

Mr S G & Mrs A Poole

Cheswardine Hall Nursing & Residential Home

Inspection report

Cheswardine Hall
Chipnall
Market Drayton
Shropshire
TF9 2RJ

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cheswardine Hall Nursing and Residential Home provides accommodation and nursing for up to 48 people in a large 19th century house. There were 31 people accommodated at the time of the inspection.

People's experience of using this service

People told us they felt supported and listened to as individuals. However, the formal assessment and planning of people's care in care records lacked detail in some instances with some important care needs omitted and not referenced. We made a recommendation regarding this.

We saw there were systems in place to monitor medication so that people received their medicines safely. All the people we reviewed had received their medications. We found some minor recording anomalies in the medication records and discussed improvements to help ensure continued safe standards.

The registered manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and visiting professionals. These were overall effective in managing the home and were based on getting feedback from the people living there. These checks and audits were mostly effective in identifying any issues that required further development. The managers of the home were very responsive in responding to feedback we gave.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well maintained.

There was a positive and relaxed atmosphere in the home which we found to be homily and well run. People living in the home interacted freely and staff were seen to be caring and supportive.

We were given positive feedback from the people we spoke with who were living at Cheswardine Hall. They told us they enjoyed living at the home and their quality of life was good. People said they were well cared for. People were listened to and felt they had the support they needed to express their needs and wishes. People could make decisions and choices. They were treated with respect and kindness.

All the people we spoke with told us they felt safe and well supported. One person said, "I feel very safe because there are always staff that pop in to check on me and see how I am or if I want anything."

The home was staffed appropriately and consistently. Staff could explain each person's care needs and how they communicated these needs. People told us that staff had the skills and approach needed to ensure they were receiving the right care.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

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. We discussed how best interest decisions, in some instances, could be better referenced.

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times provided a good social occasion.

Rating at last inspection:

The last rating for this service was Good (published 4 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well led.
Details are in our Well-led findings below.

Good ●

Cheswardine Hall Nursing & Residential 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 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.

Inspection team

The inspection was undertaken by two adult social care inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cheswardine Hall Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 was an unannounced inspection.

What we did

Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the

service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 13 people living in the home and one family member to ask about their experience of care. We also spoke with the registered manager and nine members of staff. We received feedback from two visiting professionals and two commissioners of care at the home.

We looked at four people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

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 has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed as and when required.
- There were some minor recording issues on medication administration records [MAR] which did not follow the provider's policy guidelines or best practise. Entries on the MAR's were not checked by two staff to ensure accuracy. A supporting care plan for medicines given when necessary was not available. The provider quickly responded and ensured medication records were thoroughly reviewed and updated as we discussed.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out and the home was clean and hygienic.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People receiving support and family members told us they felt the service was safe. People told us they enjoyed living at the home and felt supported by staff. One person told us, "Yes I am safe. I have a buzzer to press if I need help and they usually come quickly, so that gives peace of mind."
- Individual risks to people with respect to their environment had been assessed and were managed appropriately. Care records provided information around identified risks for staff to keep people safe from avoidable harm such as Personal Emergency Evacuation Plans [PEEPS] in the event of a fire. Some clinical risks assessed were not always included as part of the person's care plan.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Staffing and Recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records

contained good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk. There were good management processes to identify any patterns or trends if incidents occurred.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. One person commented, "Yes all very good. Quite a change coming here from living at home but they do their best to make me feel good and display the skills required to help get me about."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Training received was appropriate to people's needs and the requirement of the role. The registered manager had involved staff in additional training such as catheter care and verification of death, to update their skills.
- Sixty percent of the staff had formal qualifications in care such as NVQ or Diploma qualifications to underpin their care practice.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Standard assessments were completed and used to develop care plans. Assessments were obtained from health and social care professionals and used to help plan effective care for people. Not all assessed needs were supported in a plan of care.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People being supported who were subject to DoLS authorisations were being supported appropriately.
- Most people had full capacity to make decisions regarding their care. There were limited examples of people lacking capacity to make their own decisions but staff we spoke with understood how some

decisions could be made in people's best interests if they lacked the capacity to fully understand or consent.

- People told us they were always offered choice and control over the care they received. One person commented, "Yes I am quite able to make any decisions in respect of my care and if I want to see anyone I can arrange, or they will for me."

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

- People and family members told us, and observations confirmed, that staff supported people when needed at meals times. Meal time was a very sociable occasion. All the people we spoke with commented positively.

