

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

Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

West Buckland Road, Wellington, TA21 9PH

Tel: 01823667066

Date of Inspections: 03 December 2012
30 November 2012

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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

Details about this location

Registered Provider	Chelston Park Nursing & Residential Home Limited
Registered Manager	Mrs. Joanne Girdler
Overview of the service	Chelston Park Nursing and Residential Home and Chelston Gardens Dementia Nursing Home are registered to provide accommodation for 86 people who require nursing and personal care. The home is situated in Wellington Somerset.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 November 2012 and 3 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

This inspection was brought forward in response to anonymous concerns received by CQC relating to possible moving and handling issues resulting in bruising. However, we had no specific information given to us about who had been affected. During this inspection we did not find concerns relating to moving and handling or unexplained bruising.

At the time of our inspection there were 84 people living at the service. To help us understand the experience of people with dementia we used our SOFI (Short Observational Framework for Inspection). This involved us observing three people who used the service for a period of at least one hour and recording their experiences at regular intervals. During the inspection we met or saw the majority people living at the service; we spoke with 11 people in depth. We also spoke with 11 relatives; two visiting professionals and 17 members of staff, including the management team. Prior to the inspection we received a completed 'share your experience' form from a family member expressing their gratitude for the care and support given to their relative. We observed that in the main staff treated people with respect and we saw that staff were responsive, considerate and kind when supporting people. Comments from people using the service included; "I am very happy here", "We are well cared for", "staff are respectful and address me politely", "It's like home here...there is lots to enjoy", and "Everything is very nice here".

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



More information about the provider

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

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



Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People told us that were able to express their preference, ideas or concerns freely. They told us about the regular meetings held at the home, which provided an opportunity to give feedback to the management team and to hear information about up coming events or changes. One person told us "I like to attend to hear what is going on or what is planned". People also said that they were able to speak with the manager or care staff about "anything at anytime".

During this inspection we met with a social worker who had worked with the home when considering best interest decisions for people who lacked capacity. The professional told us that they had been "very impressed" by the way the home had considered people's best interest.

We met with 11 relatives. All told us they were happy with the care and support provided to their family member. Comments included, "I am so lucky X is here. I have no worries when I leave", "I can't speak highly enough of this place",

People were supported in promoting their independence and community involvement. We saw that people were encouraged and enabled to be as independent as they could. A 'breakfast club' had been established which helped to promote independence and life skills for people living in Chelston Gardens. People moved freely around the buildings and chose where and how to spend their day. The service used local community transport fortnightly and organised outings to local places of interest, for example the beach, local pubs, garden centres and shops.

People's diversity, values and human rights were respected. We found that overall people's wellbeing was good and we judged that the people we observed experienced a

positive mood state in the main. We saw that people engaged well with staff, responding with smiles when interacting with them. We saw one incident which did not demonstrate that one person's behaviour was fully understood. The manager told us that this would be addressed with the staff member through supervision and additional training and support.

People told us that staff were respectful and polite. For example we were told that staff knocked on bedroom doors before entering; that people's wishes were respected in relation to how they spent their day and that their preferences relating to the gender of care staff was met. Comments included, "I am getting very good care here", "The staff are lovely, gentle and friendly" and "They listen to me". One person told us that some overseas staff "chat" in their own language when assisting them; this person did not feel this was very respectful. We discussed this issue with the manager who said she would remind staff that this was not appropriate when assisting people.

We saw that TVs had subtitles to aid people with a sensory impairment. There was also a loop system available for those with sensory impairments in Chelston Gardens. Regular communion services were held at the home and people told us they were well attended.

We saw that the home had successfully achieved the Gold Standard Framework; the framework helped people decide how they would prefer to receive care towards the end of their life. It enabled them to make decisions they feel strongly about at a time when they are able to communicate their preferences.

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

Our judgement

The provider was meeting this standard.

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

The provider was meeting this standard.

Reasons for our judgement

People with dementia were not able to tell us fully about their experiences. We used periods of observation to assess how members of staff interacted with people. We saw staff listening to and responding to people needs and requests.

When staff assisted people with moving and handling they explained what they were doing and gave reassurance throughout the manoeuvre. Staff were confident and safe when using equipment. We spoke with people who required assistance with moving. They told us they had confidence in staff; that staff were gentle with them and that they had never been harmed or sustained bruising as a result of moving and handling techniques.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for six people. We saw that a comprehensive assessment was completed prior to people being admitted to ensure the home could meet individual needs. Care plans considered all aspects of people's needs as well as their likes, dislikes and end of life care wishes. Some people were able to tell us that they had been involved in the development of their care plan; other people could not. However, all relatives spoken with told us that staff had involved them in planning their family member's care where necessary. Two relatives told us how successful the admission of their family had been recently; one said "The admission worked well. They moved heaven and earth to help us". Therefore, people's needs were met because the home ensured that people experienced effective, safe and appropriate care and support.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example if people needed monitoring in relation to their fluid or dietary intake, or if their position needed to be regularly changed to reduce the risk of developing pressure sores records showed and staff confirmed that this was being carried out. We saw that where people were at risk nutritionally referrals had been made to the appropriate professionals, for example the speech and language therapist (SALT). Risk assessment had been completed, for example in relation to moving and handling, behaviour and falls to inform staff about potential triggers and risks to both the person and others. This meant that the risk of people receiving unsafe or inappropriate care was

reduced.

