

HC-One Limited

# Chandlers Ford Care Home

## Inspection report

88 Winchester Road  
Chandlers Ford  
Eastleigh  
Hampshire  
SO53 2RD

Tel: 02380267963

Website: [www.hc-one.co.uk/homes/chandlers-ford/](http://www.hc-one.co.uk/homes/chandlers-ford/)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 April 2016. It was unannounced. We returned on the 8 April 2016 to complete the inspection. Our previous inspection had taken place in May 2015. At our inspection in May 2015, we found although improvements had been made to the service here were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were: In the management of medicines; in the application of the Mental Capacity Act 2005 and in how staff maintained records regarding people's care and treatment. At this inspection in April 2016 we found the required improvements had been made.

Chandlers Ford Christian Nursing Home provides accommodation and nursing care for up to 45 older people. There were 30 people living in the home on the days of this inspection. The home is located in the centre of Chandlers Ford behind the Methodist church and close to local shops and amenities. The home is located on the ground and basement floors of a large purpose built building. The first and second floors are flats with separate access.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A key improvement to the service overall was that the management team were now established which enabled them to demonstrate consistently the values of the service. They lead by example and this helped to enable people who lived at the service, their relatives and staff to express their opinions and to feel they were being listened to. This helped to promote a positive culture which was person centred and inclusive.

Whilst we found some further improvements were needed during our inspection of April 2016, these were mainly responded to and completed during our visits. The management team also agreed to review and improve how they managed people's wound care and to how they assessed people's experience of pain. This could not be completed quickly. We said as a result of this that the service continued to need to improve and to demonstrate they were consistently providing effective care.

Medicines were safely managed. People said they felt safe at the service. Staff understood how to manage risk and took action where they could to reduce the possibility of any identified risk causing people unnecessary harm. There were sufficient numbers of appropriately recruited, well trained staff deployed to meet people's needs.

People were supported to have sufficient amounts to eat and drink and people told us they liked the food. People's day to day health needs were met and staff ensured people and, where appropriate, their relatives had information and explanations about their healthcare options.

People told us that staff in the main had positive and caring relationships with them. Staff had a good

knowledge and understanding of people's preferences and personal histories which helped them to provide care and support tailored to peoples individual needs. There was a range of activities available which people could choose to take part in, or if they preferred, they could keep their own company Staff respected people's wish for privacy.

There were systems in place to review how effectively the service was running. These helped to drive continuous improvement.

## 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.

People felt safe and staff knew how to help keep people safe by understanding, identifying and minimising risk.

People were supported by sufficient numbers of safely recruited staff.

People's medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was effective but needed to improve in wound care and in the assessment of peoples pain.

People received their care from staff that were knowledgeable and had the skills to meet people's needs. People's rights and choices were protected.

People were supported to have enough to eat and drink when and how they wanted it and had access to healthcare professionals as required to meet their needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff caring and friendly staff .

Staff respected people's dignity and privacy and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive

People's care plans were personalised and responsive to their needs.

Complaints were responded to in line with the service's complaints policy and procedure.

### Is the service well-led?

Good ●

The service was well led.

The registered manager led by example and ensured people's needs were central to the way care and support was delivered. Quality assurance systems ensured the service maintained a high quality of care.

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# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 8 April 2016 and was unannounced.

The inspection team consisted of two inspectors on 5 April 2016 and one inspector and a specialist advisor on 8 April 2016. The specialist advisor was a registered nurse and had experience in the care of frail older people, of people living with dementia and in end of life care.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. The provider was asked to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help to inform us during the inspection.

During the inspection we spoke with 13 people who lived at the service and with eight relatives. We observed care and support being provided in communal areas. We spoke with the registered manager and with eight staff. We reviewed the care records of six people in detail and the records of three staff. Other records relating the management of the service such as medication records, training records, audits and policies and procedures were also viewed.

The last full inspection of this service was in May 2015 when we found that improvements were needed in relation to how people's care records were maintained, how medicines were administered and to how the Mental Capacity Act (MCA) 2005 was being implemented. At this inspection in April 2016 we found these improvements had been made.

