

# The Fremantle Trust







# Chesham Leys

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b>	
Is the service safe?	<b>Requires improvement</b>	
Is the service effective?	<b>Requires improvement</b>	
Is the service caring?	<b>Requires improvement</b>	
Is the service responsive?	<b>Good</b>	
Is the service well-led?	<b>Requires improvement</b>	

### Overall summary

This inspection took place on 19 and 22 October 2015. These were unannounced visits to the service and the first inspection since the service was registered in August 2014.

Chesham Leys provides nursing care for up to 62 people. Accommodation is on three floors, with the ground floor providing support to people with dementia.

The service had a registered manager who had been in post for nine weeks at the time of our visit. 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.

Chesham Leys was in a period of transition at the time of our inspection. It had been opened and operated under different management, with concerns about people's care starting to emerge from early summer 2015. New management arrangements had subsequently been put in place and the provider was working alongside other agencies, such as the local authority and clinical

# Summary of findings

commissioning group, to improve people's care. Although we could see improvements were being made, there were still a number of areas identified within this report where further work was needed.

There were several staff vacancies at the time of our inspection. Agency nurses and care workers were being used to maintain safe levels of staff. The registered manager was actively recruiting permanent staff and interviews took place before, during and after we had inspected the service.

We received mixed feedback about the attitude of staff who supported people at Chesham Leys. One relative told us their impression was that agency workers "Did not care" about the people they supported. Another relative commented about staff "They're fantastic" and added they were pleased with the care their family member received. Comments from people who lived at the home

included "The carers are nice", "They look after us, they're very nice", "Staff used to be good but not now. The agency staff don't know my needs" and "Staff are splendid, no problems."

The environment was bright, spacious and designed to meet the needs of people with disabilities. Appropriate equipment had been provided to help people remain independent. Each bedroom was single occupancy with an en-suite shower and toilet.

We identified areas of concern in relation to records, medicines practice, infection control practice, supporting staff and meeting people's nutritional needs. These constituted breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not safe.

People were not fully protected from the risk of infection as rigorous hygiene practices were not always followed.

People's medicines were not always managed safely.

Although there was high use of agency workers, the home tried to ensure consistency of people's care by booking the same personnel to cover the home.

Requires improvement



### Is the service effective?

The service was not effective.

People did not receive safe and effective care because staff were not always appropriately supported through, for example, regular supervision and training opportunities.

People's rights were protected because decisions made on their behalf were in accordance with the Mental Capacity Act 2005 where they lacked capacity.

People generally received the support they needed to attend healthcare appointments. However, weight loss and the risk of malnutrition had not been managed well.

Requires improvement



### Is the service caring?

The service was not consistently caring.

Staff treated people with dignity and respect and protected their privacy.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care.

People did not have any formal opportunities, such as residents' meetings, to share their views and receive updates about events affecting their care.

Requires improvement



### Is the service responsive?

The service was responsive.

People were supported to take part in social activities and maintain relationships with family and friends.

Peoples concerns and complaints were listened to and responded to.

People's care plans were personalised and contained information about their preferences, so they could be supported according to their wishes.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

The provider monitored the service to make sure it met people's needs safely and effectively.

People were protected from the risk of harm because the registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events.

People were at risk of receiving inconsistent care as records had not always been appropriately maintained.

**Requires improvement**



# Chesham Leys

## 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.

This inspection took place on 19 and 22 October 2015 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor on the first day. The specialist advisor had experience of working with older people with dementia and had nursing experience. Two inspectors carried out the inspection on the second day.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted healthcare professionals, for example, GPs, to seek their views about people's care.

We spoke with the registered manager and 13 staff members including agency workers, nurses, housekeeping staff, senior workers and care workers. We also spoke with the nominated individual (the person who takes legal responsibility in the provider organisation) and a trustee who were visiting the service.

