

Chataway Residential Home Limited

Chataway Care Home

Inspection report

4 East Avenue
Whetstone
Leicester
Leicestershire
LE8 6JG

Tel: 01162848306

Date of inspection visit:
04 July 2019

Date of publication:
31 July 2019

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

About the service

Chataway Care Home is a residential care home providing personal care for up to 14 people aged 65 and over at the time of the inspection. At the time of the inspection there were 14 people receiving a service.

The service is located on a quiet private road in a residential area of the village. There is parking at the front of the property and a secure garden area with a seated area to the rear. People have individual bedrooms on the ground and first floor.

People's experience of using this service and what we found

Staff understood their role in protecting people from harm and assessing avoidable risks. There were sufficient staff to provide care to people and they were available when people needed support. People received their prescribed medicines to keep them well.

Staff received training to enhance their skills and knowledge to provide the support and care people wanted. People could choose how they wanted to be supported and how to spend their time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People could choose what to eat and drink and were supported to eat in a pleasant sociable environment. People's health and wellbeing were monitored and staff worked with other professionals to ensure they received medical, health and social care support when needed.

Care was provided with kindness and compassion and people's independence was promoted. Staff ensured that people were supported to maintain their dignity and respected their right to privacy. People stayed in touch with people who were important to them and visitors could come to the home at any time.

People's preferences were considered and incorporated in their care plans. There were regular reviews of people's care to ensure it accurately reflected their needs. People shared their views about the support they wanted when nearing the end of their life.

People were also encouraged and enabled to participate in activities that were important to them. People were happy with the way the home was managed. There was a positive and inclusive culture within the home and the registered manager supported the staff and sought to improve the quality of care. The registered manager regularly sought and acted upon people's views of the care. This led to improvements in care.

Rating at last inspection:

The last rating for this service was Good (published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chataway Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Chataway Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Chataway Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and we had contact with commissioners who had a contract with the registered provider and received information from two health care professionals

During the inspection

We spoke with five people who used the service, three relatives and observed how staff interacted with people. We also spoke with the registered manager and three care staff.

We looked at the care records for three people and we looked around the home. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home.
- Staff understood their role in keeping people safe from avoidable harm and abuse.
- Staff spoke with confidence about the actions they would take if they thought someone was at risk and would not hesitate to report concerns and knew they would be listened to.

Assessing risk, safety monitoring and management

- The risk of avoidable harm associated with people's care had been assessed. For example, there were assessments in place to identify what support people needed to move around safely. Where any risk was identified, support had been obtained from health care professionals to ensure risks could be mitigated.
- Where people needed support to move, the staff had received training to know how to support people safely. We saw people assisted in line with their individual risk assessment and staff reassured people and they looked at ease and chatted with staff.
- We saw that the risk assessments were reviewed regularly and updated to reflect any change in circumstances which occurred.
- Information was recorded about how people needed support to leave the home in an emergency. There were personalised emergency evacuations plans in place which were reviewed regularly to ensure people's level of mobility was still recorded accurately.

Staffing and recruitment

- People felt there were enough staff to support them. We saw that a member of staff sat with people in the communal rooms throughout the day and were available to provide care whenever it was requested.
- All shifts were covered by the staff team who worked in the home and agency staff was not used. Staff explained they covered annual leave and any sickness from within the team to ensure consistency.
- There was a stable staff team and one relative told us, "The staff are always approachable and there's not a huge staff turnover."
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- People received their prescribed medicines at the right time and in the correct way.
- We saw that staff sat with people and explained to them what their medicines were for. One person told us, "I have my medicines and know what I should have by the colour. The staff always make sure I have them."

- Staff were kind and patient with people and checked that whether people had any pain or discomfort and needed additional medicine.
- Staff had received training in the safe administration of medicines and we saw they had checks in place to ensure the medicines were recorded and stored correctly.

Preventing and controlling infection

- The home was clean and smelt fresh and all areas of the home were well maintained.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff.
- We saw staff used gloves and aprons where needed.
- The service had achieved a five-star rating for the hygiene and practices in the kitchen; this is the highest rating that can be achieved

Learning lessons when things go wrong

- The registered manager took suitable actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved to the home, the registered manager undertook assessments to establish if people's needs could be fully met. People were able to visit the home before they decided to move there. One person told us, "I have a lovely room with everything in it. I haven't been this happy for a long time and I'm pleased I decided to move here."
- Care plans were developed for each identified care need so staff had clear guidance on how to meet those needs. Care plans were regularly reviewed. This helped to ensure that if people's needs changed this was reflected in care records as well as in the care they received.
- People were satisfied with the care and support they received and we saw staff provided care in line with best practice.

