Milkwood Care Ltd

Chatterwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 6 and 7 December 2016 and was unannounced.

Chatterwood Nursing Home, to be referred to as the home throughout this report, is a home which provides residential and nursing care for up to 24 older people. The home is currently in the process of being extended and extensively refurbished to provide a larger kitchen and laundry area, additional bedrooms and living accommodation. This refurbishment will also provide people living at the home to have their own private en-suite shower rooms. Building works were on-going at the time of the inspection.

The home is situated over two floors and most rooms on the ground floor offer en-suite toilet and sink facilities as well as a communal shower room. Upstairs most rooms offer people with a sink for hand washing and basic personal care tasks such as cleaning teeth for example. There is currently no bathroom on the upper floor due to the building works however plans are in place to replace the previously used bathroom to ensure this facility is available to those living upstairs. The ground floor offers a communal lounge which leads through to a dining room and conservatory area. In the dining room a small area is available for people, visitors and staff to make hot and cold drinks. The conservatory doors open onto a patio area with seating for people to enjoy. The home is situated in a semi-rural residential area on the outskirts of the village of Liss. At the time of the inspection 17 people were living at the home.

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Relatives of those using the service told us they felt their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage these appropriately. Appropriate risk assessments were in place to keep people safe.

People were kept safe as the provider ensured sufficient numbers of staff were deployed in order to meet people's needs in a timely fashion. In the event of unplanned staff shortages the provider sought to use existing staff including the registered manager to deliver care.

People were protected from the unsafe administration of medicines. Nurses were responsible for administering medicines and had received additional training to ensure people's medicines were administered, stored and disposed of correctly. Nurse skills in medicines management were regularly reviewed by managerial staff to ensure they remained competent to administer people's medicines safely.

The provider used robust recruitment processes to ensure people were protected from the employment of unsuitable staff.

New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely.

People were supported by staff who had up the most relevant up to date training available which was regularly reviewed to ensure staff had the skills to proactively meet people's individual needs.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people during their daily interactions. This involved making decisions on behalf of people who lacked the capacity to make a specific decision for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed an understanding of what constituted a deprivation of person's liberty. Whilst it had not always been documented people had been assessed of their ability to consent to any such deprivation applications. These had been appropriately submitted and authorisations granted by the relevant supervisory body to ensure people were not being unlawfully restricted.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. We saw that people enjoyed what was provided. People's food and drink preferences and eating support required were understood and appropriately provided by staff.

People's health needs were met as the staff and the registered manager had detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Staff had taken time to develop close relationships with the people they were assisting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These were practically demonstrated by the registered manager and staff.

People received personalised and respectful care from staff who understood their care needs. People had care and support which was delivered by staff using the guidance provided in individualised care plans. Care plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care including how they spent their day within the home.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. Relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with staff and the registered manager.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. A range of activities were available to people to enrich their daily lives. Staff were motivated to ensure that people were able to participate in a wide range of activities and encouraged them to participate where possible.

The registered manager fulfilled their legal requirements by informing the Care Quality Commission (CQC) of

notifiable incidents which occurred at the service. Notifiable incidents are those where significant events happened. This allowed the CQC to monitor that appropriate action was taken to keep people safe.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager. The registered manager provided strong positive leadership and promoted the providers values. These values were known by staff and evidenced in their working practice.

Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided. The provider routinely and regularly monitored the quality of the service being provided in order to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

People were supported by sufficient numbers of staff who had been subject to a robust recruitment procedure ensuring their suitability to deliver care.

Medicines were administered safely by nurses whose competence was assessed by appropriately trained managerial staff.

Is the service effective?

Good

The service was effective.

The provider ensured that staff had the relevant induction, on-going training and support to be able to proactively meet people's needs and wishes.

People were assisted by staff who demonstrated they offered them choices in ways that could be understood and responded to. Staff evidenced that they understood how to support people effectively so their needs were met.

The service had ensured the principles of the Mental Capacity Act 2005 had been followed when assessing people's ability to consent to aspects of their care.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. People who had specific needs in relation to eating and drinking were provided with the additional support required to protect them from any associated risks.

Staff understood and recognised people's changing health needs

and promptly sought healthcare advice and support for people whenever required.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring in their approach with people, supporting them in a kind and sensitive manner. Staff had developed companionable and friendly relationships with people.

