St Philips Care Limited

Chilton Care Centre

Inspection report

Durham Road
Chilton
County Durham
DL17 0EX

Tel: 01388724011
Website: www.stphilipscare.com

Date of inspection visit:
15 November 2017
23 November 2017

Date of publication:
04 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 23 November 2017.

We last inspected Chilton Care Centre in September 2015 and rated the service as good. There were no regulatory breaches found during the inspection.

Chilton Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This home does not provide nursing care.

The care home can accommodate up to 40 people across two floors. The home was purpose built. At the time of our inspection there were 39 people using the service. Three people were in hospital. Some people using the service were living with dementia type conditions. The upper floor of the home was dedicated to people living with dementia.

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.

Arrangements were in place to ensure people were kept safe in the home. Regular health and safety checks were carried out including fire and water temperature checks. Personal evacuation plans were in place to assist emergency personnel in the event of the building needing to be evacuated.

Risk assessments were used by the provider to manage and monitor safe working practices. People had individual risk assessments in place with guidance to tell staff how to mitigate risks to people.

The service protected people from abuse by ensuring they were supported by staff who had undergone thorough vetting procedures. Staff were trained in safeguarding vulnerable adults and each person had plans in place to ensure they were protected from any potential abuse. The provider had a whistle-blowing policy which supported staff to raise any concerns about people who used the service.

People received their medicines in a safe manner from staff who were trained and assessed as competent to carry out these tasks.

Cleaning took place each day to reduce the risk of cross infection. We saw some areas of the home needed refurbishment. The provider had put in place arrangements to assess the environment of home and put in place actions to carry out the refurbishment. These actions such as replacing some carpets had already begun.

There were enough staff on duty to meet people's care needs. Staff responded promptly to people's requests for assistance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Meals were served promptly as staff assisted people to the dining room. Kitchen staff were aware of people's dietary requirements and individual food preferences. Food was in plentiful supply and appetising.

Staff were supported to carry out their duties. We found new staff were required to undergo an induction in order to familiarise themselves with the service and the people who used it. A training programme was in place for staff who were also given regular supervision and an annual appraisal.

Relatives told us the staff communicated with them and were complimentary about how the staff kept them informed about their family members. Staff utilised diaries and handover records to pass on key information to ensure staff were up to date with people's care needs.

We received only positive comments about how staff treated people with dignity and respect and were kind and caring toward people. Staff used humour to engage people and we found there was a friendly atmosphere in the home.

Care plans to describe people's care needs were person centred and told staff how to meet people's needs. These were regularly reviewed and updated as required.

The provider had a complaints policy and procedure in place. We saw where people had made complaints these had been taken seriously by the manager, thoroughly investigated and a response had been provided to the complainant.

Choice was a key facet of the service. People were given choices by staff and their choices were respected.

A staff member had recently taken responsibility for activities in the home. A board on the wall told people what was going on each day. During our inspection people enjoyed a game of musical bingo with the staff and relatives providing support.

The registered manager was visible in the home, everyone knew who the manager was. People who used the service, their relatives and staff were complementary about the manager's style and how they ran the home.

Systems were in place for the manager and the regional manager to monitor the quality of the service. Actions were put in place to make improvements where necessary and the completion of these actions were monitored.

Surveys carried out by the home showed people were largely satisfied with the service provision. The surveys contributed to the engagement of people in the service. Staff and relatives had also been engaged using meetings. Relatives had contributed to care planning for their family members.

Partnership working with local services and colleges was in place. The registered manager had recently joined a local health network to increase and promote enhanced partnerships.

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 remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Chilton Care Centre

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 15 and 23 November 2017. The first day of our inspection was unannounced. During the earlier part of the first day a person who was living in the home passed away. The registered manager and the staff were very upset and were unable to give their full attention to the inspection. We curtailed the inspection on that day and made arrangements to return to the home on 23 November to complete the inspection.

The inspection team consisted of one adult social care inspector and two experts by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 14 staff including two regional managers, the registered manager, the deputy manager, senior carer staff, care staff, administrator, domestic staff, catering and maintenance staff. We spoke with eight people who used the service and 11 relatives. We reviewed 10 people's care files and other information in relation to the regulated activities.

Good

Is the service safe?

Our findings

We spoke with people about feeling safe in the home. People told us, "I do feel safe in here, because there are people around if I need someone" and "I feel very safe in here. What makes me feel safe is that I am not on my own and the staff are here." Everyone we spoke with who used the service told us they felt safe. Relatives echoed their family member's comments. One relative said, "This is a safe place for my family member as they are well looked after and there are staff around if they need anything." Another relative told us, "I think it is very safe here yes - no problems."