# Is the service safe?

## Our findings

At our last inspection in May 2015 we found the service needed to improve to ensure they provided consistently safe care. The concerns we identified related to how the service managed medicines, specifically about how medicines were administered. We concluded the service had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Safe Care and treatment. The provider sent an action plan in July 2015 which described what action they had taken to achieve compliance with this regulation.

After the inspection in May 2015 the registered manager told us that, following audits of medicines, they had found some people had run out of their prescribed medicines on two different occasions. There had been no discernible negative impact upon people's health or wellbeing but clearly systems needed to further improve to ensure people received their medicines consistently and safely. As a result of the shortfalls identified the registered manager had reviewed and had made some changes to the medicine ordering process; had provided further supervision and support for nurses administering medicines and had undertaken more regular audits.

During our inspection of April 2016 we reviewed the management of medicines again. Overall we found improvements had been made and medicines were being managed safely. We found some relatively minor improvements were still needed and these were addressed at the time of the inspection.

People we spoke with were happy with the way they were given their prescribed medicines. One person said for example "the nurses mainly give us our pills on time and they always check who we are and if we are happy to take our medicines".

We observed staff administering medicines to people in a patient manner, always asking for consent in a variety of ways, which depended on the individual. The nurses did not hurry the medicines rounds and we found the Medicines Administration Records were up to date and complete.

Registered nurses knowledge of medicines was up to date and comprehensive. They told us they had received training in medicines management and administration and had competency assessments at least six monthly with the Deputy Manager.

Medicines were safely stored and disposed of in line with the services policy. There was guidance for staff on how to administer medicines to be taken as required. One person said staff provided them with pain relief when they needed it and we observed staff checking with people during the medication round to see if they needed any 'as required' pain relief. We discussed with the Registered manager and deputy that more guidance for staff was needed to ensure staff were consistent in their application of topical creams as this was largely recorded 'as required' and staff had given us different interpretations of what this meant. The management team started to provide this more specific guidance straight away.

People said they were safely cared for at the home One person said for example "If I pull my bell, they come quickly if they can". Another person said they felt "safe and comfortable". People who chose to remain in their rooms or who were being cared for in bed all had access to their call bells so they could alert staff they

needed assistance if necessary.

The service's own self assessment of quality assurance which took place in February 2016, found some staff were not fully able to explain types of abuse and recommended further safeguarding training. Records showed at the time of our inspection that some staff had received updated training in this subject. Staff we spoke with had a good knowledge and understanding of procedures to follow to safeguard adults and understood their role and responsibilities under whistleblowing arrangements. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff and people who lived at the service all said they felt the management team would listen and take action if necessary if they had any concern.

Risk assessments were in place for people using the service and its facilities. Hazards associated with the premises or environment were safely assessed and managed. Fire safety instructions were displayed and clearly visible to people in each of the corridors of the home. There was an emergency contingency plan which included information about which staff could be contacted in the event of an emergency who were within easy reach of the home. This also provided guidance about what to do in the event of services breaking down such as the lift or in the event of power cuts.

There was a record kept of accidents and incidents. We looked at the record since the beginning of 2016. The incidents mainly related to falls where no or only a minor injury had been sustained by people. Staff had taken appropriate action where possible to reduce the risk of reoccurrence and had informed relatives about any incidents when appropriate.

Risk to people's health and welfare, such as if they were at risk of losing weight ,of falling or of their skin becoming sore and breaking down had been assessed and action had been taken to reduce the risk of people coming to harm where possible. For example, people who were at risk of losing weight had their food and fluid intake monitored and people who had fragile skin had been supplied with pressure relieving equipment.

There were sufficient staff deployed to meet people' s needs. People did not feel they had to wait too long before they were provided with assistance, when needed, and we observed staff responding to people who asked for help in a timely manner. On the days of our inspection there were two nurses and seven care staff on duty in the morning and two nurses and six care staff on duty in the afternoon. At night there was one nurse and three care staff. This was to care and provide treatment for 30 people. Nursing and care staff were supported by domestic and catering staff . We asked the registered manager how staffing levels were assessed. The registered manager told us they matched staffing levels to meet the care needs and dependency levels of people living at the home and adjusted them accordingly.