Where possible people were involved in creating and reviewing their own personal care plans to ensure they met their individual needs and preferences.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service responded quickly to people's changing needs or wishes.

People were assisted by staff who actively encouraged people to participate in activities to allow them to lead full, active and meaningful lives.

People's views and opinions were sought and listened to. Processes were in place to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which was based on being open and person centred, placing people at the heart of all that was done in the home. Staff knew these values and this was evidenced in their working practices.

The registered manager provided strong leadership fulfilling the legal requirements of their role. Staff were aware of their role and felt supported by the registered and deputy manager. They told us they were able to raise concerns and felt the registered

manager and deputy manager provided good leadership.

The registered manager and provider sought feedback from people and their relatives and acted upon this. They regularly monitored the quality of the service provided in order to drive continuous improvement.

Chatterwood Nursing Home

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.

The inspection took place on the 6 and 7 December 2016 and was unannounced; it was conducted by two inspectors.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR) before the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with three people living at the home and seven relatives, the registered manager (a registered nurse), deputy manager (also a registered nurse), one senior and three care assistants, the activities coordinator and the chef. We also observed emergency care provided during the inspection in response to a choking incident.

We viewed eight people's care plans, four of these people's daily care records and six medicine administration records. We reviewed five staff recruitment files, viewed staff supervision and appraisal dates, staff training records and staff rotas for the dates 31 October to 7 December 2016. We also reviewed other documentation relating to the running of the home, these included quality assurance audits, policies and procedures relating to the running of the home, complaints, compliments, accident and incident forms and maintenance records. Following the inspection we spoke with two healthcare professionals who work regularly with the home.

The home was previously inspected on 13 May 2014 where no concerns were raised.

Good

Is the service safe?

Our findings

People told us they felt safe as staff were available to meet their needs which was confirmed by relatives. One relative told us "There's always plenty of staff, at weekends too, if a buzzer goes (call bell), it's never for too long". Another relative confirmed this, "I deliberately come in on different days at different times….there always seems to be plenty of staff about…I'm happy she's looked after well, and safe". Another relative said, "(our family member) had lots of falls at home but hasn't had any here so she's safe and we aren't worried when we are away from her". A health care professional told us, 'From all that I have witnessed the residents at Chatterwood House are safe and well cared for'.

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse. Staff were aware of their responsibilities to report any safeguarding concern. The provider's policy provided guidance for staff on how and where to raise a safeguarding alert which included contacting the local Adult Services Safeguarding Team. Staff were able to identify that they would speak to the manager in the event of any concern being identified and would contact the local Safeguarding teams if they felt appropriate action was not being taken. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if any concerns were identified.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk for example, regarding their moving and handling needs, risk of skin breakdown and any identified nutritional or hydration risks. Risk assessments included information about the action staff needed to take to minimise the possibility of harm occurring to people. For example, all people living at the home had restricted mobility due to their physical health needs. Information was provided in these people's care plans which provided guidance to staff about how to support them to mobilise safely around the home and when being transferred.

Additional risk assessments were completed when required to manage new risks identified to people's safety, for example, when it had been identified that people were at risk of choking. These risk assessments were reviewed monthly. This ensured that all current risks were identified and appropriate action documented for staff to take to mitigate this risk as soon as this change in need had become known. Staff knew these risks and were able to demonstrate when supporting people how they ensured people's safety.

During the inspection one person suffered a health related incident during a meal time. Staff immediately took preventative action as the person became increasingly unwell and were praised by emergency personnel who attended. As a result of the incident the registered manager and deputy manager held an immediate discussion and were able to discuss the actions which would be taken to ensure this person would be able to retain their ability to eat independently in future.

Detailed recruitment procedures were followed to ensure staff employed had the appropriate experience and were of suitable character to support people safely. Staff had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence that pre-employment checks had been completed including obtaining written previous work references.

Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care service. Nurses who wish to continue to practice in their role must register with the Nursing and Midwifery Council to keep their skills and knowledge up to date. We could see that nurses were meeting the requirements of their role and regularly renewing their registration to evidence they remained competent to continue. People were kept safe as they were supported by staff who had been assessed as suitable for the role.

