

Colleycare Limited

The Chadwick

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Chadwick is a residential care home providing personal care to 54 people aged 65 and over at the time of the inspection, some of who were living with dementia. The service can support up to 67 people. The Chadwick is a bespoke built new residential home set over three floors, with a range of communal areas, private bedrooms with en-suite and access to a local town.

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

Sufficient numbers of staff not consistently deployed to support people when needed. People spent excessive periods of time waiting for staff to assist them.

Risks assessments about people's safety and welfare did not always explicitly describe how to manage the risk and were not always updated as people's needs changed. Equipment was used for people before being assessed as safe to do so. Safeguarding incidents were not robustly reviewed and reported.

Staff did not all receive effective supervision. Staff training had not been provided in key areas to ensure they were competent in carrying out their role. People's nutritional needs were met, although some improvement was required around the mealtime experience provided to people.

People's care records were not comprehensive and did not take into account people's personal choices or preferences. The planning and provision of meaningful activities for people needed to improve and we have made a recommendation about this.

People told us they were happy with the care provided. Assessments were carried out prior to care being provided and people told us staff were caring and respectful and they understood the pressures on staff. Medicines were given to people when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they were able to raise concerns and complaints which were responded to, and were kept up to date in regular meetings.

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

Rating at last inspection

This service was registered with us on 26 October 2018 and this is their first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff training, poor staff culture, unsafe use of equipment and a lack of effective governance systems to keep people safe. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

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. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always Caring.

Details are in our Caring findings below.

Requires Improvement ●

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 not always Well Led.

Details are in our Well Led findings below.

Requires Improvement ●

The Chadwick

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by three inspectors and one 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.

Service and service type

The Chadwick is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. Due to concerns raised prior to the inspection we spoke with the Registered Manager and Provider and reviewed the information they sent us. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people, and three people's relatives about their experience of the care provided. We spoke with the Registered Manager and their management team, two representatives of the provider and five members of staff. We 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

Due to the concerns identified, we spoke with the nominated individual to seek assurances regarding the inspection findings. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We continued to seek clarification from the nominated individual and registered manager to validate evidence found. We looked at training data and quality assurance records submitted to us on 24 July 2019.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prior to this inspection concerns were raised with CQC that staffing levels were not sufficient. We contacted the provider and registered manager who provided assurances that staffing levels had been reviewed. We found at this inspection that staff continued to not be deployed in a manner that responded to people's needs.
- People gave mixed views about staffing levels. Some people were happy with the response from staff if they called them. One person said, "Everybody's always around you all the time and will do anything for you if you ask them."
- However, people less independent who relied upon staff to assist them told us response times were longer than people considered acceptable. One person said, "They've got to get everyone organised. They say I'll have to wait a minute, others need us more than I do. If it's very serious you don't wait long, otherwise maybe it's half an hour."
- One staff member said, "Staff are becoming more confident. Some of us haven't done care, we could have had half a shift where we have [staff with] no experience."
- Call bell records showed people regularly experienced a delay in response times at night. People said they called for assistance to receive assistance with personal care, use the toilet, or to get out of bed. We saw that people experienced delays of over twenty minutes. One person said, "We don't see the 8pm staff until we call them, they don't come into the lounge. Sometimes there are no staff in there at all."
- Staff told us that the agency staff used to cover some shifts varied in experience. Staff said that at times, as a permanent staff member they needed to supervise the agency staff as well as completing their own tasks. They said they were aware that people were waiting but were unable to support them. During the inspection the registered manager acknowledged the need to book suitable agency staff in advance to cover shifts which they subsequently did.
- People did not receive assistance with their personal care needs when they requested this. The registered manager took immediate action and after the inspection provided evidence that demonstrated this had been improved. However, at the time of inspection people did not always receive prompt and timely care. This is an area that requires improvement.

Assessing risk, safety monitoring and management

- Risk assessments regarding people's specific health conditions were not consistently in place when people's needs changed. For example, one person was at risk of falls. A risk assessment was in place about this risk and had been reviewed in June 2019. However, this person had three further falls in July 2019. Their needs were not reassessed following the falls.
- Despite a lack of recorded risk assessments associated with people's specific health conditions, staff

demonstrated a good knowledge about people's individual risks and support needs. They monitored and mitigated people's risks well. Staff were aware of those people who were at risk of weight loss, required regular positioning to maintain skin integrity, or people with behaviours that challenged. One person said, "Staff always seem to know what they're doing. If I ask them a question and if they don't know they find out."