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

- People received additional support from healthcare professionals and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- Professionals who visited the home gave positive feedback. A visiting health care professional told us, "Staff respond to advice really well and are very consistent in carrying out any instructions."

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. For example, raisers on toilet seats.

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 has now 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

- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive. One person told us, "Staff are nice and caring and they listen to you which I think is important. They will pop in and chat to be and I always have someone coming in to talk to me." Another told us about how the registered manager and staff had settled them in when admitted, "It meant the world as she was there to support me and it made me feel so wanted and loved. You have no idea how this made me feel to be wanted. All the staff here are excellent and caring."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- Staff understood, and supported people's communication needs and choices. Care records included information how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.

Respecting and promoting people's privacy, dignity and independence

- Everyone said that privacy and dignity were maintained, by staff knocking before entering bedrooms and doors and curtains being closed during personal care.
- People's individuality and diversity was nurtured, and people were treated with equal respect and warmth. Staff involved people in all shared activity and supported them to contribute at their own pace.

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that regular reviews of care were undertaken which included people's input and involvement as part of this process.
- People and family members were encouraged to share their views about the care they received with regular meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively.

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 changed to Requires improvement. This meant people's needs were not always met. Regulations may or may not have been met.

End of life care and support

- We reviewed one person who was receiving care and support at the end of their life. There was no specific care plan to monitor this care and provided guidance for staff. It was unclear, from the care plan, what stage the care was currently at. Staff were able to explain the current care and anticipatory medicines had been prescribed and health care professionals were aware, but this was also not included as part of the care plan. Other considerations such as any specific end of life wishes, and key family communications were also not highlighted. This meant ongoing care could not be fully monitored and evaluated.

We recommend the service reviews end of life care planning to develop assessment, planning and evaluation of support in line with best practice principles for end of life care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were examples of people being involved in their care planning and agreeing specific goals, so they had some choice and control over their daily life. One person liked to go out of the home unannounced. The assessment and plan for this included the persons wishes and how this was facilitated. there were other assessments and support plans that showed people were consulted and were able to effect their care.
- We found the care planning system difficult to negotiate. Staff identified a 'care plan' for people but those seen did not always contain enough detail. We were not advised about supporting care plans which contained greater detail and provided appropriate guidance for staff until after the inspection.
- An important part of one person's health care was not included in any of the care planning documentation.
- Managers agreed to update and review the care planning process to ensure more easily accessible information for staff to follow.

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.

- People's communication needs were identified, recorded and highlighted in care plans and risk assessments. People were identified who communicated through their behaviour and there was reference in support plans to guide staff to approach and support them.
- Most people living at Cheswardine Hall could assimilate information displayed such as the homes complaints procedure. Staff understood the importance of providing information in different formats if

required.

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

- The activities coordinator for the home was involved with people and had improved the social contact and events for people at Cheswardine Hall. One person told us, "This has improved a lot. Since the [new activities staff] have taken on the activities I have been out shopping, going on a barge next week, been to a museum and to garden centre. She always asks what we would like at meetings and always goes out of her way to put things on for us."
- There was a long list of various activities. The activities co-ordinator found out people's individual interests and the activities were very person centred.
- People said they felt there was enough for them to do and to keep them occupied. Several people had formed friendships with others, and chose to spend their time with them, chatting or taking part in activities.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints would be listened to and acted upon in an open and transparent way.

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 the rating has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Overall the quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement in most areas. Soon after the inspection we were sent a full management review of the issue identified in our initial feedback. These contained planned improvements to the home's care planning documentation.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning. We were advised by the registered manager that they planned to include staff more in the audit and monitoring of the service over the next six months in order for them to be more involved in the ownership of the process.
- The registered manager had links with external organisations to ensure they remained up to date with current evidence-based guidance, legislation, standards and best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- When specific incidents occurred, these were documented through the home's accident and incident processes.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One person told us, "It is excellent here and you can always talk to the owners who are hands on with [registered manager] being a nurse as well."

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

- The registered manager and care manager engaged with staff and people using the service to help ensure good communication and high-quality support.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager and provider.
- The registered persons sent CQC notifications and displayed their quality ratings on their website as required.
- Relatives and people spoken with felt the manager and staff were open and the home was well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The comments received from people, family members and staff were positive and showed good outcomes for people's lives.
- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- Staff spoke positively about the culture of the home which, they felt, promoted a positive, listening and caring atmosphere.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
- The visiting professionals we spoke with were complimentary about the way the staff and management were responsive to any input and learning..