People, relatives and staff told us there were enough staff deployed in the home. Throughout the inspection call bells used by people to request assistance were heard very infrequently and those which were used were answered promptly. We could see sufficient numbers of staff were deployed to deliver care at the time it was needed. The registered manager assessed weekly whether sufficient numbers of staff were deployed to meet people's needs. As a result they had identified the number of staff required to enable each person to receive the care they required. These consisted of one nurse and a minimum of 4 care staff on duty during the day and one nurse and one member of care staff working at night. These figures did not include both the registered manager and the deputy manager both of whom were also registered nurses. There was no reduction of staffing at weekends. There were also kitchen and domestic staff as well as an activities coordinator, all of whom were seen to interact and support people during the inspection. The registered manager, deputy manager and other care staff were used to fill any identified last minute staffing shortages to ensure people received care from consistent and familiar staff.

People living at the home received their medicines safely. Nurses were responsible for administering medicines. Records showed that medicine administration records (MARS) were correctly completed to identify that people received their medicines as prescribed. Nurses were also subject to annual competency assessments as part of the provider's quality assurance processes to ensure medicines were managed and administered safely.

There were policies and procedures in place to support nurses to ensure medicines were managed in accordance with current regulations and guidance. Some people living at the home were receiving medicines which are known as PRN or 'as required' which includes analgesics, sedatives and other medicines to manage people's pain. These are medicines that are not routinely required and may only be needed occasionally. Peoples MARS included a PRN protocol for nurses so they were able to see when PRN medicines were most appropriate, and the dosage that could be given. For example, people's MARS showed when they were in receipt of medicines for pain relief, clear guidance was provided as to when it could be administered and the levels of which could be given and for how long. We observed a medicines round where the nurse appropriately supported people to take their medicines as required.

Medicines were stored, administered and disposed of correctly which included those which required refrigeration to remain safe. The temperatures of drugs storage locations were routinely completed and documented to ensure they remained suitable for use. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs and they have additional safety precautions and requirements. Controlled drugs stocks were audited and documented daily by the nurses to check that records and stock levels were correct.

Good

Is the service effective?

Our findings

People and relatives we spoke with were positive about the ability of staff to meet their and their family members care needs. This was due to the long service of the existing staff team who knew the needs of the people they supported. One relative told us, "The staff group are very consistent, they understand her (family member) and can help her to respond". Another relative said, "The staff group has been much the same for three years, that's the key, the staff and residents know each other so well". A health care professional spoke positively of staff's ability to provide individualised care, 'I think all of the staff work very hard to provide a high level of holistic care, they work hard to maintain the standard'.

People were assisted by staff who received an effective induction into their role. New staff were required to complete the provider's own induction which included training in areas such as moving and handling, safeguarding and Mental Capacity Act before they were allowed to deliver care. To support them in their learning new staff were required to complete induction which followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff are required to meet in order to deliver effective care. During this induction period staff were allocated a senior member of care staff who acted as a mentor and were able to support them with their learning. As part of this on-going induction staff completed a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their role. This allows new staff to see what is expected of them.

Staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made training and updates mandatory for all staff in a number of key areas which included infection control, health and safety, food safety and dementia awareness for example. Staff were also encouraged to undertake additional training to meet the requirements of their role which included, infection control, dementia and food hygiene. Nurses undertook more health specific courses to enable them to support people safely which included venepuncture (which is the process of obtaining intravenous access to enable nurses to obtain blood samples of venous blood or allow for the commencement of intravenous medicines administration), catheterisation for male and female, management and leadership. The deputy manager was also in the process of completing the Six Steps Programme for end of life care. The Six Steps Programme is a programme of learning for homes to develop awareness and knowledge of end of life care. The deputy manager had already offered guidance and support to care staff regarding how people's end of life care was to be approached and documented. Staff were provided with sufficient training to enable them to conduct their role with confidence.

People were assisted by staff who received support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. Records documented that supervision sessions and yearly staff appraisals for all staff had been planned, in line with the provider's policy.

Consent to care and care plans were agreed with people, their relative or nominated person such as those with a Power of Attorney (POA). A person who has been provided with POA is there to make decisions for people when they are unable to do so for themselves. This process included involving those with a POA in assessing people's care needs before moving into Chatterwood, in care plan reviews and assisting in making best interest decisions. People were supported to have their views known and the provider ensured those with appropriate POA were involved in all aspects of people's care.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Best interest means decisions are made on behalf of people when they no longer have the capacity to make a specific decision about their life or care. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a comprehensive understanding of the DoLS which was evidenced through conversations and the appropriately submitted applications and authorisations.