People and their relatives spoke to us about the availability of staff to support people. One relative said, "It is safe enough yes, staff are on hand all the time as well." The registered manager outlined to us the staffing requirements of the home based on people's needs. We looked at the staff rotas and found the requirements of the home were reflected in the amount of staff on duty. We observed staff responded promptly to people's call bells and concluded there were sufficient staff on duty to meet people's needs.

People who used the service were protected from abuse. Staff had received training in how to safeguard vulnerable adults. They told us they felt confident in reporting any concerns to the manager. We found the registered manager was able to account for people's care needs and was able to give us detailed information on how to protect people living in the home. This included arranging the reception area so that visitors entering the home were visible to staff. In people's care plans we saw the provider had a section on 'My Risk of Abuse' which identified possible areas of abuse and what action staff were to take to prevent harm to each person.

Other personal risk assessments were documented by the staff. For example, we found risk assessments had been carried out in respect of the use of bed rails and wheelchairs. The provider utilised risk assessments to manage and monitor the use of the building and provide guidance on safe working practices.

The provider had a whistle-blowing policy to support staff tell someone about any worries or concerns they may have. The registered manager confirmed there were no whistle-blowing concerns under investigation.

We checked to see if staff gave people their medicines in a safe manner. We spoke to people about how they received their medicines. People told us, "I get my medication daily no concerns there", "I usually get my medication in the morning and in the evening and it is fine" and "I get medication twice a day and I am happy with that." Relatives also told us, "My family member receives their medication morning and evening and everything seems to be working ok" and "[Family member]'s medication is fine, I don't get too involved with it as they seem fine."

Senior care staff were trained to administer people's medicines and had been assessed as competent to do so. We asked staff to show us around the clinical room. Staff knew where items were stored and were able to guide us through the arrangements in place for the ordering, receipt, storage and disposal of people's medicines. We checked the medication administration records (MAR) and found the documents were accurately completed. PRN medicines are medicines which are given to people as and when required. Staff

were able to explain to us people's presentation if they were demonstrating they were in pain. During our inspection staff were alert to the possibility of receiving the wrong medicine from the pharmacy. Staff had checked the delivery and found the prescription was inaccurate. They made immediate contact with the pharmacy to resolve the issue.

Staff spoke to us about topical medicines (creams applied to the skin) and showed us the arrangements they had in place to document when they applied people's medicines. We found where topical medicines had been prescribed for short term conditions these were documented on the MAR charts. Staff provided reassurances that daily topical medicines such as barrier creams were applied. Records showed there was no one in the home with pressure sores. We checked the topical creams records and found there were a small number of gaps in the recording. The registered manager agreed to immediately address this issue with staff.

People's human rights were protected. For example, the service respected people's right to family life. Family members were able to visit the home in keeping with their own working hours.

Accidents and incidents were monitored by the registered manager and the information was required by the provider. We saw accidents had been entered into an electronic system so that graphs and diagrams could be produced to analyse them.

Vetting checks were carried out on staff before they were employed in the service to ensure they were safe to work with vulnerable people. Staff were required to complete an application form detailed their past experience and training as well as provide the names and addresses for two referees. References were taken up by the provider and Disclosure and Barring checks were carried out before staff were given a date to start working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

The provider had in place a staff disciplinary policy and procedures to use with staff where their practice was not of an acceptable standard. At the time of our inspection the registered manager told us there were no on-going disciplinary investigations taking place.

Each person had a personal emergency evacuation plan (PEEP) in place. These were readily accessible to emergency personnel who may require information on how to evacuate people from the building. There was an emergency plan in the home should any unforeseen circumstances arise.

We looked at the arrangements in the home to reduce risks of cross infection. Cleaning took place each day in the home and cleaning staff were available at weekends. Communal areas of the home including bathrooms and toilets and people's bedrooms were clean and tidy. Staff used personal protective equipment (PPE) when appropriate. There were no malodours in the home. We noted a number of areas of the home which required improvement including the replacement of curtains which were worn with marks on them. The registered manager told us the service had a refurbishment plan designed to address areas of the home and the provider had committed to funding the refurbishment. At the time of inspection they had not put up the new curtains as they were waiting for the re-decorating to be completed. The provider had a detailed refurbishment plan in place which had been compiled by staff employed in the estates department. Target dates had been set for the completion of each task.