- Equipment needed to mitigate risks, such as pressure relieving equipment, sensor mats or mobility equipment was in place and regularly serviced. However, staff were using equipment for two people which were not assessed for them. We reported this to the registered manager who took immediate action to resolve this safely.

- Regular assessments were carried out on fire and water systems. All staff were aware of the evacuation plans that were in place in the event of needing to leave the building in an emergency such as a fire. Regular drills were carried out.

We found no evidence that people had been harmed however we recommend the provider ensures risk assessments are developed and reviewed regularly when people's needs change.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Definitely, I feel safe."
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Information relating to safeguarding was prominently displayed, and staff had access to confidential reporting lines to raise whistleblowing concerns if necessary.
- We found where staff reported their concerns, these were not consistently followed up by the management team. For example, an incident of aggressive behaviour between two people had not been reported to the local authority. Staff had however contacted the relevant health professionals to support the persons behaviour and sought support from mental health services.
- Where incidents or safeguarding concerns had been reported the investigation notes did not always evidenced how the matter had been reviewed. Some reviews merely noted the incident, but did not describe what actions had been taken to ensure the person was safe from harm.
- Staff told us they discussed individual incidents through handover and daily discussions as lessons learned. However, the management team had not embedded a culture of sharing outcomes of complaints, safeguarding, trends and patterns as part of regular team discussion.

We found no evidence that people had been harmed however we recommend there is a consistent approach to safeguarding, and that matters are always dealt with in an open, and objective way, and lessons shared with staff to develop practise.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. Staff were trained, and their competency was assessed.
- We observed the medicines administration on one unit and saw each person received their medicines in line with their care plan.
- Prescribed medicines were recorded on Medicines Administration Record (MAR) charts. We saw these were clear, and included details about each medicine, such as dosage and frequency of administration. Staff signed appropriately after administration and we saw no gaps in the records.
- Regular checks and audits were carried out. We checked the running balance of a random sample of medicines and these were correct.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- The home was clean and fresh. Hand sanitizing gels were placed in different parts of the home to

encourage good hand hygiene.

- There were regular infection control audits and staff had received training in this. We saw staff using appropriate personal protective equipment such as gloves and aprons.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received some training to ensure they had the skills and knowledge to support people effectively. However, we saw training had not been consistently attended. Areas such as safeguarding, mental capacity, pressure care and infection control had not been completed by all staff. Practical competency assessments of staff skills and competence had been completed by only half the staff working. The service is registered to provide care for people with sensory impairments, however staff had not been trained in this area, although people living at The Chadwick required this support.
- The registered manager told us some staff were developing their skills in specialist areas to be 'Champions.' They said they had leads in place in areas such as falls and dementia and were developing other roles as they identified staff with a specific skill or interest. They told us the chef would be further developed to undertake the nutrition champions role to enable them to review people's nutritional needs and support their weight.
- Not all the staff received regular supervision from their line manager. Some staff said when they received their supervision it was helpful, but they did not receive a record of the discussion, and not all staff felt it was helpful. One staff member said, "We just don't get the time, the staff who are supervising are not on shift or leaving the shift. You can discuss things [sometimes] but it is dependent on who you can discuss issues and problems with."
- Not all staff received an annual appraisal. This meant that staff did not have a formal way of discussing their work at the service, personal development or their well-being on a frequent basis. Despite this, some staff told us they felt supported by the management team and felt able to gain support from them at any time.

Following the inspection, the registered manager sent us a training action plan that demonstrated where they had booked training required. However, training had been identified by the provider as requiring updating and not organised prior to this inspection. Staff had not been provided with key training to support them in their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- People's needs were assessed before the service started supporting them. This assessment was used to form a plan of care which was updated as the provider learnt more about the person. However, people's

care plans did not always contain specific information to assist staff to provide effective care. There was a lack of information on how to manage specific health conditions and risks to people.

- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment was used safely and in accordance with people's needs.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs but not always their preferences. Plenty of snacks and drinks were available to people. However, where people's fluid was required to be monitored, staff did not set a fluid target, or review when people did not reach this level.
- People gave mixed views when asked about the food provided to them. One person said, "The food is very nice. There's a very good choice, it's hot and there's plenty of it." However, a second person said, "The food is okay to good. It's a bit repetitive, and a bit sweet." Another person said, "We've had lunch, it's okay but not special. We'll get more (food) later."
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink.
- We observed the lunchtime experience and saw that people enjoyed their meals and when assisted were supported in an appropriate way. However, people were sat in excess of an hour waiting for their meal. We saw two people had fallen asleep at the table whilst waiting. One staff member said, "We tend to get them up at 12:00 so the last one is sitting down at 12:15." Lunch was served in one dining room nearly an hour after people were sat down, and later to a second dining room on the first floor. People were seen to become agitated and restless whilst waiting a long time for their meal.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were happy to be living at The Chadwick and consent was gained when staff supported them with day-to-day decisions.
- Staff demonstrated a good awareness of MCA and staff who completed the assessments were consistently clear on when and how these should be completed. Assessments seen clearly documented why people were considered to lack capacity and had been completed with the person or appropriate relative.
- 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 found that staff were working within the principles of the MCA, and any restrictions on people's liberty

had been authorised and were the least restrictive options available. Conditions imposed on such authorisations were being met.

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

- People were supported to access services to maintain and improve their health. They told us they received healthcare support when they needed it. One person said, "I call for a carer and they call the doctor." One person's relative said, "The nurse comes in and the chiropodist comes too. The doctor came about a month ago because [person] was wheezing."
- Care records showed people's specific healthcare needs were being appropriately met. Where people had a specific known medical need, routine monitoring was undertaken appropriately. Records also showed medical advice was sought promptly and appropriately when required.
- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.

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

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to the garden. People had their own rooms and were able to personalise these as they wished. One person had created themselves a garden area on the patio outside their room for some privacy.
- The service was newly built and decorated, homely, warm and welcoming. However, people told us, and we saw that access to some lounges was limited. This was due to the layout of the communal lounges which caused a bottleneck at the entrance to the lounge. People's mobility equipment was blocking access making it hard for people to negotiate. One person said, "The lounge is full now. There's so much more furniture and people in there. Sometimes there is only one (staff) in there. They say you can't take the rollators in the lounge; leave them at one end of the room and walk with a hand to help."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and compassionate. One person told us, "The carers are brilliant and very kind."
- However, people told us that due to the staffing issues and pressures on staff time they did not feel staff were able to treat them in a dignified way. One person said, "Staff told us we must be patient. I'm not. We finish up feeling sorry for the carers. They're run off their feet. We're not harassed to get up in the mornings which is a good thing. But we might have to wait half an hour to get up from the table. Staff are very caring but within the limits of what they can do. They wash up (dishes) themselves down here and we have to wait to go to the toilet until they've finished. It's a good job we can hold it, we may not always be able to, I don't know."
- A second person said, "It's very hard. We have to wait [for assistance] until someone comes. We are told we mustn't move on our own. If say, we want the toilet at 8pm when it's the change of shift, sometimes we don't get help until 9pm when they finish the handover."
- Staff told us that they would always aim to ensure people's equality, diversity and human rights were respected and supported. Assessments referred to people's equality and diversity needs. However, people did not always receive care in line with this. One person had a sensory impairment, which they told us impeded their daily life, but did not mean they could not participate in their own care. Staff had sought the support of a national support organisation to ensure they met the person's needs. However, staff did not support the person to manage their own care. The person told us they felt staff would promote their independence and autonomy if they were sufficiently trained.
- Care files and information regarding people who used the service had been stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation. However, some people told us staff broke confidence when talking to them, and that personal information had been shared. One person said, "There's only one problem; they sometimes talk to you about things that should be done privately. They spoke to somebody else about me and I said they shouldn't do that, it's personal. You know when they have because they say 'somebody told me about this or that'." A second person commented, "They shouldn't talk about us outside [work]."

People felt that care staff treated them in a dignified manner. However, the deployment and management of

staff meant people had to wait for significant periods of time for assistance. This was a breach of Regulation 10 of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes and dislikes.
- People's privacy was protected. People received support with their personal care in private and staff were observed knocking on people's doors before they entered.
- Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

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

- People and their relatives were actively encouraged to be involved in decisions around their care.
- Care plans detailed people's background and their preferences around care. For example, they noted when people liked to get up, types of drink they had at bedtime, perfumes, clothing, how to deliver personal care the way the person wanted, and key decisions relating to their health needs. Some people however felt these preferences and background were not known to some staff. One person said, "Do staff know me? Not sure really." One person's relative said, "I don't know all the staff from [The Chadwick]. I knew the ones from the old home."
- People told us they were involved in decisions relating to their care, however due to pressures on staff's time they did not always feel listened to. One person said, "I'm not saying they don't talk to me because they do, about all sorts of things. They are so busy that sometimes they forget, or don't get round to doing what I asked for. That's when I don't feel listened to, but it is improving."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires Improvement: This meant people's needs were not always met.