The registered manager was able to tell us how they had assessed people lacked the capacity to consent to their care and how they had applied the best interest checklist for the person in determining that it was in their best interests to provide the care. For example, bed rails were used within the home to promote people's safety however it was not always documented that the requirements of the MCA had been followed. The registered manager updated people's mental capacity act forms during the inspection to document these decisions for people. It is good practice for providers to keep a record of the steps they take when providing peoples' care. They assured us this would now be used to provide a written record of how these decisions had been reached for people

People's nutritional needs were assessed and recorded, and people's likes and dislikes were detailed in care plans and kitchen records. When identified as necessary records detailing what people ate were accurately completed to inform staff if people had had adequate food and fluid during the day. People's weights were monitored regularly and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight or whether there should be a change to this weighing pattern. For example, it had been identified that one person had been regularly losing weight. Appropriate healthcare professional advice was sought and it was identified that this person was reaching their last stages of life. As a result regular weighing would be a distressing and unnecessary procedure. This person's care plan was reviewed to include information that their diet should be fortified and they should continue to be encouraged to eat and drink to improve their wellbeing and keep them comfortable.

People were complimentary about the food provided and said they enjoyed their meals which was confirmed by our observations. One person told us, "It's good eats!" Food provided was both nutritious and appetising. People were offered one choice of a main hot lunchtime meal owing to the relocation of the kitchen to a smaller area whilst the extension and refurbishment was on-going which meant preparation space was limited. However there was also a list of alternative options available should people not like the main course. The chef was aware of people's food likes and dislikes and was able to cater for differing tastes. For example if fish were offered as the main meal the chef was aware of who would not like fish and offer a preferred alternative. A few people ate in their rooms whilst others ate in the dining and conservatory areas.

People were asked and encouraged to sit in the communal area to create a social environment at lunchtime. A health care professional told us, 'Lunchtime seems a particularly sociable time with a lot of

interaction between residents, their families and carers'. We saw effort was made to ensure meal times were an unhurried, sociable and enjoyable experience. We saw positive interactions such as staff asking where people wanted to sit, people being given consistent one to one support, plate guards offered for people that required them and some people having clothing protectors. Special diets were also catered for where required. The chef showed a detailed knowledge of people's specific dietary needs and this information was available in the kitchen and updated when required. They told us, and we saw, alternatives to the meals were available and were always offered to ensure people ate and drank enough to support their health and wellbeing.

People were supported to maintain good health and could access health care services when needed. Processes were in place to ensure that early detection of potential illness could be identified by regular review of people's risk assessments and care plans. Where required people were supported to seek additional healthcare professional advice which included seeing the GP, for example. When advice from healthcare professionals had been provided we could see this had been documented and staff had taken appropriate action to ensure this guidance was followed. Care plans detailed how to recognise the signs of an impending health related issue and what action to take as soon as one of these incidents were recognised. For those living with conditions such as epilepsy or using equipment to aid them with their continence we could also see that guidance was provided for all staff on how to make sure these persons specific risks were easily identified and appropriate action taken to manage effectively. There was evidence of referral to and collaborative working with healthcare professionals, families, people and staff.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that support was delivered by caring staff. One relative told us, "I've felt very reassured by the level of care shown to my mother, I've seen her gain in weight and confidence in herself." Another relative said, "The everyday care is second to none, even the housekeepers and gardener are all part of the team and contribute to the overall feel of the home. A health care professional told us, "Yes very much so (staff are caring) I have watch the care taking place not just the physical hands on care but also the social and emotional care''.

We saw people experienced comfortable, familiar and caring relationships with staff. We observed staff being engaging with people, ensuring eye contact, listening and responding accordingly, smiling, being polite with terms of endearment being used where agreed and appropriate. During the inspection all members of staff in the home chatted to people as they went about their work. Conversations were not just task orientated. Staff took time to speak with people engaging in talking about the weather, activities and relatives coming to visit them. Staff spoke to people in a warm and caring manner, and spent time chatting with them about issues they were interested in. One member of staff was discussing relatives that were coming to see the person that afternoon. There was a calm, relaxed and friendly atmosphere at the home. Staff interactions between people and staff were caring and professional in their approach when supporting people.