We checked some of the required records. These included seven people's care plans, medicines records for twenty one people, and three staff files containing recruitment checks and details of induction, supervision and training. We also viewed the training spreadsheet for all staff who work at the service.

We spoke with eight people who use the service. Some people were unable to tell us about their experiences of living at Chesham Leys because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. We spoke with one person who managed their own medicines. Their medicines were not kept safely locked away so that other people could not take them. We looked at the person's care plan and saw they had confusion. There were no checks carried out by staff to make sure the person took their medicines safely.

We found discrepancies with amounts of medicines in stock. For example, records showed there should have been 20 of one type of tablet but we counted 28. This meant some tablets had not been given to the person when they required them, although they had been signed as given. In another example, half a tablet was missing which was later found loose in the cupboard. We saw quantities of some supplies of medicines were not recorded on people's record sheets, such as antibiotics. This meant it was difficult to maintain an accurate audit trail of these medicines.

Medicines administration records were generally maintained appropriately. However, we saw staff had used one old medicines chart printed by the pharmacy which they had overwritten with current dates. This did not follow best practice guidance as outlined by The Royal Pharmaceutical Society.

Individual protocols had been written where people were prescribed medicines for occasional use. This meant there was clear guidance on when to administer these types of medicines. We noted one person had been given their pain relief as a regular, rather than occasional dose. There was no record of this being discussed with the GP to see if it needed to be prescribed for regular use or for review of pain management.

The above examples show the provider was in breach regulation 12(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because systems for managing medicines were not safe.

People were not fully protected from the risk of infection at the service. Housekeeping staff told us they were not informed when someone was admitted with, or acquired, an infection. This meant additional precautions for cleaning their room and handling laundry were not in

place, to prevent the spread of infection. We came across one person who currently had an infection. This could have been spread to other people as no precautions were in place.

We saw some staff wore long sleeved tops under their uniform and in one case the member of staff did not wear a uniform. This meant some staff were not following good practices in relation to proper hygiene procedures.

People were at risk from some of the food hygiene practices. Care staff were seen plating meals at lunchtime. We noted some staff touched their hair whilst doing this without then washing their hands. One care worker washed their hands in a kitchen sink which was not designed for hand washing. They then used the paper towel they had dried their hands on to wipe the work top. We saw some of the table mats in one part of the home were not clean before people were served their meal.

These examples show the provider was in breach regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because systems for preventing, detecting and controlling the spread of infection were insufficient.

People were not fully protected from risks associated with abuse. The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. There was also training to enable staff to recognise and respond to signs of abuse. However, some of the staff we spoke with had a limited understanding of what abuse was and what they would do about it. We mentioned this to the registered manager during feedback on the inspection findings.

### **We recommend further measures are put in place at the home to protect people from abuse.**

The building was new and had been well maintained. However, the passenger lift was out of action at the time of our visit. We were able to see contingency plans were in place to help people up and down stairs in the event of an emergency. People were protected from the risk of fire as the home carried out routine checks of equipment and call points to ensure they were kept in good working order. A personal emergency evacuation plan had been written for each person. These documented any support people required to vacate the premises.

## Is the service safe?

People's care plans contained a range of risk assessments. For example, on supporting them with moving and handling, assessing their likelihood of falling and developing pressure damage. These had been reviewed although the frequency varied depending on which part of the building the person lived in. We noted information was not always added to make instruction clear for staff. For example, one person's risk assessment instructed staff to change the person's position, so they were protected from the risk of developing pressure wounds. No information had been added to say how often they needed to do this, such as every two hours. However, this was included on charts staff maintained of when they had repositioned the person.

Most of the feedback we received from people who lived at Chesham Leys and relatives was about staffing. One relative told us "What they need here is good, regular staff". A person who lived at the home said "I see different people here all the time and they don't always understand what my needs are." Another person said "There's lots of different people now. The first lot were wonderful."