The provider had in place a dependency tool which prescribed the number of staff which were required on duty to meet people's needs. We found the manager regularly reviewed the amount of staff on duty and there were sufficient staff working in the home during our inspection. Call bells were responded to in a prompt manner. There was sufficient staff on duty for one staff member to supervise people in the dining room whilst other staff brought people into the room for their meal

We spoke with the registered manager about lessons learnt in the service. The registered manager felt lessons were learnt each day about people as their needs changed

Good

Is the service effective?

Our findings

We asked people about the food they received. People were complimentary. One person told us, "I like the food here, we are well looked after. There is always plenty to eat and drink." Other people said, "We are well fed and watered here, I have no complaints with the food or drink we are served", "We get lots to eat and drink everyday - as much as you want" and "I really like my food here, it is always nice."

When we arrived at the home we found breakfast was being served. People had a choice of breakfast including cereals, toast and porridge. Following breakfast during one morning of our inspection one person asked for an additional portion of cornflakes whilst sitting in a lounge; this was promptly provided. At mid-morning in case anyone was hungry or preferred not to eat earlier bacon sandwiches were served. A morning and afternoon tea trolley was provided. On the trolleys we found a range of snacks some of which were suitable for people with diabetes. Drinks were constantly available. We found the food to be in plentiful supply and appetising. Kitchen staff were aware of people's assessed dietary needs and spoke with us in detail about people's individual preferences. We checked people's weights and found only minor fluctuations, with the weight of most people in the home remaining stable. Staff had monitored people's weight and where any person had previously lost weight they had been referred to their GP. Staff showed us people's supplies of prescribed food supplements and how these were documented when given to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had been trained in MCA and DoLS and understood what they were expected to do. Capacity assessments were on file and applications had been made to the local authority to deprive people of their liberty and keep them safe. CQC had been notified when these applications had been approved.

Each person had a capacity and consent care plan which documented each person's capacity. One person was described as having fluctuating capacity; their care plan went onto describe if their facial expressions were changing staff needed to be aware they may be struggling to hear what is being said as opposed to lacking capacity. Where people had been assessed as lacking capacity to consent to living at Chilton Care Centre their relatives had signed the required consent forms.

Staff spoke to us and confirmed they received regular training. One staff member said, "I really like working

here, all my training is up to date and we have an in house trainer, one of the senior staff members." Another staff member said, "All my training is up to date." The registered manager had a training matrix in place which documented the staff training and whether or not each staff member had met the required pass standards. Staff who had not passed the standard were required to re-sit the test. We saw staff personnel files contained training certificates with pass results. Staff also received regular support through supervision and an annual appraisal.

Chilton Care Centre was purpose built as a care home. Corridors were wide enough to accommodate wheelchairs and bathrooms and toilets were accessible. Signage and handrails in contrasting colours were present to support people to enable people to independently move around the home. In one downstairs lounge we found there were wires on the floor. Staff had been preparing for Christmas. We spoke to the staff on duty who told us people did not use this particular room. The registered manager told us the provider had plans to further invest in the home. Plans were in place to re-decorate throughout and improve the facilities. Work had begun by laying new carpets in some of the communal areas. Staff told us about the plans and in particular those to make improvements to the hairdressing room to improve people's experience. We saw these improvements were listed on a plan for timescales for completion.

Communication systems were in place in the home. Staff used a diary to document people's appointments and any tasks which needed to be done on specific days. Staff also wrote handover notes for the next shift coming on duty to enable staff on duty to have access to pertinent information about people's changing needs.

The service worked together with other professionals to meet people's needs. All people we spoke with advised they had access to care from other professionals including dentists, podiatrists, GP's, district nurses and a hairdresser.

Before people were admitted to the home staff carried out a pre-admission assessment with each person, their relatives and other professionals. On admission staff had developed care plans for people. We found these care plans to be person centred and up to date. If people had specific health care needs we found there were care plans in place to guide and support staff on each of these needs. Plans were regularly reviewed and updated by staff.

Good

Is the service caring?

Our findings

Without exception, everyone we spoke with told us staff were very caring. We received comments such as, "The staff here are just amazing, always caring and just always nice" and "All staff are exceptional." All the people we spoke with were happy with the staff and the care they received. One person said, "Staff are fabulous. They have good manners and always kind, really lovely people."

We found relationships between staff and people who used the service were positive. The relationships were built on staff having a good knowledge about people's likes and dislikes.