We observed care in communal areas throughout the day, we saw positive interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Staff knew the people they were supporting because most of the care plans viewed included information about what was important to them such as their family relationships and what help they required to support them. Most people's care plans detailed their personal history, what activities interested them, relationships which were important to them as well as the name people preferred to be called by. This information assisted staff by enabling them to have an understanding of people's needs, preferences and the support they needed to remain happy. Where this information had not been provided by family members staff had actively sought this information from people and they knew the individuals they were supported. For example, one person's care plan contained information regarding their personal preferences for topics of conversation and the activities their preferred to participate in. This person was frequently engaging with staff and we could see that staff were aware of the types of conversations they wished to have with them. We could see that people's needs were known and people supported in the way they wanted. We could also see, for example, that people were respected by having their appearance maintained. Staff assisted people to ensure they were well dressed and clean and the gentleman shaven where preferred.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people who were in distress. All the staff we spoke with were able to describe how they would support people in a caring way giving people the time and reassurance they required until they were no longer feeling unhappy. During the inspection one person became quite upset in the lounge area; we could see that both a member of staff and a nurse were able to

offer continual reassurance until they were taken to their room as requested. One member of care staff sat holding this persons hand to reassure them that they were not were being looked after. Staff told us they had the time to be able to spend with people if they were feeling sad or upset and we could see this was the case. People were supported in periods of low moods and offered comfort and reassurance until they felt better within themselves.

Where appropriate, physical contact was used as a way of offering reassurance to people. We saw that staff used touch support to interact with people to engage with them. When communicating staff would also often gently place a hand on people's arms to communicate that they were being spoken with in reassuring way. We saw that people were comfortable and actively sought this physical contact with staff. During the inspection we saw staff spending time with people in the communal living areas holding the hands of those people who actively sought this physical contact. Friendly conversations were held whilst staff and people chatted and held hands. A relative told us this comforting support was offered daily by staff, "Even in a party situation you can see them (staff) all watching the residents and spending time with individuals, holding hands and talking, and putting care needs first". Staff told us that they were not only able to find the time to offer this support but actively wanted to do this during their break periods as they felt strongly for the residents they cared for.

People were supported to express their views and where possible involved in making decisions about their care and support. Care plans and risk assessments were reviewed monthly and signed by staff and relatives if present. We found evidence that people or their representatives had regular and formal involvement in on-going care planning or risk assessment. Consequently, there were opportunities to alter the care plans if people and their representatives did not feel they reflected their care needs accurately.

People told us and relatives confirmed that people were treated with respect and had their privacy maintained at all times. A relative told us, "She (family member) is always clean and well dressed, there's nice clean bedding, no odours and I've seen respect for her dignity and privacy". Staff were responsive and sensitive to people's individuals needs whilst promoting their independence and dignity. People's care plans provided guidance on how to support people in a way that was mindful and respectful of people's dignity which was followed. Staff were able to provide examples of how they followed this guidance.

Staff were seen to ask people before delivering or supporting them with the delivery of care. We saw that fabric screens were used regularly in the communal areas when offering support such as transferring people from chairs to wheelchairs using hoisting equipment. Ladies were provided with an additional blanket to place over their laps to ensure additional privacy and dignity during this process. We saw that these screens were appropriately used during a health related episode in the dining room. During this period of time the screens were effectively used to protect the person's dignity whilst they were having their health maintained. As this incident was occurring staff moved to the dining room and conservatory area to support other people in the vicinity. Through the use of distraction by encouraging them to participate in the meal time experience they minimised the risk of any distress being caused. Staff were mindful of the right for people to receive care which respected their need for dignity and privacy and ensured appropriate action was taken to maintain this whenever necessary.

We saw that people's differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted in a homely environment which respected their individuality and met their needs.

Good

Is the service responsive?

Our findings

Where possible people were engaged in creating their care plans. People not able to or unwilling to engage in creating their care plans had nominated friends and relatives who contributed to the assessment and the planning of the care provided. People spoke positively about the activities provided and were comfortable to raise concerns with management should they have a concern or complaint about the service they were receiving. One relative told us, "They really know how to do it (activities) involving everyone as much as they want to be, staff and families all join in". Another relative said, "(my family member) can't be involved in activities but I see they are very productive for other residents and staff always make time for (family member) they are really sympathetic to her situation".

People's care needs had been assessed and documented by the managerial staff before they started receiving care. These assessments were undertaken to identify people's support needs and develop care plans outlining how these needs were to be met.