Staff support: induction, training, skills and experience

- Staff were supported to learn new skills and update their knowledge to ensure they knew how to care and support people.
- Staff had received necessary training to provide them with the skills they needed to provide people's care and support. This included an induction to the home, safe moving and handling training, dementia awareness, fire safety and safeguarding people. One social care professional told us, they felt the staff were trained and 'Their understanding of working with people with dementia was commendable and rewarding to those who received their service.'
- The staff had opportunities to discuss their wellbeing, performance and their personal development during regular supervision sessions. One member of staff told us, "We have supervision and competency checks to make sure we are doing things properly. There are always opportunities to learn new things too."

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered frequent drinks throughout the day and we saw people enjoyed an ice lolly and ice cream during the afternoon. One person told us, "We sometimes sit on the benches at the front eating them; watching and chatting to people who live nearby."
- We saw that people were provided with food that looked and smelt appetising and were offered more food if they wanted this. People told us they enjoyed their meal and were laughing together and enjoying each other's company. People could choose what they wanted to eat.
- Some people needed to have their food softened to make it easier for them to swallow. We saw that staff encouraged them to eat and provided kind and patient assistance. We saw the food was prepared following guidance from the speech and language therapist to ensure it was suitable for them.
- Staff showed a good understanding of people's nutritional needs. This included the kitchen staff who provided specialist diets, such as diabetic diets as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were visited by healthcare professionals whenever additional advice or support was required. Where people were unwell, the doctor visited, or staff supported people to any visit to the hospital.
- People had regular health checks including for their eyesight and hearing. One relative told us, "The staff are very good and are always checking their hearing aids and change the batteries every week."

Adapting service, design, decoration to meet people's needs

- There was an on-going refurbishment programme in place to improve the environment for people. In the lounge, new carpets had been laid and people told us they had been consulted about what carpet they preferred in their home.
- The home had wide corridors and large rooms which meant there was sufficient room for people to move around safely with their mobility aids.
- There were regular health and safety checks in place to ensure all the equipment staff used to support people was safe and in full working order.
- We saw that checks were made on all the fire equipment in the home and staff had regular fire drills to practise their response to emergencies.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were assessments in place for people who needed support with decision making. When people were unable to make their own decisions, staff recorded decisions made on their behalf and in their best interest.
- People could move around the home and choose where they spent their time. We saw that some people were being restricted because they were unable to leave the home safely without the supervision of staff. The registered manager had recognised this, and made the applications required to ensure that any restrictions placed on people were assessed and legally agreed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with was complimentary about the staff. One person told us, "The staff are very friendly and the home is well run. The staff will do anything for you." One relative told us, "It's just a big family here. The staff are marvellous."
- We saw that there was a good rapport between people and staff and we heard them laughing and joking together throughout the day. One member of staff told us, "We are like a massive family here and it's important that we get on as people would recognise it, if there were problems."
- We saw that staff were gentle with people. One person was sleeping in their chair and staff sat with them rubbing their hand and speaking quietly as they woke them to have a drink.
- Attention was paid to people's appearance and comfort. Everyone looked smart and people were happy with how staff supported them to look.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making choices about their care. We saw that people were encouraged to make decisions about the food they ate, the clothes they wore and the activities they participated in. We also saw that staff respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was recognised and their dignity was promoted by staff. People told us the staff treated them with respect and people's dignity was promoted by staff who spoke with them discreetly when enquiring about their personal needs.
- We saw that staff respected people's private space and knocked on their bedroom doors before entering.
- People told us staff provided personal support to them in a timely manner. We saw staff were available for people in communal areas and when they needed support, this was offered without hesitation. Where people chose to stay in their bedroom, we saw they had a call bell near to them and they told us staff responded to any call promptly.
- People's independence was promoted. We saw that people's mobility aids were kept close to them, so they could move around the home independently if they chose to do so.
- People were supported to maintain their appearance and looked well presented. We saw staff adjusted people's clothing to ensure they were suitably covered.
- People sitting in the communal rooms had their personal items, for example, magazines and sweets, close to hand.
- People maintained relationships with people who were important to them. We saw visitors were welcomed into the home throughout the day. Relatives told us they could visit whenever they wanted.