The service followed safe recruitment practices. Staff records included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) Registered nurses Personal Identification (PIN) were kept under regular review each month to ensure they were kept up to date and to ensure they could continue to practice This was important because if you want to work as a nurse in the UK, you must register with the Nursing and Midwifery Council (NMC). The NMC is the regulator for all nurses and midwives in the UK.



## Is the service effective?

### Our findings

At our last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to need for consent. This was because we could not be assured that the requirements of the Mental Capacity Act (MCA) 2005 had been followed for all people who were not able to give consent to aspects of their care and treatment. The provider sent an action plan in July 2015 which described what action they had taken to achieve compliance with this regulation.

At the inspection in April 2016 we found the required improvements had been made. We observed staff asked for people's consent before they assisted them. The service was practicing in line with The Mental Capacity Act 2005 (MCA) which 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. Where required mental capacity assessments had been carried out in line with the MCA 2005 which were decision specific. Where people did not have capacity to make specific decisions about their care we saw that people's relatives had been consulted as part of the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated an understanding of the safeguards and relevant applications had been submitted and some were waiting to be assessed by the local authority.

People mainly praised the quality of the food and said for example it was "very good and plentiful." A relative said "I wish I could stay here for my meals". People had a choice of menu. One person said staff came around every day with a list of what was on the menu so they could choose what they wanted.

The service's statement of purpose said 'Our chefs pride themselves in knowing the tastes of our residents'. We found this to be the case. People's dietary needs and preferences were documented and they were known by the chef. One relative said their mother preferred a particular diet and said they worked with the chef and the registered manager to ensure their mother always had meals they wanted. Some people had been assessed as needing to have their drinks thickened to reduce the risk of choking and we observed that they were given thickened drinks in line with their needs. We observed people had drinks in front of them which were within reach and staff provided support to help where necessary to ensure everyone had regular drinks. At handover staff were reminded to encourage people to drink, especially those people who had not accepted very much to drink in the previous few hours.

New staff received an induction which involved shadowing more experienced staff and learning about the needs of the people using the service and the policies and procedures of the home. One staff member who had recently been employed said they had shadowed more experienced staff for about a week until they felt

confident to work on their own.

The registered manager told us new staff received a comprehensive induction process in line with the care certificate. Staff we spoke with were happy with the training provided. One staff said for example there was "lots of training, as soon as we finish one thing, we do another". Another staff said "They (managers) are very supportive of us to move on with career progression. I have been encouraged to do my NVQ and I hope to move to nursing assistant".

There was a system in place so the registered manager could highlight when staff were due to renew their knowledge on particular key courses. This helped them to ensure staff knowledge was up to date. Staff received regular 1-1 support. Staff told us they felt well supported by the management team.

There was an effective working relationship with a number of healthcare professionals to ensure people received co-ordinated care, treatment and support. Visiting healthcare professionals included palliative care nurses, GP's, speech and language therapists and other rehabilitation staff such as occupational therapists, dentists and opticians. People told us they were supported to see their doctor when required.

There had been improvements in the care and treatment of people's wounds since our last inspection. However there remained some aspects of the monitoring and recording of wound care that meant we could not be sure people always received the care and treatment they needed to ensure safe and effective healing. This extended from the daily records relating to the application of skin protection by care staff, to the recording of wound size, the assessment of wounds and amendment of treatment when this became necessary.

Pain assessment records were found in some people's records but not all were completed. This meant it would not have been possible to monitor changes in the frequency and/or severity of pain that people may be experiencing but found it difficult to express.

The registered manager told us they would arrange training in this area for all nurses as a matter of importance and as soon as possible. The Deputy Manager also told us they would personally review all of the wounds and the skin integrity care plans in the coming days. We were confident they would take the action required.