People felt they received emotional support from the staff. One person said, "The staff here are just amazing, always caring and just always nice." Other comments included, "Staff are really good here, always very nice and help you if you need anything" and "The staff here are kind and attentive, they are all just wonderful." These comments were echoed by relatives. One relative said, "The staff are marvellous I am happy with the care my family member is receiving." Another relative said, "I feel the staff here are very good and I feel my family member is well looked after. They all seem pleasant."

During our inspection we observed that staff knocked on people's doors before entering. This was observed when, for example, members of staff answered call buzzers. We saw staff would always knock first and ask for permission before entering or assisting if the door was closed. All people we spoke with told us they felt their privacy and dignity was always respected. People we spoke with advised if they need any help with personal care, bathing, or other assistance they felt very respected and advised any curtains were always pulled across, or doors closed for privacy and dignity.

Relatives told us they felt happy and involved in making choices and decisions about their family member's care and the staff communicated with them about their family member. One relative said "Staff always call and let us know if there are any changes to discuss. They are great like that." Other relatives said, "They do call if there is a problem or anything is wrong" and, "If there were any problems they would call me straight away and let me know."

It was observed throughout the day there was a lot of laughing and joking between staff, residents and visitors which provided a happy homely atmosphere. People commented on the staff humour and said, "The staff here are brilliant, always have good fun with them" and "The staff here are just excellent, kind and fun." We found the staff were able to communicate well with people and use the language used by local people to create humour and a pleasant atmosphere in the home.

Staff supported people's personal choices. We were told by several people that they could go to bed when they wanted. People we spoke with said they liked to be in bed by 8.30pm-9pm.All relatives felt happy and involved in making choices and decisions about their family member's care. One relative said, "The staff are super, they will always help if there are any queries and are really patient."

People were offered information and explanations about the care they received. Staff explained to them

what was happening for example when it was a mealtime or when an activity was taking place.

We observed staff supporting people in a safe and caring manner. We saw that care staff were patient and cautious to ensure people's safety when supporting then. For example, we observed the way staff helped people to get around and transfer to and from wheelchairs. Staff moved people safely and used equipment appropriately to do this. Staff also ensured people's foot rests were in use before supporting them to get around in their wheel chairs. This meant staff protected people's well-being.

People's independence was encouraged by staff. For example, we observed that people who had walker frames and could use them independently were supported by staff to the dining room with encouraging words such as, "Are you doing ok there, take your time." Care plans documented what people were able to do for themselves and when they needed assistance.

Staff understood the need for confidentiality and the need for records to be stored in a locked facility. During our inspection we found the cupboard storing records on the upstairs unit was insecure. Staff had kept the cupboard secured by pushing a chair up against the door to keep people's records safe pending a repair to the door. When we spoke to the registered manager about this they promptly arranged for the files to be transferred to another secure cupboard.

Good

Is the service responsive?

Our findings

One relative told us, "I have always found [registered manager] and her staff to be polite, courteous and responsive to all I ask." Another relative told us they found the staff to be professional and knowledgeable about people's care needs. A third relative said, "I think the care here is good and happy with the care my family member receives from the staff."

The deputy manager had recently begun to coordinate the activities in the home. We spoke with people about the activities in the home. One person said, "I join in with anything I can. "Another person said, "I don't really join in with too much, me like being in my room." A third person said, "There is enough to do here and there is always someone to chat to." One person told us whilst they were happy to chat in the home they would like to get out more. The deputy manager was aware of people's need to go out on trips and told us they had plans to do this in the future.

Staff had initiated using a 'Memorable Moments' file for each person who used the service. These contained photographs of people involved in activities to promote conversation and create memories.

During our inspection the staff were preparing the Christmas decorations. The registered manager told us that after Remembrance Sunday the home fits in with the local community and when the community start to put up their Christmas decorations the home does too. We observed people enjoying putting a Christmas tree up in the reception area. An activities board was available to tell people which activities were occurring that day. The deputy manager explained that planned activities were sometimes changed to accommodate people's wishes. During our inspection we observed a game of musical bingo. Staff and relatives sang along as they encouraged and supported people to participate. The scheduled activities included crafts, reminiscing, sing-alongs, chat, snakes and ladders, bingo, and chair aerobics. Local police dogs had been invited into the home. The home continued to have relationships with a local charity that also brought dogs into the home.

The provider had a complaints policy and procedure in place. We spoke with relatives about making a complaint. They told us if they needed to make a complaint they would have no problem addressing this with the staff or the registered manager. They told us, "We have never had any complaints" and "I have never raised a complaint but I would if I needed to no problem." Another relative told us, "Never had any reason to complain, very happy." We checked the complaints file and found where relatives had made a complaint the registered manager had conducted a thorough investigation and provided an appropriate response.

