

Porthaven Care Homes Limited

# Chiltern Grange Care 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

This unannounced inspection took place on the 15 and 16 January 2018. Chiltern Grange 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.

At the time of the inspection there were 44 people living in the home. Chiltern Grange Care Home can accommodate 75 people across three separate floors, each of which have separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

The service 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.

When we completed our previous inspection on 23 and 24 April 2017 we found concerns relating to end of life care documentation. At this time this topic area was included under the key question of "Is the service caring?" We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of "Is the service responsive? Therefore, for this inspection, we have inspected this key question and also the previous key question of "Is the service caring?" to make sure all areas are inspected to validate the ratings.

During our previous inspection on 23 and 24 April 2017 we found a number of breaches of regulations. These included Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 and Regulation 19 of the Care Quality Commission (Registration) Regulations 2009. Following the last inspection, we spoke with the provider and asked them to complete an action plan to show what they would do and by when to improve all the key questions to at least good.

During this inspection we found improvements had been made to all the areas that we previously reported as required improvement. During this inspection we found records were up to date, accurate and appropriate. Records related to risks had clearly identified the risk and the methods used to minimise risk. Standards of infection control were high with clear policies and procedures in place to minimise the spread

of infection. The management of risks in relation to fire, health and safety and risks related to the provision of care were clearly recorded.

We observed and records demonstrated that improvements had been made to the administration of medicines. During this inspection we found medicines were administered in line with the prescribed times. Records were kept up to date and audits had proved effective in ensuring people received their medicines correctly.

Improvements had been made in the way staff were deployed. Through our observations and records of staff rotas we could see there were sufficient numbers of staff to ensure people's needs were met.

Systems were in place to ensure the risk of employing unsuitable staff was minimised.

During our previous inspection in April 2017 we found the provider had failed to comply with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). During this inspection we found this had improved and the provider was now compliant with the requirements of the Act. 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 at the service supported this practice.

We observed food was presented in an attractive way to encourage people to eat and maintain good health. People's dietary needs were identified and understood by staff who were involved in the preparation and delivery of food. People told us they enjoyed the food on offer in the home.

Staff support had also improved, with staff receiving regular supervision and training. Staff appeared to enjoy their work, and there was a strong team emphasis throughout the home.

Consideration had been given to the environment that people living with dementia resided in. The décor and equipment purchased showed an improved level of interaction for people along with enjoyment and stimulation.

During our previous inspection we found confidential information related to people living in the home and their families was not stored securely. During this inspection we found this had been rectified.

People and their relatives spoke positively about the staff, the care they provided and the senior staff. We observed positive and meaningful interaction between staff and people living in the home. Staff were kind and gentle in their dealings with people. People responded well to attention from staff.

The home was complying with the Accessible Information Standard. The service had or could obtain information in different mediums, fonts and languages if required.

Consideration had been given to people with protected characteristics. Support was available from staff for people to enjoy their chosen lifestyle and gender. People's cultural and religious needs were also acknowledged.

At our previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008. This was due to the lack of evidence that people's end of life wishes had been considered and documented. This area had improved and information was now available to guide staff to provide person centred care at the end of their life.

During our previous inspection we made a recommendation that the service increased the opportunity for people to participate in activities that were relevant to their individual interests. We found this had improved during this inspection. People participated in activities they appeared to enjoy, were in line with their choices and protected them from the risk of social isolation.

People, relatives and staff were able to feed back to the registered manager about how they felt the care being provided could be improved. This was listened to and evidence was available that showed action had been taken.

During our previous inspection we found a breach of Regulation 18 of the Registration Regulations 2009 because the provider had failed to notify us of safeguarding concerns in the home. During this inspection we found this was no longer the case and the Commission had been sent all relevant notifications.

The dedication, hard work and commitment shown by the registered manager was evidenced throughout the inspection. The improvements made to the running of the home and the provision of care was apparent. Staff appeared happy with their work. Audits were carried out to ensure improvements were continuous. Care standards were maintained due to close monitoring.