# Is the service caring?

## Our findings

People generally felt staff at the service were caring. One person described the staff as "Very funny and very good". Another person described the service as "very superior" and described how staff met their needs and accommodated their wishes. Another person living at the home said "It's a wonderful place. I couldn't fault it. Put it this way, the carers- they care if you know what I mean"

Relatives agreed saying "It's absolutely brilliant here". One said "He's very happy here, the staff and everyone here are so kind, just lovely". Another said "They are lovely and friendly here. You couldn't get better staff than here. They are so kind and helpful". One relative said some staff were lovely and very caring, others were less communicative. They told us they wondered whether this could be due to a language barrier.

People said they were actively involved in making decisions about their care and treatment. One person said for example "It's great Yes, they are always asking us about things. They are good like that". Another said "We have meetings with Phil (the registered manager) every month or whenever we need to". Each person was allocated a specific day of the month where they were 'Resident of the day' and they were visited by the Home Manager, Housekeeper, Chef and maintenance operative to discuss any further support or changes they may like to see

People's rooms were personalised to suit their tastes and preferences and staff respected people's need for privacy. One person said for example "I like my own company and staff respect that. .. Staff wave as they pass and sometimes come in for a chat. They worry about me, but I am happy in my room."

We observed caring interactions for example we saw one staff member helping a person to drink. They were gentle and encouraging saying "You are doing very well. Would you like another sip?" They said to another person "I like your smile. Its nice to see you happy." Another time we observed staff greeting a person who had come into the lounge saying "Hello. It's so nice to see you" We observed staff chatting and laughing with people throughout our visits. When staff came in to the lounge at the start of their shift they greeted everyone saying "Morning everyone." They spoke with people in a calm and friendly way. Staff provided one to one support to a person who was becoming distressed and contacted their relative to help to provide further comfort and reassurance.

Staff spent time doing things that were meaningful for people. One person had bird feeders outside their window so they could observe the birds and squirrels coming to eat. They clearly took pleasure in this. Staff had helped one person compile a scrapbook of memorable events which happened during their lifetime which they enjoyed going through with their visitors. Staff had a good knowledge of what people's previous employment had been and of their family members and they discussed this with people This meant they could initiate meaningful conversations with people.

The environment had been improved to increase people's choice and independence. A new patio had been built to increase the availability of outside space and this had been planted with raised beds of lavender to add to people's sensory enjoyment.

## Is the service responsive?

### Our findings

At our last inspection in May 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance. This was because care records did not always provide a clear picture of the care and support people required and received. The provider sent an action plan in July 2015 which described what action they had taken to achieve compliance with this regulation.

At this inspection in April 2016 we found improvements had been made. The provider had introduced a new daily handover document. The handover document was very detailed and was used to inform staff coming on duty about the current health and care needs of the people they were supporting. The document was updated by the Deputy Manager every day and included information about people's past relevant medical histories and their current needs such as their diet and skin care. This, along with further 'flash ' meetings convened throughout the day helped to ensure staff had very current information about people's health and care needs.

People were encouraged to look around the home before they moved in if they were able to do this. One person described how they looked around before they decided to move in and said by doing this they chose the room they preferred.

People's health and care needs were assessed before they moved to the service. This helped to ensure the service was able to care for them appropriately. From this assessment, a plan of care was devised which provided staff with guidance about how to assist people with their health and care needs in a consistent and appropriate way. Care plans were written in a way which promoted independence. People and where they wanted, their relatives, were involved in the planning and review of their care.

There was a programme of activities designed to correspond to as many people's interests as possible. There were group activities such as a men's club and yoga and also some 1-1 sessions provided such as pampering sessions. People were encouraged to keep up with their previous interests such as knitting and completing crossword puzzles. The service employed an activity coordinator who we observed encouraged and included as many people in their sessions as possible. People said they were happy with the choice of activities available. One person said "There's always something going on". Every Friday staff and volunteers helped people who wanted, to go to a church service. Other people took part in local community groups.

The Registered Manager told us there was a 'Neighbourhood Befrienders' service available to people living at the home which involved people from the local community visiting those who perhaps did not have many visitors. They also said people living in the flats above the residential part of the home, were invited to join people living at the home for Sunday lunch. This encouraged social interaction between people living in the building and helped maintain links with neighbours and the local community.