People's care plans and daily documentation were legible and person centred. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's choices and preferences were documented. Care plans contained detailed information about people's care needs and actions required in response to changes in their health and wellbeing to ensure the care met their individual needs. For example, one person's care plan showed they had a stoma bag in place. This is where an external bag is used to carry waste material from a person's body. We noted this person's care plan contained specific guidance and action planning around the management of the person's care in this area. We noted an appropriate care plan was in place to anticipate and manage any potential complications of the issues of using such an aid. This care plan was regularly reviewed to ensure appropriate action was taken in response to any change should it arise.

People's individual needs were reviewed monthly and care plans provided the most current information for staff to follow. When identified that there had been a change in people's health care needs or people requested action to be taken on their behalf this was recorded and actioned appropriately. When healthcare professional advice had been sought the information provided had been used to update people's care plans accordingly.

The provider sought to engage people in meaningful activities. There was a full time activities coordinator who worked from 08:00 – 17:00hrs Monday to Thursday. On Fridays the hairdresser visited which was treated as a social event and at the weekends the home was busy with visitors. However social engagement and stimulation was seen as part of the care staff duties and at the weekends care staff were responsible for encouraging persons to participate in activities to help them lead fulfilled lives. All staff were aware of the need for people to be provided with interaction and stimulation and this role did not only fall on the activities coordinator. During the inspection we saw people playing scrabble, wrapping boxes for underneath the Christmas tree, preparing Christmas decorations and playing dominos with all members of staff.

A typical week activities rota was viewed which had defined activities 7 days a week. These activities included one to ones with people in their rooms, 'Singing for fun' sessions, an external therapist who visited during the inspection to complete had massages for people, external singing entertainers, hairdressing, a visit to a local school choir, film afternoon, newspapers and TV.

External activities were also available for people including going out for a meal or visiting local schools when holding a play. The home shared a minibus with the provider's other homes within the same grounds which meant that people were provided with the opportunity to meet socially with people from the other home and visit the local community. Internal larger organised activities including professional singers performing in the home, Halloween parties, firework evenings, fund-raising events as well as celebratory parties throughout the year.

People were encouraged to give their views and raise any concerns or complaints. People and relatives were confident they could speak to staff or the registered manager to address any concerns. The provider's complaints policy was available in the people's service user guides which was accessible to visitors and relatives. This listed where and how people could complain and included details of how to complain. The provider's complaints policy included information on how to raise concerns with the Local Authority Ombudsmen if the complainant remained dissatisfied with the outcome of their complaint. It also included website contact details for the Care Quality Commission to enable people to raise concerns about their care if required.

Complaints made in writing and verbally received were documented and recorded in the complaints folder held securely in the registered manager's office. One formal complaint had been received since the last inspection. We saw the complaint raised was investigated by the registered manager and steps taken to address the causes of the complaint. The complainants were then responded to appropriately in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People and staff we spoke with were confident in the registered manager's ability to manage the service and address concerns. On relative told us, "The manager likes to know what's important to us, it's great that we can come in anytime and find mum is completely at home and we can just join in". People were able to recognise the registered manager and demonstrated they saw them regularly. People told us they were happy with the quality of the care provided. A relative said, "I told (the registered manager) today about a loose handrail and she's already got it fixed, that's typical…nothing is seen as minor, they (all staff) attend to everything you ask". A healthcare professional told us, "The management appears strong and decisive, from what I have witnessed the staff appear happy and well supported from management but also from each other, Chatterwood has the feel of a happy home with lots of foreign nationals working harmoniously"

The registered manager and provider had developed an open and inclusive culture by meeting and working with people's relatives, staff and external health and social care professionals. We observed throughout the inspection the registered and deputy manager taking the time to speak with every person they met. People looked pleased to see them and there was good rapport between them. The deputy and registered managers office was next to the front door so they were a visible and recognisable presence to those who entered the home. The registered manager was keen to ensure that people living, working and visiting the home were aware that their door was always open and they were available to speak with people as and when they wanted.

The registered manager promoted an 'open door' policy and was available to people and support whenever required. Relatives confirmed they were able to raise any concerns at any time with the managerial staff. One relative told us, "(registered manager) and (deputy manager) are good bosses, we've never had any issues, but there would no problem raising anything, the office is always open…we have relatives meetings…we feel very involved, communication is good". Another relative told us, "The manager and deputy are always around and very approachable, they have been very supportive to us". Staff felt that they were subject to consistent and valued support from the registered manager. Relatives told us they could always speak to the registered manager if required and were confident that action would be taken if they raised any concerns. We asked staff if they thought the home was well led by strong managerial support. One staff member told us, "Yes, definitely…they work with us, everyone is a team…they're strong leaders, you can always go to them and they'll tell you exactly what to do". Another member of staff told us, "(the registered manager), she's very active, she's an excellent manager".