People, their relatives and staff spoke positively about the ability of the registered manager and staff to provide good quality care. There was a shared ethos of putting the needs of people first which we observed throughout the inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Care plans were detailed and risks associated with the provision of care and the environment had been assessed. This reduced the risk of people receiving inappropriate and unsafe care.

Information and training in the administration of medicines was available for staff, this meant the registered manager could be assured people were receiving their medicines safely.

Good 

### Is the service effective?

The service was effective.

Staff were supported to provide effective care to people through induction, training, supervision and appraisal.

The service was working within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This protected people's human rights.

Good 

### Is the service caring?

The service was caring.

People were able to communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

Staff knew how to protect people's dignity and privacy. People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

Good 

### Is the service responsive?

The service was responsive.

People participated in activities both in the home and in the wider community. This encouraged inclusion and protected

Good 

people from social isolation.

Systems were in place for the registered manager to obtain feedback on the quality of the service. Improvements had been made throughout the service. In part this was due to the responsive nature of the registered manager to feedback from interested parties.

### **Is the service well-led?**

The service was extremely well led.

There were clear visions and values for the service. There was a shared philosophy of person-centred care, which enhanced the service to people.

The registered manager encouraged an honest and open approach. Their determination and management style benefitted those people living and working in the home.

The registered manager provided effective leadership and management. This was valued by the staff and people using the service.

**Good** ●

# Chiltern Grange Care 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 checked 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 16 January 2018 and was unannounced. It was carried out by an inspector, a specialist advisor who had nursing experience and an expert 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. For example a family carer of an older person who uses regulated services.

In order to plan our inspection we referred back to the previous inspection report. The action plan sent to us each month by the provider was the basis of our planning, as this gave us information on the improvements the provider had made. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed notifications that had been submitted to the Commission. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During the inspection we spoke with eight people and six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three nurses, four carers, two housekeepers, a maintenance person, the registered manager and the regional manager. The operations director who is also the nominated Individual was present for the feedback session at the end of the inspection. The director of nursing was also available on the first day and was available to the inspection team. Prior to the inspection we spoke with a staff member from the local

authority commissioning team.

We reviewed various records of care including seven care plans, and a support plan folder including daily notes of care and observations. We also examined medicines documents namely medication administration records (MAR) charts and the controlled drugs recording book (CDRB). We read documents including audits and records related to the employment of staff and the operation of the service.



## Our findings

During our previous inspection in April 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records related to the risks associated with care were not always up to date or accurate. We asked the provider to take action to make improvements to the maintenance of care records, and this action has been completed.

Care plans had been reorganised and irrelevant information had been removed. Information related to risks associated with care were clearly stated in risk assessments and the actions staff should take to minimise risks were included. During our previous inspection we were concerned records related to people's nutritional intake and fluid input and output were not always accurate or up to date. During this inspection we found these too had improved.

Care plans included risk assessments for falls, moving and handling and the malnutrition universal screening tool (MUST) assessment. MUST is a five step screening tool to identify adults who are at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. The improvements were also recognised by a dietetic assistant practitioner who had visited the home and in an email to the registered manager stated, "I am really pleased to say that all paperwork was correctly completed and appropriate care plans in place." This helped to ensure staff were clear about people's individual nutritional and hydration needs and the care they required to remain healthy.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. We saw that people also had risk assessments for skin integrity (Waterlow assessment) and bed rails risk assessment if appropriate

During our previous inspection in April 2017 we found medicines were not always administered on time. During this inspection we found this had improved with people receiving their medicines in a timely and appropriate way.

Where people required assistance with medicines these were administered by trained staff. Each had to complete an annual competency assessment, to ensure they were safe to administer medicines. A carer told us their medication training involved three days of training and doing "Ten rounds with nurses and with the manager, after that by myself".

Medicines were stored securely, and only appropriately trained staff had access to them. We observed the

lunchtime medicine round on the first floor unit. Medicines were administered mainly from monitored dosage system (MDS) packs that were colour coded for time of day. This was done competently and with regard to people's wishes.

