HC-One Limited

Chandlers Ford Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 26/09/17.

At our last inspection in April 2016 we rated the service overall as Good.

The most recent registered manager left in January 2017. Since then the service had been overseen by four managers, some of whom were always expected to be interim. At the time of our visit a new manager had been appointed. They had been in post for one day when we visited but had already applied to become registered with CQC. 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 and associated Regulations about how the service is run. The new manager was being supported by an experienced interim manager who had worked at the service for

Chandlers Ford Care Home provides accommodation and nursing care for up to 45 older people. There were 31 people living in the home on the day of this inspection. The home is in the centre of Chandlers Ford behind the Methodist Church and close to local shops and amenities. The service is located on the ground and basement floors of a large purpose built building. The first and second floors are flats with separate access.

This was a focussed inspection as a result of concerns people raised over staffing levels. This meant during our visit we specifically considered staffing skills, levels and staff deployment. We also looked at management structures to see if there were suitable management arrangements in place to ensure they were appropriate.

We found although there were mainly sufficient staff deployed, the high number of agency staff included in these numbers had impacted in a negative way upon the experience, and at times on the care requirements of people who lived at Chandlers Ford Care Home. The fragmented management arrangements since the last registered manager deregistered in January 2017 had compounded this impact.

During our visit we found current managers were aware of the staffing concerns raised to us and had taken some action to mitigate the situation. They were actively recruiting staff and were not admitting any new service user with high needs until more regular staff had been employed. They, along with senior managers had identified where other improvements were needed. The service had produced a very detailed action plan and had made a copy of the action plan available for all to see (this was located by the signing in book for visitors to the home) This showed the service was being transparent in acknowledging shortfalls and documenting how and when they were going to achieve these objectives.

We have updated the safe and well led part of our published report without amending our previous ratings as we will review these as part of our next comprehensive inspection of the service. This will take place once

we have given the service the time to implement and embed the improvements they have identified themselves as being needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe but needed to improve by ensuring they deployed more regular staff.

Is the service well-led?

Good

The service was currently well led.

Chandlers Ford 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.

The inspection was prompted because we received concerns that people were not being supported by sufficient numbers of staff who knew them and who understood their health, care and support needs.

The inspection took place on 26/09/17 and was unannounced. The inspection team consisted of an inspector 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. The expert by experience had experience of caring for older people and caring and supporting people with physical and mental health conditions.

Before the inspection we reviewed all the information we held about the service. This included significant events the service is required to notify us about along with information provided when people shared their experience about the service.

During our visit we talked with eight people who lived at the service and with three relatives. We observed how care was provided in communal areas. We spoke with five staff, with the new manager and with the relief manager. Following our visit we spoke with a senior manager and with a social care professional.

We looked at five people's care records, incident records, records of complaints, staff rotas staff training records and action plans developed by the organisation to address concerns.

Good

Is the service safe?

Our findings

Everyone we spoke with praised the care of regular staff. People said "staff are wonderful" and described them as "exceptional."

We received mixed feedback when we asked people if there were sufficient staff deployed to meet their needs. People who were fairly independent said they received all the support they needed in a timely manner. They said they felt safely cared for at Chandlers Ford Care Home. One person for example said "The night staff are extremely good. I sometimes have panic attacks during the night and they come quickly and reassure me." Other people said they did not always feel safely cared for. One person said "I don't feel safe here" when we asked them to explain they said it was because staff came with the wrong medication for them sometimes and they had to tell them it was wrong. They said "It's not the nurse's fault. They keep on getting interrupted". They did say this had improved lately. Another said "When I first came here it was very good but it has gone downhill. The regular staff are great but a lot of staff have left…. We have a lot of agency staff some are lovely but others well… " Another person said "If I ask to go to the toilet it can take 15-20 minutes as I need two people to help me." Some people said they did not have a reasonable choice about when they went to bed or when they got up.

Staff varied in their opinions about how much time they had to support people. We spoke with an agency staff who described how difficult it was at times to meet people's needs. They wanted to respect the person's needs and wishes for example they said they had taken 30-45 minutes to help a person to fit their dentures properly. They said they did not want to rush this process but felt staff more familiar with the person may have been able to do this in a more timely way.