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

- People had care plans that provided staff with information about their needs, preferences for support and background history. Some care plans needed more information, so staff had enough guidance on how to support people in the most person-centred way. Despite this staff knew people well and could tell us how they would support them.
- Care plans did not always contain updated information about people's health conditions. Although staff had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with more understanding of their health conditions. Additionally, staff who were unfamiliar with people would need to rely on the information in people's care plans and the lack of information posed a risk that they would not have enough information to support people in the most effective way.
- People confirmed that they were initially involved in the development of their care plans and some records confirmed this. However, people were not always involved in ongoing reviews, particularly as people's needs changed, such as following falls or weight loss. Despite this, people and relatives told us they were involved in decisions about their care.

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.

- Although there was an activity programme in place, we found that activities required improvement to be more innovative and interesting to people.
- We asked people about the activities in the home. Comments included, "You just find something to do for yourself. I go in my room." "There's not much to do. I'm not really into bingo and sing songs. I can't really converse with many of the people here. I used to watch science programmes, play badminton and table tennis. All things I can't do here. My laptop is old now and I'm forgetful of how to do things." A third person commented, "There's nothing they've given that we can do. I'm not an exercise person. I did my garden at home. I've done a little bit here in the past. If they asked me, yes. They don't ask what we would like to do."
- The activity program ensured people were able to use the cinema, have entertainers visit, visit the hairdresser, play games or sit and talk. However, a room on the first floor dedicated to activities offering generous space was unused by people and used as a meeting room by staff. This room contained a range of equipment to meet people's individual interests and hobbies. For example, one person told us when family visited them in their own home they cooked cakes. The activity room contained an oven, cooker and kitchen but was not made available to them. The chef was enthusiastic when we spoke with them about supporting

people with this, however the management team had not ensured activities were centred around individual needs and wishes.

- We saw that some people were encouraged by staff to continue to take part in household chores, such as clearing tables and washing up which was clear that people enjoyed this.

We recommend the registered person seek guidance and advice from a reputable source about the planning and provision of meaningful activities for people.

End of life care and support

- The service supported people and their families in relation to end of life care although no one was receiving end of life at the time of our inspection.
- Staff worked with other local healthcare professionals to meet people's palliative care needs when the time arose. Staff required training in End of Life care, however feedback did not suggest people experienced poor care when receiving end of life support. One relative's feedback demonstrated this and said, "Thank you for all you did to make [Persons] last six weeks of life as comfortable as possible. I know it was not easy for the carers. We are very grateful for all the kind help and attention he received."

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.

- The service was working within the AIS. Information about people's communication needs were in care plans. Staff understood people's communication needs and used this so people could make decisions in their day to day life.

Improving care quality in response to complaints or concerns

- A complaints procedure was available, and people knew how to access this. People were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- Where complaints were received the management team quickly reviewed and resolved these and communicated the outcome to people. One person said, "If I have a problem I go straight to the management and they sort it out."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Concerns were reported to us which we discussed with the provider and registered manager prior to the inspection. These concerns related to poor staff culture, staffing levels, concerns regarding equipment and monitoring of the quality of care. Although the provider and registered manager had recognised these concerns they did not have effective systems and processes in place to ensure these areas were remedied. For example, we found continuing long delays for people to receive care. The registered manager had not checked call bell times for the previous shift, which continued to demonstrate lengthy delays.
- The registered manager told us they had not audited call bell response times. They said they carried out a random test of a call bell and measured staff response. A policy regarding call bell responses was not in place, which gave no indication to the management team of what the provider considered an excessive wait. This was remedied after the inspection by the provider.
- Systems were in place but not operated effectively to monitor and assess the quality of the service, to drive improvements and to ensure compliance with the Regulations. Care plan audits had not identified that people's records lacked information, were not reviewed when needed and person-centred information was not always available to staff. An audit by the provider in March 2019 identified activities did not meet the needs of people living with dementia. Care plans were not adequately maintained in the electronic care planning system, and staff training had not been delivered in key areas. Although the registered manager submitted an action plan addressing these issues at that time, we found these areas continued to require improvement.
- Analysis of incidents in the home was not robustly completed. We identified where potential safeguarding referrals needed to be made following reported incidents. The registered manager submitted incidents and accidents through the providers reporting system. Neither the registered manager through their review of incidents, or the provider through their quality assurance systems identified those incidents which required reporting to safeguarding authorities? The registered manager had taken appropriate action to keep people safe but had not reported these as required.
- On a daily basis, staff held a brief daily meeting to discuss emerging issues and allocate staff to key tasks or support people. However, the meeting was used to introduce senior staff to the newly appointed weekend administrator. Key risks to people such as fluid intake, risk of falls, pressure care and so on went undiscussed. We spoke with the registered manager about making the meeting more meaningful, ensuring the required staff attended. They told us they would review the purpose of the meeting and carry standard