We observed that the nurse checked Medication Administration Record (MAR) charts carefully for any gaps both during and after the medicine round to ensure that people's medicines had been given correctly. Daily checks were carried out by trained staff for all MAR sheets on each unit. There was a monthly medicines audit of all medicines in the home.

We checked the balances of controlled drugs for four people. We found these to be correct. Records showed controlled drugs were checked twice daily when each shift changed, and on administration by two nurses. Two people received medicines covertly. Covert medicine is the administration of medicine in a disguised form. This usually involves disguising medicine by administering it in food and drink. As a result the person is unknowingly taking their medicine. Documentation relating to giving medicines covertly included GP and pharmacist approval and advice. These measures ensured people received their medicines in a safe and appropriate way.

Since our last inspection there was less use of agency staff, this was due to on-going recruitment. This helped to provide more consistent and reliable care.

People told us they felt safe living in the home, comments included "Yes I've got people swarming around me all the time. I have my family close by too." "Yes I rely on the staff. They're very trustworthy".

Prior to people moving into the home their needs were assessed. A dependency tool was used to establish how many staff were required to meet people's needs. People and staff told us there were sufficient numbers of staff employed in the home. During our previous inspection in April 2017 we made recommendations in relation to the deployment of staff. This was because there were times during our inspection when staff were not readily available to respond to people's needs. During this inspection we found staff had been deployed appropriately. We observed staff were available to people when they required assistance, and to also engage in conversation and participate in activities.

Staff received training in infection control. Documents showed the service carried out a monthly infection control audit as part of the monthly 'Whole Home Audit'. Throughout the two days of our inspection, we observed housekeepers cleaning people's rooms and shared areas such as bathrooms and corridors. A housekeeper told us people's rooms were cleaned daily and were given "a more intense clean" that included carpets, tiles, inside cupboards and high dusting regularly. This was part of the monthly 'resident of the day' initiative. We found the home to be clean and free from malodours. A relative we spoke with told us the home was "Always clean, it doesn't matter when you come".

We saw that protective equipment was available for care staff. Carers told us they used aprons and gloves when assisting with personal care.

Systems were in place to prevent the spread of infection. For example the housekeeper told us that cleaning items such as cloths, buckets and mop heads were colour coded. The laundry had a separate entry and exit which promoted infection control. People who required assistance by hoist to transfer had their own slings.

We observed a sign on a person's door on the second floor. This read "Universal precautions in place" and personal protective equipment (disposable aprons and gloves) were available outside the room. A nurse explained that the person had been unwell and investigations were underway. These measures protected

both the person and the staff from the risk of cross contamination and infection.

Environmental risk assessments were in place to minimise the risk of harm to people from the environment or equipment. Health and safety checks were taking place regularly for example servicing of the electricity supply was taking place annually. Fire safety checks including the fire alarms and equipment being serviced regularly. Fire drills were taking place every six months. The home had a fire risk assessment in place. We saw that people had personal emergency evacuation plans (PEEPs). These indicated the assistance people required in the event of a fire to reach safety.

The building was modern with fire safety zones. We saw that the upper floors of the home had emergency evacuation slides or 'ski pads'.

Where accidents or incidents occurred, these were recorded by staff and reviewed by the registered manager. Records showed there was a falls review and action plan in place to minimise the risk of repetition.

Staff had received training in how to identify and report concerns of abuse. They demonstrated to us a good understanding of safeguarding concerns, the types of abuse possible and how to deal with them appropriately. Guidance was available to staff on how to report concerns. They told us they were better placed to be able to identify abuse "If you know the resident."

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. This process reduced the risk of unsuitable staff being employed by the home.

## Our findings

During our previous inspection in April 2017 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We asked the provider to take action to make improvements and this action has been completed.

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 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. The service used a mental capacity assessment tool and where appropriate best interest meetings were recorded.

We saw a reference to a standard DoLS authorisation for a person in their care plan. We reviewed DoLS applications and authorisations. We found conditions were being met. Records evidenced where a nominated individual held Lasting Power of Attorney (LPA) this was referred to in the person's care plan. Documents related to Enduring Power of Attorney (EPA) were in place.