- The staff addressed people by their preferred name and talked knowledgably with them about their families. We heard the staff reminiscing with people about their earlier life and their family relationships. One person spoke about their involvement in the war and going to school. People joined in the conversations offering their own stories.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with personalised care which reflected their preferences, likes and dislikes. People felt the staff knew them and what was important to them. One social care professional told us, 'It's always a pleasure making placements at Chataway Care Home, as the registered manager and the staff are so very helpful and professional and think out of the box to meet people's and their family requirements.'
- People's life histories and information about their important relationships were recorded in their care plans. The staff told us this information was useful and helped them to get to know people and talk about what was important to them.
- There were regular reviews of people's care to ensure it still met their needs. One person told us, "I know I have a care plan and can see it and discuss it with staff at any time." Relatives told us they were invited to be involved in the care reviews if they wanted to be included.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. We saw information was available in an easy read style and the registered manager informed us that all literature about the service could be provided in different formats upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were encouraged to pursue their interests and engage in activities that were important to them and people took part in pastimes and activities, in and outside of the home. One member of staff told us, "It's all about the residents here and it's very person centred. Every day is different. We don't have a fixed routine, people have flexibility."
- We saw people listening to music and challenging each other in game show questions. There were gentle exercises and ball activities completed. Professional entertainers visited the home which people told us they enjoyed.
- People enjoyed going out and one person told us they enjoyed trips out with their family, another person enjoyed going out shopping and buying their newspaper.
- A large activity board displayed any planned activities in easy read and pictorial format. One relative told us, "There's always something happening, playing games, dominoes singing or dancing. The local vicar

comes in too and people can take mass."

- The previous summer, a fund raising event had been arranged, including a cake sale, activities and neighbours were invited. One member of staff told us, "It was lovely to have all the neighbours involved and since then, we have had a much better relationship with our neighbours and still have great relationships with them."
- A daily newspaper was available for people which recorded significant events in history on that day. We saw this was used to support discussions throughout the day. The paper also had a crossword and one person told us, "We get together every day and do the crossword; it gets us all thinking."

Improving care quality in response to complaints or concerns

- People could speak with the staff or the registered manager if they were worried about anything. We saw there had been no formal complaints received and the registered manager told us they would ensure any concern was investigated and responded to in a timely manner.
- The staff team welcomed comments from people and one member of staff told us, "We are continually trying to improve things, so it helps if we know what people really think."

End of life care and support

- People could share their views about how they would like to be cared for at the end of their life. Where information was shared, this was recorded to enable people to have a comfortable and dignified end of life.
- Professional advice was also sought, and we saw that anticipatory medicines were in place and staff knew when they may need to be used and when to contact health care professionals for support. Anticipatory medicines are used to manage people's symptoms during their end of life. These medicines help people to experience a pain free and dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well managed. People knew who the registered manager was and who they could talk to if they wanted to.
- The registered manager had a good oversight of the service; they worked alongside staff and knew the people using the service, their relatives and staff well. They had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff members spoke positively about the support from the registered manager and one member of staff told us, "The manager is really supportive and always encouraging me to do better."
- The registered manager was fulfilling their legal requirements and sent us statutory notifications about important events which affected the home. We saw that the previous rating was displayed in the home in line with our requirements and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, their relatives, staff and health professionals involved with the care of people had the opportunity to share their views on the service. We saw positive responses from everyone. One person told us, "I've had a questionnaire about the home so I could tell them what I felt."
- The registered manager talked about the service individually with people about how they felt and how improvements could be made. They told us, "Not everyone contributes in a meeting, so we have found it better to talk to people individually and gain their views."
- Staff told us they felt well supported by the management arrangements in the home.

Continuous learning and improving care

- The registered manager had arrangements in place to monitor the quality of the care that was provided and used the results of the audits to drive improvement for people.
- The registered manager and staff team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service. They encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.
- Staff meetings were held to discuss current issues and changes within the home. One member of staff told us, "We can talk about new ideas; the manager always listens and is willing to do things differently."

We saw the results of the audits were analysed so that they could, where necessary, make improvements to the way care was provided to people.

- Accidents and incidents were monitored, and the information was used to identify if there were any trends so that action could be taken to reduce risks to people.

Working in partnership with others

- The staff had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Staff explained how they met with local residents during social occasions organised by the home and knew local neighbours well.
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.