Staffing rotas were maintained and showed shifts were covered by a mix of permanent and agency workers. The service was actively recruiting staff and we saw interviews took place during the time we spent at Chesham Leys. The registered manager told us all of the nurses who provided support to the home were from agencies. They had tried to ensure consistency for people by asking the agencies to supply the same personnel to the home.

We looked at the recruitment procedures used at the service. The files we examined contained all required documents, such as a check for criminal convictions and written references. However, in two of the three files, the prospective member of staff had not provided a full employment history and this was not picked up as part of the selection process at that time. We noted procedures for recruiting staff were now more rigorous, with full details obtained before staff were offered interviews.

Accidents and incidents were recorded appropriately at the home. We read a sample of recent reports. These showed staff had taken appropriate action in response to accidents, to prevent further injury to people.

# Is the service effective?

## Our findings

People did not always receive care from staff who had been appropriately supported. The provider had an induction programme for new staff. However, there was no record to show staff had completed this in the files we looked at. The registered manager told us those staff had not been awarded their certificates of completion as they still had one or more induction modules to complete. They told us arrangements were being made for those modules to be completed as soon as possible.

We spoke with two agency nurses about induction into practices at the home. Both told us they had not received an induction since working at the service. This included a lack of clinical induction for safe nursing practices. This meant people were at risk of receiving inconsistent or unsafe care.

There was a programme of on-going staff training to refresh and update skills. We found gaps to training records for courses the provider required its staff to undertake. For example, food hygiene and fire safety training. There were no arrangements in place at the time of the inspection for staff to attend the courses they needed, to be able meet people's needs safely.

People were cared for by staff who had not received appropriate support from their line managers. The provider's policy outlined staff should receive a minimum of four supervision meetings each year. The development records we looked at showed gaps since staff last received supervision. For example, in one file the last recorded meeting took place in April 2015, in another the last record was for May 2015 and the third file showed supervision last took place in June 2015. The registered manager confirmed these staff had not received additional supervision since these dates.

These examples show the provider was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because staff had not received appropriate support, training, professional development and supervision to enable them to carry out the duties they were employed to perform.

The provider had taken steps to improve staff support. We saw five staff from some of its other services were working at the home supernumerary to the rota. These staff were

experienced in providing care to people with dementia. They acted as mentors to promote good practice and increase skills, so that more inexperienced staff could meet people's needs effectively.

Daily reports were written to provide a summary of people's health and well being. These were kept up to date. We heard significant issues were communicated to senior staff or managers, such as the duty senior, for attention.

We noted some staff did not communicate effectively with each other about people's needs. For example, we observed lunch in one part of the home where agency staff and permanent workers did not speak with each other whilst they prepared to serve people's meals. People sat in silence at dining tables as they waited for their lunch to be served.

We received feedback from a healthcare professional that concerns about people's well being had not been communicated effectively within the home. This meant unexplained weight loss had not been appropriately monitored and referred to external agencies where necessary. They told us this had resulted in approximately half of the people who lived at the home being malnourished.

The provider told us people's risk of malnutrition had been reassessed following concerns by the healthcare professional. However, we saw that where food or fluid intake charts were being used, there were no targets set or evaluation of the records to make sure people had sufficient intake. This meant people were not being monitored effectively against the risk of malnutrition and dehydration.

We observed lunchtime in different parts of the home. People who required support with their meals were not always assisted using good practices. For example, some staff stood up next to people they were helping, rather than sitting down beside them. This meant staff were not enabling people to enjoy their meals and treated it more as a task, rather than an opportunity to spend one to one time with people.

We noted the meal on one day appeared a little bland – mashed potato and white fish with two green vegetables and parsley sauce. The fish had not been coated in breadcrumbs or batter to increase its calorific value or



## Is the service effective?

make it more appetising for people. The feedback we received from people about the meals was largely negative, with comments which included “The food’s awful” and “The food’s not very tasty, not to my standard.”

These examples show the provider was in breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people’s nutritional and hydration needs were not being met.