Staff told us and records confirmed they had received training on MCA and DoLS. Staff we spoke with were knowledgeable about this area of legislation.

The registered manager told us staff had all received supervision specifically on the subject of MCA. We saw the supervision form used which included guidance on choice, consent and the principles of the Act. It also referred to DoLS.

Staff told us "Everybody has to be considered to have capacity." "We would assume they [people] are capable of making their own decisions." A staff member explained to us people had the "right to choice".

They described the importance of obtaining consent before providing care to people.

During our previous inspection in April 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records related to the care being provided were not always accurate up-to-date and relevant to the care being provided. We asked the provider to take action to make improvements and this action has been completed.

Records were up to date and accurately reflected the care being provided. Care plans were reviewed regularly. Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required additional equipment or resources to enable them to eat and drink this was provided. People who experienced unwanted weight loss were provided with fortified foods. Staff were aware of how to fortify food and how this benefitted people. Where people's weight which was monitored regularly caused concern, staff referred people to the GP for expert advice from suitable health care professionals such as dietitians.

Fresh fruit and biscuits were available to people throughout the day and left in communal areas for people to help themselves. People had drinks in their rooms and were offered drinks regularly. People's comments about the food included "On the whole it's very good I think. Yes there is good variety. I don't find the food is too hot, it's always just right." "The food is very good. Especially the soup. There's a good choice and variety". We spoke with six people who were dining on the ground floor who had completed their meal. We asked if they had enjoyed their lunch, they all confirmed they had.

We observed lunch in the first and second floor dining rooms. Meals were beautifully presented which increased their appeal to people. Lunch was unhurried and support was provided to people who needed help ranging from encouragement to one to one assistance. The atmosphere was calm and pleasant. Staff were knowledgeable about people's dietary needs.

During the inspection we noted there were two choices of main meals on the menu. On the floor accommodating people who lived with dementia each person in turn was shown both meal options to enable them to make a choice. One person did not want either main course, they requested cheese and biscuits and this was provided to them.

People identified as being at risk of choking were prescribed thickeners and food was prepared in such a way as to reduce the risk of choking. This was documented both in care plans and on the handover sheet. Care plans recorded the stage of thickener required by a person, as was other nutrition related information such as safe posture while eating and drinking. Where people were at risk of choking, care plans reflected the action required by staff should such an incident arise.

The chef had information on special dietary requirements e.g. due to diabetes and on allergies e.g. shellfish. We saw that information on people whose malnutrition universal assessment tool (MUST) scores indicated concern was displayed in the kitchen area. The chef told us that fortified milkshakes and high calorie juice was used to enhance nutritional intake. This ensured people's health needs were taken into consideration when providing food and fluids.

The home had employed a trainer to enable staff to learn the skills necessary to carry out their roles. This was carried out face to face, individually or in small groups. New staff attended an in-house induction and completed The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involved observations of staff performance and tests of their knowledge and skills. Documents verified this. New staff were also provided with a mentor, who helped

them to become established in their role.

The provider supported staff with training in the areas they deemed as mandatory learning, for example, moving and handling, safeguarding, fire safety and infection control. We could see how the training staff had received had been put into practice, for example, MCA training enabled staff to complete mental capacity assessments appropriately and follow the best interest process. Housekeeping staff had completed training in the control of substances hazardous to health (COSHH) and infection control. We could see how measures for infection control had been put in place and understood by all staff. This demonstrated the effectiveness of the training received.

Some training such as moving and handling was delivered practically. Training updates were taken regularly. The registered manager told us, they were happy for staff to have extended training if it was felt they were struggling to understand the subject matter. Providing personalised training for staff meant this could happen.

Staff also received support through supervision. The supervision matrix evidenced staff had received supervision every two months. Staff confirmed they felt supported by the management, they told us the registered manager had an "open door policy" and they were accessible for advice and guidance.