People were protected from discrimination by staff that encouraged and supported them in their decision making. The registered manager described a situation where a person had capacity and had made the decision not to go to hospital. Paramedics attended and had persuaded the person to attend hospital. The registered manager whilst acknowledging situations change was having discussions with other professionals about the validity of the person's decision making and wanted to ensure no discrimination took place because of the person's frailty.

People having the right to make choices about their life was an important issue for the registered manager and her staff. Throughout our inspection people were given choices about where they wanted to be in the home, what they wanted to eat and what they wanted to do. We observed where people living with dementia became disorientated in the home, staff intervened and gave people options. This prevented people from becoming distressed.

The service was working towards the national Gold Standards Framework for end of life care. The framework provides a set of standards to improve services for people nearing the end of their life. People had in place end of life care plans with descriptions about their end of life preferences. For example, some people did not want to be admitted to hospital. People's care plans detailed the 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) directive that was in place for some people. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

People had communication plans in place which documented their needs for glasses and hearing aids. Staff had identified where people had communication needs and had referred people for hearing aids and glasses. We saw people throughout our inspection wearing aids to assist in their communication. During the inspection staff demonstrated they were able to support a person with sight loss and assisted a member of the inspection team to participate in the inspection.

Daily records showed staff carried out regular monitoring of people including their sleep patterns, food and fluid intake and their health needs. Staff referred people to the district nurse, the community matron and the GP if they had any concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post. All of the staff we spoke with were happy with the registered manager's approach. Staff felt they were always supportive and helped where possible.

All relatives and friends we spoke with during the inspection felt the registered manager [registered] manager was helpful and supportive. A relative told us, "I feel my family members are in a great place and that they are well looked after. I feel they do a great job running things here. I feel the service is very well led and managed." Another relative said, "I think it is very well led I think the [registered] manager is very approachable." A third relative said, "The [registered] manager is great, she certainly does what she can for people."

People who used the service also spoke to us about the registered manager. We received positive comments such as "The [registered] manager and staff are a brilliant well led team" and "The [registered] manager and staff are wonderful. The [registered] manager mucks in as well with things when needed."

We found the culture of the home involved the registered manager and the staff putting people at the centre of the service. The registered manager drove the values of the home. One person said, "The [registered] manager is nice and caring and they have great staff." People and their relatives were able to identify the registered manager and knew her by name. Staff told us they felt supported by the registered manager and she was approachable. One staff member told us, "The [registered] manager does not like staff not pulling their weight." We found the registered manager was visible in the service.

There were clear arrangements in place for partnership working. The registered manager had recently attended a meeting at the local GP surgery to increase the levels of partnership working. During our inspection a local nurse described to the registered manager how their attendance at the meeting would improve the support available to the home. Records of communication between family and friends were held by the staff. These records demonstrated family members were also partners in people's care.

The provider had arrangements in place to monitor the quality and effectiveness of the service. The views of people who used the service and their relatives had been sought using a survey. Survey results were largely positive and included favourable comments about the service.

The registered manager carried out a regular pattern of audits of the home to monitor risks and regulatory requirements. Monthly audits included kitchen, infection control and medicines. When the audits were completed the home received a score. Actions were put in place if required to make improvements to the home.

A regional manager visited the home and carried out further audits to measure the quality performance of the service. The audits included oversight checks on, for example, people's care plan documentation, staffing and the home's environment. Regional managers were expected to comment on each area and put in place actions with timescales to make the necessary improvements. Staff were delegated each action.

When actions were completed these were noted on the audit.

The provider had electronic tools in place to monitor the prevalence of pressure ulcers and infections in the home. The majority of the infections recorded by the manager showed they had cleared within a week. This demonstrated the service was proactive in meeting people's needs.

The registered manager chaired a meeting for staff and senior care staff to engage them in the running of the home. Topics discussed included care plans, medicines and activities. The service had a system of flash meetings in place whereby the senior person on duty drew the attention of staff to specific issues which needed to be addressed that day such as which people needed to see the GP. People who used the service and relatives had also been invited along to meetings to encourage their involvement in the home.

The service had developed community links and the registered manager ran the home in line with the local community. There were contacts with other services including healthcare professionals and the local police. Two local police dogs, Ben and Jet, were due to visit the service. Students from local colleges were offered placements in the home to learn and develop new skills.