People were supported with their general healthcare needs. GPs visited the home regularly and saw any of their patients staff had concerns about. We noted the clinical nurse lead was rostered to be on duty whenever GP rounds took place, to facilitate the process. This arrangement seemed to work well in ensuring people received appropriate medical support. Records showed people had access to a range of healthcare professionals, such as physiotherapists and chiropodists.

We checked the provider’s compliance with the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The home had made several applications to the local authority, which were awaiting assessment.

People were cared for in an environment which was designed to meet the needs of people with a range of disabilities. This helped them remain independent or to be supported safely. For example, doorways and corridors were wide enough to accommodate wheelchairs and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment.

# Is the service caring?

## Our findings

We received mixed feedback about the attitude of staff who supported people at Chesham Leys. One relative told us their impression was that agency workers “Did not care” about the people they supported. They qualified this by adding care was better when permanent staff were on duty. Another relative commented about staff “They’re fantastic” and added they were pleased with the care their family member received. Comments from people who lived at the home included “The carers are nice”, “They look after us, they’re very nice”, “Staff used to be good but not now. The agency staff don’t know my needs” and “Staff are splendid, no problems.”

People were generally treated with dignity and respect by staff. We saw, for example, all personal care was carried out in private and staff knocked on doors before they entered. However, we observed some staff interactions could have been enhanced through staff smiling and positioning themselves at the same level when talking with people, to engage better with them.

People had been supported to dress appropriately and to look well presented. There was a regular hairdressing service which visited Chesham Leys and a salon on the ground floor.

People had been able to personalise their bedrooms to make them look homely and to suit their tastes. We saw people had brought in photographs, ornaments, small pieces of furniture and other items to make their room individual.

People’s wishes were documented in their care plans about how they wanted to be supported with end of life care. Most of the files contained information about their wishes in relation to resuscitation, with the appropriate signed form in place.

Permanent staff and temporary staff who had worked at the home for a while were knowledgeable about people’s histories and what was important to them, such as family members. We observed visitors could come and go as they wished and make use of the kitchen facilities for drinks.

We saw some examples where staff had actively involved people in making decisions. For example, meal choices and participation in activities. There had not been any residents’ meetings since March 2015. The registered manager had identified this as an area to work on, as well as setting up a social committee involving members of the staff team, relatives and people who live at the service.

People could move freely around the home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own. This enabled people to have time in private, alone or with visitors, if they wished.

# Is the service responsive?

## Our findings

People's care plans were personalised and contained information about their preferences and some information about likes and dislikes. We saw "At a glance profiles" had also been completed. Details were recorded of who people wished to be contacted in the event of an emergency. We saw people had signed their care plans where they were able to do this. There were review sheets to show when information in care plans had been re-assessed. This varied in each file. For example, one file showed information was last assessed in June 2015, and August 2015 in another.

People were supported to take part in social activities. People told us there were a range of activities they could participate in. Information about activities was available on dining tables and in the entrance hall. We saw a visiting 'zoo' came to the home on one of the days we were present, which people enjoyed. Visitors also took part in this activity.

There were procedures for making compliments and complaints about the service. Information about how to do this was available in the entrance hall. We looked at how complaints had been handled and saw appropriate action

was taken. For example, one person had been unhappy about when their medicines were given to them. Staff clarified this with the pharmacy and made sure the administration records were clear about the time they needed to be given.

We observed some examples of staff responding to people's concerns. One was in relation to faulty equipment in someone's room. The person told us they had reported this to staff. We were able to see the duty manager had contacted a maintenance person who visited and resolved the problem that day. In another example, a person had lost their hearing aid in the morning and could not hear without it. Staff had made a preliminary search without any success. The duty manager advised us of the steps they would take to replace it, if it could not be located. We heard one member of staff say they would stay on beyond their shift to help look for it. The hearing aid was later found.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Family members visited people at the home. They told us there were no restrictions on them visiting.