People's healthcare needs were supported by the staff. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Documents verified contact with the GP practice and the Clinical Commissioning Group (CCG), along with speech and language therapists and specialist nurses. Advice from external healthcare professionals was documented in care plans to inform staff how particular needs should be met. For example, the Speech and Language Therapist (SALT) had assessed swallowing difficulties and made recommendations such as the consistency of food and the use of thickener in fluids.

We observed that a GP visited the home. Nurses discussed people's needs with the GP and accompanied the GP during their visits to people.

Consideration had been given to the environment for people living on the first floor of the home. These people lived with dementia. The registered manager had sourced and implemented a Tovertafel. A Tovertafel consists of a portable white box hung from a hook in the ceiling projecting interactive images on to any surface below. We saw how the projected images of bubbles onto the white table below encouraged social interaction, spatial awareness and hand /eye coordination. People took turns to "pop" the bubbles with their hands; this gave a splattered effect on the table. More images were available. We observed people participating and enjoying the experience with staff. Other uses of technology included memory sticks which could be used on the television to play audio books. The use of sensory DVD's also gave images of waterfalls and country scenes, adding to a sense of wellbeing.

## Our findings

During our previous inspection in April 2017 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's personal information was not always kept confidential. We asked the provider to take action to make improvements and this action has been completed.

During this inspection we found that personal information related to people living in the home and their relatives had been stored securely and was not accessible to visitors in the home.

People and their relatives described staff as friendly, kind, caring and lovely. One relative told us "The staff are very caring, they are lovely, they remember you when you come. They [people] all get treated very well."

We observed how staff preserved people's privacy and dignity. They spoke to people by matching their eye level. Conversations were discreet and when people needed support there was no fuss made. One relative told us "When I visit I sit and watch them [staff] and listen to them. I watch the way they work. They always ask people where they want to sit, the staff are very patient, if people change their minds the staff don't make an issue out of it, they just help them." One person commented the staff always made sure their [person's] clothes were buttoned up correctly. Another person told us "When they take you to the loo they don't stay with you." Another relative told us "When I visit they [staff] only come in [to person's room] if they have to." These actions helped people to feel respected.

We observed positive and meaningful interaction between staff and people. On the first day of the inspection we observed a staff member had put a musical film on the television. Prior to it starting they lowered the lights to ensure people could see the screen easily, they checked the volume was audible to people and made sure people were comfortable and warm.

We observed a very relaxed and comfortable atmosphere in the home. Staff were attentive and supportive. People enjoyed interacting with staff and it was apparent they knew each other well. When staff were physically supporting people with repositioning, we saw they were gentle and kind and informed people of what they were doing and sought consent before providing care. They did not hurry people and allowed people to tell them what they needed in terms of support at that time. Staff responded appropriately.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a

framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a policy in relation to accessible information. A monthly newsletter was issued to people, we were told the leisure and wellbeing staff could download the newsletter onto an iPad and change the font size to ensure people who had sight problems could read it. Where people were unable to read, discussions would take place during the three monthly reviews, and if there was a problem with access to information suitable alternatives would be found. For example, audio story books were provided for people who were unable to read.

Photographs were displayed in the home of activities that had been held. Where people had difficulties with their memory or making choices with food or drinks, these were presented to them to enable them to make a choice. This ensured people had access to information in a way they could understand it.

Care plans identified how people communicated and guided staff in how to interact with people in the most effective way. For example, one person's care plan stated "Due to my dementia I am not always able to express my needs verbally. So please observe my facial expressions for signs of anxiety or distress." The plan went on to direct staff to "Talk at eye level, face to face and allow time to respond to closed questions. Staff to offer a warm, gentle touch to [person's] arm at times when they appear anxious." The care plans assisted people and staff to achieve the best outcomes in terms of communication.

The service had an equality and diversity policy in place. Staff received training on equality and diversity. This enabled them to understand and respect people's preferences and needs and their protected and other characteristics under the Equality Act. For example, age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The registered manager was able to discuss with us how they had supported a person who lived as a transgender woman. (A transgender person is someone whose gender identity is inconsistent with the sex they were assigned at birth). As part of the training offered to staff they were encouraged to consider the particular needs of the person, how they could support them with their identity to enable them to live in their chosen lifestyle. It was reported to us the person lived happily in the home as a female and did not experience discrimination or harassment.