Staff described how the lack of permanent staff had led to low morale amongst the team. Staff were optimistic the new management arrangements would help to create more stability within the service. Staff we spoke with demonstrated a positive outlook describing how staff help each other and one said "we are working for the resident's good." They described good teamwork. New staff said they received good support to familiarise themselves with their role and said they were taking time to get to know people.

The service had a staffing dependency tool which helped to determine how many staffing hours were needed to provide each person with the support they required to meet their assessed needs. The number of hours calculated for each person was added together to provide a total number of hours required by the service. This indicated the service had additional staffing hours in place to meet people's assessed needs. However the staffing dependency tool did not take into consideration the additional time needed by agency workers to support people they did not know well. It was also difficult to determine how the service had calculated the staffing hours required for people who needed two staff to support them.

Nursing and care staffing levels calculated to support people living at the service were currently determined as a minimum of two nursing staff on duty during the day, one of whom may be a nursing assistant, one registered nurse on duty during the night and a minimum of six care staff deployed during the day with three deployed at night.

The number of staff currently employed by the service were five registered nurses – two of whom worked at night and one nursing assistant. Nurses were supported by 13 permanent care staff, seven of whom worked during the day. These were not sufficient numbers of permanent nursing and care staff to cover all the required shifts.

The relatively small group of permanent staff deployed meant that the service used a high number of agency staff to ensure staffing levels remained at the required levels. For example, over the period of the previous two weeks to our visit 16 nursing shifts had been covered by agency nurses (mainly covering day shifts) and 52 shifts had been covered by agency care staff. This meant on all but two of the 14 days agency nursing staff were one of the two nursing staff deployed during the day. Of the minimum of six care staff required during the day two, three or sometimes four agency care staff were deployed. There were a few occasions where staffing levels fell below these levels although there was always a registered nurse on duty. These occasional shortfalls occurred when agency staff did not arrive as planned or when regular staff called in sick and the agency were not able to provide cover.

The management team were already taking action to try to improve this. The service was actively recruiting. For example they had recently recruited a new nurse. The service was in the process of interviewing a deputy manager. They were also actively recruiting care staff.

Management were restricting some admissions to the home until they had recruited more permanent staff. They said although they had vacancies they had refused to consider admitting people with high dependency needs as they at this time did not feel confident they could meet these people's needs in addition to the people they were already providing care for. This demonstrated the organisation was taking action in terms of meeting their current challenges.

Although the service did their best to ensure regular agency staff filled vacant shifts to help to ensure they had some knowledge of people, we concluded there were not sufficient numbers of suitable experienced staff deployed in order to meet peoples' needs at the time of our inspection.
As managers were aware of this and were taking steps both to protect people currently living at the service and to actively recruit we will publish our current findings and we will visit the service again in the near future to check necessary improvements have been made.

Good

Is the service well-led?

Our findings

People told us all the changes in staff had unsettled them. One person said for example "It was all very distressing to have different people all the time. I do think they are trying to improve and they have a new manager start yesterday"

When we inspected the new manager had been in post for one day. They had already applied for registration with the CQC. People had confidence in the current interim manager and said the new manager had already introduced themselves to them. One regular visitor said "I think they may be turning the corner."

People told us management had been fragmented over the past few months and this at times had impacted on the smooth running of the service and of people's experience of the care, treatment and support provided.

At times the lack of consistent management had meant the service had not consistently followed it's own policies and procedures. For example we looked at the complaints log and found no complaints had been recorded between April 2017 and August 2017. We were aware at least one complaint had been made during this time. The lack of recording meant it was unclear the extent to which any concerns or complaints made during this period had been investigated by the service or what action had been taken in response to any failure identified.

Senior staff acknowledged the lack of consistent management had impacted in a negative way at times upon the quality of the service provided. This did not mean the service was not operating in a safe way but meant the service could be improved upon by greater attention to the details which would make people's experience better. They had developed an action plan which demonstrated how they were going to address shortfalls identified through their own audits. There were clear timescales for them to achieve these aims.

Hampshire County Council as commissioners of care for some people living at the service had visited and had reviewed the care provided to the people they funded. They also found that whilst the care was not unsafe improvements were needed to ensure the service provided the support required to a consistently good quality. They will continue to monitor the progress made by the service.

Senior managers had been open about the challenges facing the service. The detailed action plan was available for everyone to read as copies were available in the foyer. Managers had also held relative and residents meetings to keep people informed of developments and to give people a forum to express their views.