The registered manager promoted the values of the provider which was described by the phrase, 'You alone matters'. This meant people were placed in the heart of the work which happened in the home, people's quality of life is as good as the home can make it, people were encouraged to participate in activities and hobbies which were important to their life and that people were treated with privacy, dignity and lived fulfilling lives. These were discussed with staff as part of their supervision process and with staff regularly as a result of their regular walks of the home obtaining feedback from people, staff and relatives.

Staff demonstrated the values of the service and were able to explain what this meant for people. One

member of staff told us, "Here our vision mission is only you alone matters. For me it means, the residents, we focus on that this is your home and we prioritise your concerns and your care". In order to achieve these values we saw staff worked well together and were friendly, helpful and responded quickly to people's individual needs.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to the CQC, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to any specific incidents.

People, their relatives and healthcare professionals were actively encouraged to be involved in developing the service. The registered manager actively sought feedback from people to identify how the service people received could be improved. The last completed biannual quality questionnaire survey had been completed June 2016 and 13 out of 20 questionnaires had been completed and returned. The provider was in the process of changing this from a biannual survey to a four monthly survey which would allow for trends and themes to be identified earlier allowing for timely action to be taken if concerns were identified. This questionnaire asked for feedback in key areas such as people's satisfaction with the home and environment, activities available, the care provided and the quality of the food and the care and the home team.

People were asked to rate their responses to these questions in line with the CQC ratings, outstanding, good, requires improvement and inadequate. All responders answered positively about the all aspects of care delivery in the home. Written comments included, 'All the staff are really lovely and do a wonderful job and the manager is excellent' and 'I feel very fortunate to have found such a lovely home for mum with lovely caring staff that look after her excellently, it gives me peace of mind'.

There was a robust system in place to monitor the quality of the service people received through the use of regular provider and registered manager audits as well as daily observations of staff in their role. The registered manager conducted a number of audits on a regular basis which included; checking the slings used to transfer people to ensure they remained clean and fit for use, checking the kitchen environment to ensure it remained clean and equipment was used correctly, daily medicine stock checks and maintenance checks such as fire alarms, checking the functionality of shower heads and if emergency lighting worked. Regular quality checks were also completed on key areas such as the environment, care plans, activities and medicines by the provider's Operations Manager.

Reports following the audits detailed any actions needed, prioritised timescales for any work to be completed and who was responsible for taking action. For example, an audit was completed in September 2016 by the Operations Manager who identified that care plans and risk assessments required reviewing monthly. As a result the home introduced a 'Resident of the Day' system which mean that each day a different person's care plan would be reviewed by the deputy manager or the nurse. This was to ensure the care plans contained the most up to date advice and guidance allowing staff to provide the most appropriate care required. Audits were welcomed by the registered manager as a way of ensuring a quality service was provided to people living and visiting Chatterwood.

Staff identified what they felt was high quality care and knew the importance of their role to delivering this, we saw interactions between staff and people were friendly and unobtrusive. A healthcare professional told us of the home, ''The home is without doubt one of the best in the area and I have only ever had positive experiences working with the team there''. Compliments had also been received in the home which

identified that high quality care had been provided to their loved ones. A selection of these were viewed, one relative said, 'Words cannot express our gratitude to you for all the wonderful care and attention you gave to mum…you treated mum as if she were part of your own family, so many of you said she was like your own grandmother which was lovely to hear, you are truly wonderful people and mum was very lucky to have you look after her'. Another relative wrote, '(We) have been so appreciative of the love and care you and all your staff have provided to (our family member) throughout his time at Chatterwood. From the very outset everyone made us feel so welcome as if entering a private home and that friendliness affected all the relationships with the residents and visitors alike…he could not have been cared for better anywhere else… he did appreciate those occasions when he went out in the 'bus' only made possible by the effort and commitment of everyone involved in making it happen.' People were assisted by staff who were able to recognise the traits of good quality care, ensured these were followed and demonstrated these when supporting people.