The registered manager told us people's protected characteristics were explored during the pre-admission assessment or soon after, which ever was appropriate. This enabled the registered manager and staff to ensure they were able to meet people's expectations and fulfil their needs. The registered manager told us they felt there was a gap in services for people living in care homes from the lesbian, gay, bi sexual and transgender community. If people were to come to live in the home from this community the registered manager would explore avenues of support to enable them to lead fulfilling lives. The registered manager told us they had a couple who were interested in the possibility of moving into the home. They were considering what changes would need to be made to the environment to enable this to happen. Anti-discriminatory practices were also reflected in the recruitment and support of staff.

On a three monthly basis each person had their care needs reviewed with them and or their representative if appropriate. This enabled people to discuss their care, to make suggestions for changes and evaluate how they felt about the care they received. People told us they felt the staff and management listened to them. Relative's comments included "Yes he's had reviews. In fact we did a review a week ago. I was very involved." "Yes I think we are. We ask for meetings." We observed staff had time to sit with people and chat. Where people made requests of staff to help them, this was responded to quickly.

People's relatives and friends were made to feel welcome in the home. Relatives told us "Yes I'm able to visit at any time." "Yes we go to his room or we sit in the lounge." We observed visitors coming and going. They were able to support people with their care and share in activities. The relatives we spoke with were very complimentary of the service on offer to people, and told us they felt very comfortable visiting the home and speaking with staff.

## Our findings

During our previous inspection in April 2017 we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's end of life wishes had not always been documented. We asked the provider to take action to make improvements and these actions have been completed.

We have inspected this key question to follow up the concerns found during our previous inspection on 23 and 24 April 2017. The topic areas relating to this concern were under the key question of, Is the service caring? In the previous assessment framework, but were moved to this key question when the framework was reviewed and refined.

During this inspection we reviewed people's end of life care plans. In the care plans we reviewed we saw that 'Do Not attempt Cardiopulmonary Resuscitation' (DNACPR/DNR) orders were in place. Relatives with LPA for health and welfare were involved in the person's care. We saw a DNACPR order for another person that had been discussed with both the person and a relevant other. People's choices and preferences had been included in relation to their wishes for their end of life care.

A staff member told us "If it's the end of their [person's] life, they need to be comfortable and pain-free." We observed that a person who was receiving end of life care had anticipatory (or 'just in case') medicines available, to ensure they did not suffer pain or anxiety. There was clear evidence of the family's involvement in their care. The person appeared well cared for and their needs were being responded to by staff. The home worked closely with the community palliative care services. The service had requested syringe driver training for staff to ensure people's end of life medicines could be administered when needed.

During our previous inspection in April 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to adequately assess, monitor and mitigate the risks relating to the carrying out of the regulated activity. We asked the provider to take action to make improvements and these actions have been completed.

Previously we found information related to the risks associated with care had not been documented in a way that was both informative and person centred. During this inspection we found improvements had been made to the way information had been recorded. Care plans and risk assessments were documented in such a way that the person's individual needs were highlighted. Records completed by staff were up to

date, accurate and legible. Care plans identified people's cultural and religious backgrounds.

Care plans also advised staff on how to deal with difficult situations that arose. For example where people became upset and displayed challenging behaviour. We found the approach by staff to be calm and kind with people. We did not observe anyone becoming distressed or upset. One relative told us how they had observed staff interact with their family member when they had fallen asleep in the lounge. They said "The staff gently wake him up and offer him the chance to participate in activities." They told us they felt the staff were compassionate and professional when dealing with people.

People and their relatives told us they knew how to make a complaint. The complaints procedure was accessible to people and visitors. A log was kept by the registered manager of any complaints made which we reviewed. Investigations were undertaken and outcomes shared with complainants.