agenda items to ensure the meeting reviews the morning and sets clear goals for the afternoon to monitor people effectively.

The failure to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The management team told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They belonged to a local organisation which provided training and support for providers, shared good practise through meetings and discussions among colleagues and reviewed developing areas of good practice. However, breaches of regulations were identified at this inspection demonstrating that best practice guidance was not always followed.

Additionally, the quality assurance systems did not effectively drive improvement.

- Improvements were put in place during and after our inspection to rectify some of the improvements required. However, the arrangements for monitoring the quality of the service needed to be reviewed and embedded. This was to ensure all areas for improvement are identified, and a clear action plan is put in place to address concerns and evidence continuous improvement.

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

- Improvements were needed to ensure people consistently received high-quality care and good outcomes. These have been reported in the safe, effective caring and responsive domains of this report.

- Although we identified a number of issues stemming from the management and oversight of The Chadwick, people told us they felt happy with the care they received.

- The staff culture in the home was not always open or positive. When The Chadwick first opened, people were also moved in from one of the providers other local home, along with staff who transferred as that home closed. A 'them and us' culture developed between the two staff groups, which impacted upon the culture of the home. : Although the manager had addressed some of the staff`s grievances some staff, held meetings and used the support of HR to address the cultural issues. Although improving, some staff continued to refer to groups of staff or cliques, as opposed to all staff working together. This meant at times there was not an inclusive atmosphere and culture in the home that benefitted all people living and working there.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm people's families or next of kin were informed. However, care was not always reviewed with people's relatives as required and the relevant authority was not always informed.

- CQC were not notified of all significant events resulting from the provider acting upon their responsibility to the duty of candour. For example, after the inspection the registered manager identified a further three safeguarding incidents. Although they notified the relevant people, they had not followed the appropriate process at that time.

We recommend that the provider reviews their reporting systems to ensure ongoing compliance with Duty of Candour, and ensuring the appropriate people are notified.

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

characteristics: Working in partnership with others

- The provider had arrangements in place for gathering people's views of the service and those of people acting on their behalf. The registered manager was preparing a survey to be sent out following the inspection. They told us actions arising from the survey would be acted upon.
- Meetings were regularly held for people and relatives. Areas regularly discussed were food, cleaning, laundry, care and activities. Action points from management were documented, for example people asked for basic exercises to be provided. The management team said they will look into relevant courses for activity staff to qualify as instructors but did not give dates of when or how these were to be completed. People said they would like copies of the minutes but felt staff sometimes did listen to their views. People said they appreciated the registered manager attending the last meeting, which was not usual as they were led by activity staff. We fed this back to the registered manager who said they would attend regularly in future.
- Staff were also encouraged to contribute to the development of the service through meetings. Although minutes reviewed were comprehensive and followed a standard item agenda, we saw that staffing levels, use of footplates for wheelchairs among other areas discussed previously had little action taken prior to this inspection. The registered manager said they would seek staff views on agenda items for future meetings. This would help ensure meetings were reflective of staff views and not simply a list of standard agenda areas.
- The staff team worked closely with other professionals to ensure people received healthcare such as occupational therapies, nursing care and palliative care alongside mental health reviews and support from the GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Dignity and respect. Regulation 10 (1) Due to the management of staffing, people's dignity was not consistently maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good Governance. Regulation 17 (1) (2) (a) (b) (c) Systems were established but not operated effectively to assess, monitor and improve the quality and safety of the services provided, and to mitigate the risks affecting people or visitors to the service. An accurate and contemporaneous record was not maintained in relation to people's care needs or when these had changed or there had been an incident.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing. Regulation 18 (2) (a) Staff were not supported to receive appropriate training and professional development to support them to perform their role.

