was refusing their medicines or of consultation with external professionals about the repeated refusals. The failure to understand the reasons for incidents meant staff were unable to respond and support the person in a consistent way.

Prior to admission people had been assessed by the provider's assessment team but this did not usually involve the registered manager. They told us the assessments were completed by a team organised by the provider who then identified which care home or service may be suitable for the person. The registered manager was then provided with information from the assessment and able to use this to determine if they could meet the person's needs. They told us they considered the needs of people already living at Chesham House and where the available bedroom was located. The registered manager stated that they were not expected to accept people who they felt they were unable to support. Two people were visiting the home as part of the transition to moving into the home. This provided them an opportunity to decide if they felt Chesham House was the right place for them to live and for staff to be sure the person's needs could be met. When followed this process should ensure that only people whose needs are known and can be met admitted to Chesham house.

We saw staff responded appropriately when they were concerned about a person's health. Staff identified that the person was not their usual self and sought medical advice including a visit from paramedics. The person was closely monitored for the remainder of the day and the registered manager told us they would also be discussing the incident with the community mental health team.

People received mental and physical stimulation through a range of formal and ad hoc activities. People told us they enjoyed the activities. One person told us about the allotment project and said it was good working outside. Another person told us they had enjoyed a new craft group they had tried for the first time on the day of our inspection and were planning to return the following week. One staff member was employed to work a day time shift between 9am and 5pm. They told us they were primarily responsible for arranging activities for people. The provider allocated each person money to pay towards activities each

week and there was a house car which could be used to get to or from activities. We saw people doing various external activities including an allotment project and an arts and crafts group. Other planned weekly activities included a range of physical and mental stimulation. We were told the plan was developed with ideas and suggestions from people and could be flexible to meet people's individual suggestions and needs. For example, we were told how support had been given to a person to develop their use of public transport to get to and from a voluntary work placement. The registered manager told us there were plans to reinstate the vegetable garden which had been a casualty of the building work the previous year.

People were given opportunities formally and informally to express their views about the service. Most people met monthly with their key workers providing an opportunity to discuss any areas the person may wish to talk formally about. Formal resident meetings had occurred monthly. The minutes of these showed the registered manager provided people with information and to gain their views about the service and any suggestions they had for changes. Subsequent meeting minutes evidenced that action, if required, had been taken. In addition we saw staff were available to listen to people on an informal and ad hoc basis. For example, the activities staff member discussed with people who wanted to do which activities and spoke with them after activities to see if they had enjoyed these. A notice board was provided for people which contained a range of information people may require. This helped keep people up to date with any events in the service.

People knew how to complain or make comments about the service and the complaints procedure was displayed on the notice board in the entrance hall. People told us they had not had reason to complain, but knew how to if necessary. The registered manager said they aimed to maintain good, open communication with people so that any issues could be discussed and resolved before there was a need for a formal complaint. The provider's complaint policy included the opportunity for people to raise complaints with senior managers if they were unhappy with the way their complaint was responded to by the registered manager.

Is the service well-led?

Our findings

Care and support files were disorganised and did not provide clear information about what people's needs were or how they should be supported. Each person had several files. These were not organised consistently and finding some information was difficult with other information missing or incomplete. We also found information and documents pertaining to other people in care files. Of the five care files we viewed four were found to contain inconsistent or conflicting information. The registered manager acknowledged that there was a need to review the care files and stated they planned to do this.

The failure to maintain an accurate, complete and contemporaneous record in respect of each service user is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of formal systems to monitor the quality of the service however these had not identified all areas that require improvement. In November 2015 a senior manager had completed a formal review of the service. This had identified some areas requiring action. In January 2016 they had completed a further review which showed that the registered manager had completed most of the identified actions although a few were outstanding such as a review of some care related records. The registered manager completed a monthly 'return' to the provider's head office. This included information about events in the home such as complaints, accidents and incidents. These were monitored by the provider and where necessary they would request additional information about action being taken.