The registered manager stated in their Provider Information Return (PIR) "Our assurance to them [complainants] is that if we have made a mistake we will acknowledge this and take action to rectify and learn from the lesson to improve the service here." Most people and relatives told us they felt comfortable to raise concerns or issues with the registered manager or staff. They believed there was an open culture in the home and their concerns would be listened to.

During our previous inspection we made a recommendation that the service increased the opportunity for people to participate in activities that were relevant to their individual interests. We found this had improved during this inspection.

We observed people being involved in activities including going out of the home into the community. People were generally enjoying themselves. People's comments included "We have a lot of bingo and quizzes." "Yeah we have quizzes and sometimes somebody comes and sings. You don't have to go but they [staff] come and ask." "There are trips. We went to the museum recently. We had a trip to another home. We do this quiz show to try and beat the other home. My house is only down the hill so yesterday they gave me a carer to drive me down the hill." We observed a bingo session taking place; staff were really enthusiastic about the game and were getting very involved. People enjoyed the competitive nature of the game and appeared to be having fun with staff.

One relative told us "They do a lot of activities here, every day I have visited they are doing something. They have the cinema and ice cream. Potting up plants, Christmas carols and the staff were singing. It is really good." When asked what they thought the best thing about the home was, the relative told us "The safety aspects and the activities. [Named person] gets lots of stimulation here it is very good." During our inspection we observed a Pets as Therapy (PAT) dog was present in the home. We observed as people got the opportunity to stroke it and interact with it and its owner. From our observations we could see people were protected from loneliness and social isolation.

People's care plans included their personal histories, likes and preferences. From the information gained regarding people's pastimes, the registered manager had purchased wall art to reflect people's likes these included pictures of James Bond, landscape pictures of Cornwall and Devon and a picture of the musical *Singing in the Rain*.

Questionnaires were sent out to people, staff and relatives in order for the provider to obtain feedback from people on their satisfaction with the service. Six responses were returned. Five out of the six were positive. For one relative their experience was not as positive as they had expected. This was addressed by the registered manager and we were told the situation had now improved. A web site which independently

validates and reviews comments from people and relatives regarding the home, gave it a rating of 9.6 out of 10. This was based on the average rating and the number of positive reviews they had received.

Relatives told us they were able to give feedback at resident and families meetings. From the minutes of the meeting held in October 2017 we could see that it was the suggestion of a relative that led to the installation of the Tovertafel table. A relative told us "I went to a meeting one evening and I suggested a couple of things. I asked for coffee and tea for visitors to make themselves and for biscuits to be laid out and they have listened to me." Another stated "You can fill out their questionnaires. They also have regular resident meetings. I feedback informally." In the minutes of the meetings feedback from attendees included observations and compliments. Comments included the noticeable improvements in all areas of the home, communication had improved greatly, and senior staff were praised for resolving an issue quickly and for how they interacted with people living in the home.

Staff also had the opportunity to feedback to the management on a day to day basis, or through supervision and team meetings. Minutes of staff meetings recorded conversations between the registered manager and staff which were positive and encouraging staff to work together and support each other.

## Our findings

During our previous inspection in April 2017 we found breaches of Regulation 18 of the Registration Regulations 2009. This was because the provider had failed to notify the Commission of safeguarding concerns that had been raised in the home. We asked the provider to take action to make improvements and these actions have been completed. Since the arrival of the registered manager, this had been addressed and all notifiable incidents have been reported.

The care home is purpose built covering three floors. The home is well maintained with gardens to one side and ample parking for visitors. The environment was clean and comfortable. There was a relaxed feel to the home, which was friendly and responsive.

The registered manager was passionate about the quality of the care the home provided. This was evident during our conversations with them; the staff and from the documentation we read. Their focus was very much about people and their needs, and how best the service could meet those needs. For example in the minutes of a staff meeting held on 5 January 2018 it stated the registered manager had said "The residents come first, if they need anything or we need extra items always report it to her [registered manager] immediately, she will never see the residents go without. The best advice she can offer is think of the residents here as though they were your mum or dad...Think outside the box, look at the environment, and think 'Can we do one small thing to make their [people's] day better?'. This is their home and they need to feel loved and respected, sometimes it's just about taking some time out to sit and talk with them or if they are anxious hold their hand, the small things that show we care."