Relative's comments included, "People are treated lovingly. The staff are very patient", "I am very impressed with the nursing staff" and "It is very reassuring here. X's face lights up when the staff come in" "I am absolutely delighted with the care here" and "This is the best care ever!" Visiting health and social care professionals told us that the home worked well them and that they were informed of any changes to people's needs where necessary. One professional told us, "The way the staff speak to people is really impressive" and "I am confident in the care being delivered here".

We saw that several people were engaged in a number of different activities on both days of the inspection. Several people told us how much they enjoyed the activities, comments included, "It keeps me occupied", "I like the music" and "I like to get involved, it passes the time". The home employs six people to co-ordinate activities across the nursing home and the dementia home. The programme includes, a breakfast club, gardening club, DIY; music session, art and craft sessions as well as one to one activities. Therefore, people's wellbeing was promoted through stimulating activities.

None of the people who lived at Chelston Park at the time of this inspection had been deprived of their liberty under the Deprivation of Liberty Safeguards.



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

Our judgement

The provider was meeting this standard.

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

The provider was meeting this standard.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us that they felt well cared and safe at the home. One person told us that they had been told to report any concerns they may have to the manager. Comments included, "I am very happy here", "No one is hurting me. No one is rough with me. I have no concerns", "Everything is alright here" and "They are all very kind to me". Relatives told us they did not have any concerns about the care or welfare of their family members.

Two visiting professionals told us they were happy with the level of care and support people received. We were told that the service had a good understanding of the Deprivation of Liberty Safeguards and always ensured that people's best interests were considered.

All staff spoken with confirmed that they had received training relating to safeguarding. All were aware of the procedure to follow should they have any concerns about people's welfare. One staff member told us, "I have never experienced that type of thing here".

We looked at the systems in place to assist people who could not manage their own personal money. This included the recording of all financial transactions and receipts. The management team completed regular audits to ensure there was no mismanagement of people's money. We looked at the arrangements for three people. We found that records were accurate and monies tallied. This meant that the systems in place protected people from financial abuse.



Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Reasons for our judgement

People we spoke with were positive about the staff team supporting them. Comments included, "They are all very nice people", "They are very kind to me", "They listen to me" and "They can't do enough for you. I like them all".

Relatives told us that staff understood their family member's needs and that they were happy with the care and support provided by the staff group; comments included "The staff are very good", "The staff are kind, very gentle with X", and "They understand X. They are helpful and smiley". Visiting professionals also felt that the staff team had the skills to meet people's needs.

Staff received appropriate professional development. We looked at the staff training programme, including the induction training. The service used the nationally recognised common induction standards to ensure new staff are aware of their responsibilities and the nature of the role they had undertaken.

We found that staff had access to a variety of training to help them understand people's needs and to work safely. We spoke with staff about the training and support provided to them. They told us that they were given "lots of opportunities" to undertake training. For example, staff told us they had completed training relating to health and safety, such as manual handling, infection control and food hygiene. Staff were also provided with specialist training such as dementia care, palliative care, and dealing with aggressive behaviour. Registered nurses told us that they received training to help them maintain their registration.

Staff spoken with told us that they felt well supported; they said they received supervision and appraisals. Staff felt that the team "worked well"; one staff member told us, "We have a good staff team, they are all very responsible". We saw that staff team meetings were held to share information and provide an opportunity for staff to share views and support each other. This meant that people were cared for by knowledgeable and experienced staff that understood their needs.



Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

The provider was meeting this standard.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. People told us they were encouraged to provide feedback on the quality of the service at the regular meetings. An annual survey was also undertaken to obtain people's views. People said they were confident there feedback was listened to and acted on. Three relatives told us about the improvements which had been made following suggestions, for example a gardener was employed to ensure the gardens were maintained. We looked at the results of the last survey, which showed there was a high satisfaction level with the overall service provided.

There was an active group of relatives called the 'Friends of Chelston Gardens' whose family members had a dementia type illness. The group met regularly together and with the management team to influence the service, providing suggestions for improvements as well as raising funds for activities. We met with three members of the group during the inspection. They told us that the management team were 'very co-operative, that the group was always informed of any changes and that the relationship between them and the management team was very open'. One added "We recognise the excellence of this place".

We saw that the service had a number of systems and checks in place to monitor the quality of the service. These included audits of health and safety, care records and medication. The quality and service development manager told us that action plans with timescales were in place to address areas where improvement had been identified.

There was evidence that learning from incidents took place and appropriate changes were implemented. Accident and notification records were viewed centrally by the management team to monitor any trends so action could be taken where required to prevent similar accidents from happening. The management team and staff also used 'significant event reviews' to look at incidents, for example a hospital admission or development of pressure sore to establish if things could have been done differently to prevent the event from occurring.



The provider took account of complaints and comments to improve the service. People spoken with, including relatives, knew who to speak with should they have any concerns or complaints. People told us that the manager and staff were approachable and they felt that their concerns would be taken seriously. We saw that an audit of all complaints received was kept. Records showed that concerns or complaints were investigated and responded to. This meant that people could be sure that their comments and complaints were listened to and acted on effectively.



About CQC inspections

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

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

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

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

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

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

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

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

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

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



How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.



How we define our judgements (continued)

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

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

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

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

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



Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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



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