

Community Homes of Intensive Care and Education Limited

Chesham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chesham House is a residential home for up to ten people. The service offers accommodation, care and support to people with mental health needs. The accommodation is over two floors and includes a communal sitting and dining area and a communal kitchen. There are eight bedrooms in the main house and a further two flats in the garden. The flats are self-contained as they each have their own kitchen and bathroom. At the time of our inspection there were nine people living at the home.

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

The service had systems and processes in place for the safe administration and management of medicines, but these were not always effective. Potential risks were not always clearly documented within medicines assessments. Person-centred care plans were not always in place to support staff in caring for people with long term conditions, such as diabetes. There was not a policy in place for monitoring people who self-administered their medicines. The provider had a system of auditing in place which covered various aspects of the governance of the service provided. However, these audits had not identified issues with the safe administration and management of medicines.

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 were supported by staff who had completed training in safeguarding and understood different types of abuse. Risk assessments were in place and action taken to reduce risks for people. Risk assessments identified what support people needed, for example, with activities.

People were supported by staff who had been recruited following a robust procedure which ensured pre-employment checks were in place before new staff started work at the home. We were assured that the provider was using personal protective equipment effectively and safely. The provider was open to learning lessons if things went wrong or could go wrong. They recorded accidents and incidents and analysed the information for any trends or issues arising.

People living in the home experienced a positive culture. People were involved and engaged in how the home was managed. There were systems in place to ensure continuous learning to improve care. The registered manager and staff maintained links with health and social professionals.

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

Rating at last inspection

The last rating for this service was good (published 3 November 2017).

Why we inspected

The inspection was prompted in part by notification of an incident. This inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of medicines administration. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chesham House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the lack of an effective system to ensure the safe administration of medicines. We found that the two areas reviewed were now rated as requires improvement.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Chesham House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The service was inspected by an adult social care inspector and a medicines inspector.

Service and service type

Chesham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chesham House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 October 2022 and ended on 17 November 2022. We visited the service on 13 October.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service.

We used all this information to plan our inspection.

During the inspection

We spoke with one person, two staff, the registered manager and a member of the senior management team. We observed interactions between people and staff in communal areas. We reviewed recruitment files for three staff, risk assessments, safety records and audits. We received feedback from four health and social care professionals. We inspected the storage of medicines, medicines administration records (MAR), care plans, observational notes and risk assessments. We reviewed the governance arrangements for the safe handling of medicines, including the providers medicines policy, audits and staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant one aspect of the service was not always safe and there was an increased risk that people could be harmed.

Using medicines safely

- The service had systems and processes in place for the safe administration and management of medicines, but these were not always effective.
- Some people were responsible for keeping and taking their own prescribed medicines. Some people had a known history of self-harm and misuse of medicines, but potential risks management controls were not always clearly documented within care plans. The registered manager told us where there were risks, the person would hold a limited supply of their medicines. However, this process was not followed for one person who was at risk and was able to access a month's supply of medicines. The risks and control measures had not been accurately documented in their care plan.
- Management controls in relation to medicines risks were not always recorded in the relevant areas of care plans, resulting in significant information not being easily accessible when needed. For example, if a person's mental health declined, there was no guidance for staff as to what action they should take regarding their self-administration of medicines in the medicines or self-harm planning.
- Person-centred care plans were not always in place to support staff in caring for people with long term conditions, such as diabetes. There was general information available about diabetes and one person had a person-centred plan in place. However, there was not any information about how staff should respond, for example, to high or low sugar levels, what symptoms they should look for, what action they should take regarding checking their blood sugars, what the target range was for that person and when to call for emergency support.
- The provider had a medication policy in place which covered self-administration; however, it did not cover how self-administration would be monitored, for example, random spot checks of medicines or how this was to be carried out. Staff undertook spot checks but there was not a procedure to follow and they did so in different ways. For example, some staff counted the contents of the medication dispensing system and the original packs in people's medicines cabinets, whilst other staff counted the original packs only. We observed one person's medicines being counted but the number was not cross-referenced with the number, which should have been taken. It was unclear whether the number of medicines in the cupboard matched what should be there". Following the inspection, the provider took action to address these concerns.

The lack of an effective system to ensure the safe administration of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed medicines 'when required' (PRN). The provider did not always clearly record the reason for administering PRN medicines or if it had been beneficial, in particular, medicines used to manage incidents where people communicated distress, emotions or needs through physical behaviours.

The registered manager explained there were person-centred reasons for this, however, it would be good practice for staff to record why medicine was taken and whether it was beneficial, to the best of their knowledge. This would help ensure the appropriate use of medicines to support people's physical and mental health assessments.

- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and pharmacy.
- People were supported with their medicines in ways which met their needs, for example, some people stored their own medicines, whilst others kept their medicines in the locked medicines room and were supported by staff.
- People were supported by a range of professionals where necessary, for example, where people were prescribed high-risk medicines requiring regular monitoring.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and understood different types of abuse. Staff told us what they would do and who they would report to, if they suspected a person was being abused.
- Systems were in place to communicate with the local authority safeguarding team if any safeguarding concerns were identified.

Assessing risk, safety monitoring and management

- Risk assessments were in place and action taken to reduce risks. Risk assessments identified what staff should look for and what action they should take, for example, when supporting people with activities.
- Where people needed one to one support, for example, when eating, staff ensured the person was supported by staff at mealtimes.
- One staff member told us, "The risk assessments are up to date, any changes are updated quickly."
- The provider had systems in place to ensure the environment was maintained and safe. For example, safety checks were undertaken for the gas boiler and electrical systems. Maintenance tasks were completed as scheduled. External professionals had completed risk assessments where appropriate, for example, for Legionella. Any necessary action was taken to rectify issues resulting from these risk assessments.
- Fire safety procedures were in place, which included personal emergency evacuation plans for people if there should be a fire.