People told us they felt the home was well managed. Comments from people and their relatives included "[Registered manager] hasn't been here that long. Whenever I needed her it's been very good." "On the day Dad arrived the manager showed us round and made us feel very welcome and comfortable...I am very happy with the home, in fact the whole family are happy with the home, the carers are doing a great job."

Staff spoke positively about the registered manager and how the management of the home had improved since their arrival. Comments included "[The registered manager's] office is open for the staff. She's very good." "Inspections don't faze me, as nothing has changed here today just because you are here. It is the same as every other day. The management have it under control, everyone knows what they need to do. Things have changed so much since [Registered manager] has been here, things have really improved."

The registered manager had worked extremely hard since our last inspection in April 2017 to improve the

quality of the care to people. This was acknowledged both by staff and relatives. Staff changes had taken place. We found the staff team had a commitment to person centred care this was evident throughout the home. The morale of the staff appeared to have improved since our last visit. This was also noticeable to relatives. One commented to us "They [staff] all seem to love working here."

Other comments read in the minutes of a residents and relatives meeting included "[Named person's relative] said she now comes to Chiltern Grange and it feel like a home at last." "[Person] has seen a lot of improvements since [Registered Manager] has been at Chiltern Grange, she stated the home is at last led by a manager who leads by example. She said she appreciates the changes as things are much better now." Other comments included how the new senior staff were a "marvellous asset." How communication had improved and how responsive the registered manager had been to what had been asked of them.

The registered manager had provided training to senior staff to enable them to carry out the three monthly care reviews with people. This included re writing the care plans throughout the home and the use of role play. This ensured the staff had the competency to carry out the reviews thoroughly and professionally.

The registered manager praised their staff team, and acknowledged that the improvements had come about as a result of a team effort. Documents highlighted how they encouraged good team work and support. Comments included how the team were helping to take the home forward, and how they have supported her. The registered manager offered direct support to individual members of the team and in the minutes of a team leaders meeting 5 January 2018 reminded staff "The most important thing is that the residents are well cared for in a happy, safe environment that respects all our cultural differences." The vision of the service was to put people first. The registered manager told us they were "Committed to the improvement of the home and the provision of quality care at all times." From our observations and feedback we could see this was a shared ethos throughout the home.

The registered manager carried out a daily walk around of the home. This enabled them to observe the culture of the home and to identify on a daily basis any areas that required attention. It also enabled direct contact with staff and people living in the home who may not be able to visit them in their office. People, staff and relatives told us they felt there was an open culture in the home and they would feel comfortable to report any concerns or to share information.

Audits were carried out to ensure the quality of the service met with expectations and were safe. These included audits of medicines, health and safety, infection control, falls, accidents and incidents amongst others. This enabled the registered manager to assess the quality of the service and take action when necessary. The regional manager carried out spot checks on aspects of care approximately every two weeks whilst visiting. Feedback was given on their findings to the registered manager. The director of Nursing carried out regular care plan and medication audits.

Care plans and records audits were carried out by the registered manager. This alongside feedback from families, people living in the home and professionals enabled the provider to establish areas that required improvements and to take the necessary action. We found the areas we identified in our last inspection had all been improved upon.

The service worked in partnership with other organisations to enable the care provided to be relevant to the people living in the home. For example, the palliative care team assisted and advised staff on end of life care including the provision of training. Others included mental health services, speech and language, GP services and the local authority. The registered manager gave us an example of when collaborative care had taken place to ensure the safety and well-being of a person. A person had stayed in the home for respite

care. After they had left they went on holiday. They became unwell at the airport. Information was shared with healthcare professionals about the person to ensure their health needs were met in a timely way. Without their cooperation the person could have suffered further illness.

The service also worked in partnership with the Stokenchurch Day Centre for the elderly, the people that attended the centre came to the home for lunch. This encouraged social interaction and friendships.