Some adaptations had been made to the environment to help people to navigate around more easily, for example all toilets had yellow doors to make them easily identifiable. This helped to ensure people

maintained their independence as much as possible.

People knew how to make a complaint and were confident any concerns they raised would be listened to and acted upon where necessary. Representative comments were "Yes, the staff and manager are very easy to talk to. If I had a problem I wouldn't hesitate to tell them" and "I know what to do if I had any concerns, I'd just tell the nurses. I know they would do everything they could to help me".

## Is the service well-led?

### Our findings

Most people who lived at the service and all relatives that we spoke with were happy with the quality of support and care provided. One relative said, for example "I would highly recommend it here. My wife is very happy here and that makes me happy".

Since our last inspection the service had employed a new manager who had registered with the CQC. The Registered Manager said they completed a daily walk around the service when they were on duty. We observed they were often in communal areas of the home on the days of our visits. This helped to ensure they were aware of what was happening at the service first hand and helped to facilitate communication between them, their staff team and with people who lived at the service and their relatives. The Registered Manager told us they did at least one night shift a month to keep in touch with the night staff and provide them with support. The Registered Manager told us it also provided them with a valuable insight into how the night shifts were run and highlighted any areas for improvement. For example; they had identified the medicine trolleys had squeaky wheels, which may disturb people whilst they were sleeping and lights were left on in corridors unnecessarily. Both of these issues had been addressed. People knew who the registered manager was which showed us he had a high profile in the service.

Staff were complementary saying the management team was supportive. One staff said for example "Phil's a great manager, he's hands on, very approachable and gives us loads of support. We can go to him about anything". A relative said there had been positive changes since the Registered Manager and Deputy Manager had been appointed. They commented there was more structure to the service. Another relative agreed saying the service was "on the up." They said the service had improved, for example they had noticed their mother's wheelchair was now cleaned regularly. We found the Registered Manager had instigated a night cleaning schedule which included cleaning equipment.

Staff generally said morale was good. They said "We all work together" and another said "We all help each other." Staff had a number of different avenues which provided the opportunity for them to voice their opinions and share information. There were regular staff meetings, clinical review meetings, flash meetings and as an additional form of support to staff, the manager held a 'Manager's Surgery' each quarter. This was an opportunity for staff to discuss any issues or concerns they may have with the manager and senior members of the staff team. 'Surgery' hours were scheduled to suit both day and night staff.

The management team were very quick to respond to suggestions for improvement. For example, during the inspection there were a few issues identified which the service could improve upon and these were acted upon very quickly.

The registered manager was in the process of updating the service user guide and statement of purpose. These documents help people currently using the service and those who are considering using it in the future to understand its aims and objectives and what it can offer and provide.

The service user guide discussed the aims and values of the service which included providing individualised care, providing a warm friendly and homely atmosphere and working in partnership with relatives. The management team demonstrated these values and staff we spoke with showed they understood these aims and were putting them into practice. People and their families were kept up to date with regular newsletters which discussed life at the home. The most recent one in March 2016 provided dates for the next relative meeting, changes in staff, forthcoming activities and information about residents birthdays.

People were encouraged to give feedback about the service in a number of ways. They were asked to complete a survey but could also provide instant feedback by using a computer 'tablet' which fed information and comments made by people, directly to the manager's office and to head office. The Registered Manager told us this meant any issues or concerns raised could be dealt with immediately. Examples of questions asked included; 'Did you receive a warm welcome?', 'Was there a positive atmosphere in the home?', 'Were you satisfied with meals served?', 'Were you satisfied with the level of kindness and care of staff?' and 'Do you feel safe here'.

There were effective quality assurance systems in place which helped to drive improvement. Audits were carried out each month and actions identified and completed. These included; infection control, medicines, kitchen, environment, equipment and care plans. Policies and procedures were regularly reviewed and updated where necessary to ensure staff had up to date guidance. The organisation completed their own self assessment which graded the service in terms of how safe, effective, caring, responsive and well led they were being. The most recent assessment had been completed by a senior manager within HC-One in February 2016. They concluded that good progress had been made since CQC last inspected the home. Our inspection of April 2016 agreed with this summary.