# Is the service well-led?

## Our findings

People did not receive safe and consistent care as records which documented the support they needed had not always been appropriately maintained. In one care plan, we found a risk assessment for managing the person's diabetes toward the back of the file. There was no mention of diabetes under information about their physical health or on the summary page at the start of the file. In another care plan, staff had recorded the person liked "old fashioned food" without any explanation of what this was.

People were at risk of inconsistent treatment. We saw management plans had been written to support people's continence. Where people had urinary catheters, there was no information recorded in their care plans about the type of catheter they had been assessed for.

Records designed to monitor people's conditions were not used effectively. We found gaps to charts designed to monitor people's fluid intake and checks of pressure relieving equipment. A treatment plan for someone's skin condition instructed staff to review weekly. This had not been done since 03 October 2015.

These examples show the provider was in breach of regulation 9(3) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because care records were not sufficient in identifying people's needs and ensuring those needs were met.

Chesham Leys was in a period of transition at the time of our inspection. It had been opened and operated under different management, with concerns about people's care starting to emerge from early summer 2015. New management arrangements had subsequently been put in place and the provider was working alongside other agencies, such as the local authority and clinical commissioning group, to improve people's care. Although we could see improvements were being made, there were still a number of areas identified within this report where further work was needed.

The service had an experienced registered manager who had been in post for nine weeks at the time of our inspection. They, and the provider, were aware the home needed to make changes and were committed to improving the quality of people's care. An action plan was in place to address areas where shortfalls had been

identified. Although people and relatives told us they had concerns about standards of care, some were able to add the new manager was making improvements and things were changing for the better.

We found staff were not being supported through patterns of regular supervision during a period of change. However, we acknowledge the provider had prioritised improving the quality of care for people with dementia by the mentoring arrangements. These arrangements provided hands on support for staff who worked in that part of the home.

We noticed there was no obvious leadership on the different floors of the building, so poor care practices continued to go unchallenged. One member of staff said "The home is not joined up," another described some staff as "Always at loggerheads" whilst another commented some of the staff "Do their own thing." We also received feedback that the nurses were not respected at the service and overheard one nurse spoken with quite harshly by a senior worker in a public area. This had the potential to undermine their authority.

We observed staff, visitors and people who use the service were comfortable approaching the registered manager and duty managers to ask for advice or just to catch up with each other. T

The home had developed links with the community, for example, the school opposite and local churches.

The service had a statement about the vision and values it promoted, which were displayed at the home. It included values such as choice, fulfilment, autonomy, privacy and social interaction. We saw some of these values were part of care practices, such as providing care in private and offering people choices. The registered manager was looking at creating 'champions' amongst the staff team, to build on individual skills and promote better care practices.

Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medication. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There

## Is the service well-led?

are required timescales for making these notifications. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

The provider monitored quality of care at the service. There was a system of regular visits from a senior manager as well as themed audits on topics such as medicines practice. The reports of quality assurance visits and audits reflected a home which had been operating well until recent concerns

came to light. The home was allocated a trustee who was linked with the home and also visited as part of their role. The trustee we met told us they had visited the home more frequently of late due to the concerns about people's care.

The registered manager had identified ways of improving communication at the home. For example, a different method for staff handovers was being introduced which would ensure all staff read and signed to say they had been updated about changes to people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**People were placed at risk of harm because systems for managing medicines were not safe.**  
Regulation 12(2)(f).

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**People were placed at risk of harm because systems for preventing, detecting and controlling the spread of infection were insufficient.**  
Regulation 12(2)(h).

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**People were placed at risk of harm because staff had not received appropriate support, training, professional development and supervision to enable them to carry out the duties they were employed to perform.**  
Regulation 18(2)( a).

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs  
**People were placed at risk of harm because their nutritional and hydration needs were not being met.**  
Regulation 14(1).

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People were at risk of unsafe or inconsistent care because care records were not sufficient in identifying their needs and ensuring those needs were met.

Regulation 9(3) (a) and (b).