Staffing and recruitment

- The provider followed a recruitment procedure which ensured pre-employment checks were in place before new staff started work at the home. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One person gave us feedback about staffing. They told us, "The staff are approachable, there is enough staff. It is a calm atmosphere here. They are concerned about you if they think you're not well. They're always walking by, they say 'hello'. They check on me if I've not seen anyone." The person also confirmed staff respected them.
- The registered manager told us staffing levels were based on people's individual needs and took into account how many staff hours they were assessed as needing. Staffing rotas considered diary appointments or whether people were going out.
- One staff member told us, "[Staffing] has never been under, if there is staff sickness, they are very quick to get [the rota] filled." They also confirmed there were enough staff on duty to meet people's assessed needs on a daily basis.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Cleaning schedules were completed daily or weekly, as required. The schedules were a record of what had been cleaned and when.

People could receive visitors in their home. The registered manager told us visitors were required to wear face masks and have their temperature checked on arrival. They were also asked to answer some health check questions regarding COVID-19.

Learning lessons when things go wrong

- The provider was open to learning lessons if things went wrong or could go wrong. They recorded accidents and incidents and analysed the information for any trends or issues arising.
- Accidents and incidents were recorded, monitored and reviewed within the home. Accident reports were sent to the regional manager to be monitored monthly.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had not identified the concerns we found.

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

- The provider had a system of auditing in place which covered various aspects of the governance of the service provided. However, these audits had not identified issues with the safe administration and management of medicines.
- The provider had employed a person using the service to undertake audits of the home. The audit covered areas such as the environment, activities and menus. The person wrote a report which was included in the provider's governance systems.
- Senior management undertook monthly visits to the home which looked at a range of topics regarding how the home was managed.
- The registered manager undertook observations of practice to monitor people's experience of living in the home.
- Internal inspection audits were completed by the provider's quality team. Where issues were identified, there was evidence these had been addressed.
- The registered manager ensured monthly team meetings were held and we saw minutes of these meetings. Records showed staff were reminded about the 'Speak Up' policy which was in place so staff could raise any concerns. A staff member told us, "[At the meetings] we discuss every residents' needs, any changes and discuss things that could have been better."

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

- The registered manager promoted a positive culture within the home.
- One person told us, "[The registered manager] is a nice manager, she is approachable and willing to sit there and have a chat." They said of a member of the management team, "I always know I can talk to [named staff member] and he always calms me down."
- A staff member told us, "We are like a big family, we help one another, it is very supportive. I think it's the best job I've had regarding teamwork and working together." Another staff member said, "It is a lovely place, it's run really well, they actually care. I can talk to them if I don't know to do something, management would explain to me and show me as many times as I need."
- A healthcare professional told us, "I have always found the staff helpful and the management professional, open, honest and transparent. [The registered manager] has a deep and concise level of knowledge about all the clients in the home and she will always critically highlight any concerns or risks immediately to me or the clinical teams involved. My firm view is that [people's] overall stability has been well maintained and

managed, this is in no small part due to the consistent and robust levels of risk management, support and personalised care in place."

- Another health and social care professional told us, "I have found staff to be professional and helpful. [The registered manager] has always been active and positive in her approach to support and care for my client and I feel that the service users are treated with respect and the service as a whole is person centred." They went on to say for one person they supported, "The support plan put in place to manage [the person's support] from staff has been excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility regarding duty of candour. They told us it meant being transparent and honest, and apologising.

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

- There were systems in place to ensure people were involved and engaged in how the home was managed.
- The registered manager had consulted with people about what they would like to be called. People felt 'residents' was the preferred word.
- Weekly resident's meetings were held where people could discuss a range of topics, for example, what they would like to do.
- Some people had chosen to have pets which they kept in their rooms.
- People were involved in decorating their rooms, choosing colours and soft furnishings.
- A health and social care professional told us, "The home is managed very well and my clients have thrived in this service, [both] present and past and continue to make meaningful development."

Continuous learning and improving care

- There were systems in place to ensure continuous learning to improve care.
- The registered manager told us they included a discussion in staff meetings about lessons learnt and ideas to improve the service. They understood the importance of this and told us, "We must learn as a team."
- One staff member told us, "I have [a supervision meeting] monthly, or sooner if needed. I can always go into the office to discuss anything. [Named staff member] is brilliant and [the registered manager] is lovely."

Working in partnership with others

- The registered manager and staff maintained links with health and social professionals, for example the GP and the care co-ordinator, who they spoke with weekly.
- Other professionals included the mental health team, nurses and occupational therapists. Referrals were made to health and social care professionals when necessary.
- The registered manager told us staff had been trained how to use a nationally recognised tool for identifying early signs of ill health. The registered manager said this had improved staff skills to be able to recognise any early signs of physical health deterioration and to refer this to the appropriate professional.
- A health and social care professional told us, "The staff, in particular the manager, have always been very positive and proactive in their care of my client. Staff know my client well and are able to update me in detail when requested. They have informed me of changes in their presentation and also of any concerns that they may have."
- Another health and social care professional told us, "[The service] engage well with professionals and provide all requested information promptly and satisfactorily with sound daily recording. The staff are receptive and appreciative of support and guidance from external professionals."

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 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of an effective system and process for the safe administration and management of medicines.