There was also monthly on site monitoring of the service by the assistant regional manager. This included meeting with the registered manager, talking to staff and people and reviewing an aspect of the service such as medication management. The provider had recruited people from within the organisation to undertake 'expert audits' of services. This involved a person from another service visiting the home and talking to people, considering the environment and service provided. An expert auditor had assessed the home in April 2015. They had not identified any significant areas requiring action.

In August 2015 surveys were sent to people, staff, relatives and external professionals who visited the home. The responses had been mainly positive but where they identified areas for improvement an action plan was developed. We saw this included having a BBQ and charity event which had occurred. Internally the registered manager had completed some audits such as on the staff files and in October 2015 a full medication audit. They also completed some out of hour's unannounced visits to the home including one during the night in January 2016. They said this had not identified any concerns.

People said they were happy living at Chesham House and were happy with their care. Staff and people praised the Chesham House management team. One person told us the registered manager was "the best manager ever". Other people made similar comments including a person who said "[name registered manager] is one of my favourite people". Another person said "When I use all my week's allowance, [name registered manager] gives me an advance, she is a good manager". Positive comments were also received from staff and included "[name registered manager] is very caring and supportive" and "I had no confidence when I started, staff here are very good" and "There is no better place to work, better than my last place of

work, everyone is very friendly here".

Staff enjoyed working at the home and told us they felt supported by management. Comments included: "I love working here"; "I can go to [name registered manager] with any issue". Another staff said "If we have any ideas [for improvement] we can go straight to [name registered manager] to discuss them". Staff worked well as a team and the registered manager was keen to make use of the full range of staff skills for the benefit of people. A staff member said, "It's the best team of people I've ever worked with." Another told us "Team working is good. We're happy to cover [shifts] for each other". Each shift had a team leader who organised the care staff. We saw that specific tasks were allocated to named staff. Staff told us this could be flexible and changed when required, such as if a person requested a different staff to support them.

Staff were encouraged to make suggestions to improve people's experience of care. A staff member said, "I can say if I have any ideas; like for new activities or things we can do. The manager supports me and lets me try things out." We observed staff interacting in a relaxed and informal manner with the registered manager and senior regional managers who attended for part of the inspection. An out of hours on call system was available to staff who could contact the manager or a named senior manager at any time if required.

There was a clear management structure in place consisting of a registered manager and team leaders who had individual responsibilities. Staff were supported to develop their careers and provided with a range of management training. This included courses on advanced management programme for deputy and registered managers and foundation management courses for shift leaders.

The registered manager completed their registration with the commission at the start of December 2015 although they had been managing the service prior to this. The registered manager told us they received appropriate support from the management structure in place. The registered manager had a named line manager who was a regional support manager. The regional support manager attended for part of the inspection to support the registered manager. Observations of their interactions with the staff and people showed they knew people and staff individually.

There was an open and transparent culture within the home. The registered manager said they aimed to increase community involvement and one person had undertaken some voluntary work in a nearby older person's service. Charity events such as a coffee morning had also been held and although few neighbours had attended, people from other homes owned by the provider had supported the event. There was a whistle blowing policy in place, which staff were aware of with information provided on the staff notice board. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. People also had access to information about how they could raise concerns provided on their notice board in a communal hallway. This also contained a variety of information about the provider and service people could expect to receive.

The registered manager described the provider's values as dignity, respect, transparency and excellence. They said these were also their values. The registered manager described how they put some of these into action such as always making a point "of acknowledging staff hard work and thanking them at end of a shift, or if they have volunteer to do extra shifts when required". This demonstrated respect and valuing of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person has failed to ensure people's mental and physical health care needs are known and met and that people receive the necessary support to ensure their nutritional needs are met.</p> <p>Regulation 9 (1)(a)(b)(3)(a)(b)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person has failed to ensure the Mental Capacity Act 2005 is followed and people's legal rights are protected.</p> <p>Regulation 11(1)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person has failed to ensure up to date risk assessments and management plans are in place for all people.</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person has failed to maintain an accurate, complete and contemporaneous</p>

record in respect of each service user.
Regulation 17(2)(c)