

Chalgrove Care Home Limited

Chalgrove Care and Nursing Home

Inspection report

5-7 Westminster Road East
Branksome Park
Poole
Dorset
BH13 6JF

Tel: 01202767493

Website: www.agincare.com/care-homes/dorset/chalgrove-nursing-home-poole/

Date of inspection visit:
12 July 2022

Date of publication:
23 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chalgrove is a residential care home providing personal and nursing care for up to 60 people. The service provides support to older adults, some of whom live with a dementia. At the time of our inspection there were 53 people using the service. The home is divided into two adjoining buildings which provide accommodation and are connected by a corridor.

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

Risks to people had not always been assessed, care plans did not always include details of risks to people, and actions in place to mitigate identified risks had not always been taken. Quality assurance systems and processes had not been effective at identifying shortfalls in the management of risks to people.

People felt safe. Staff understood their role in recognising potential abuse and knew the actions needed if they had concerns. People had their medicines managed safely and were protected from avoidable infection. Staff had been recruited safely and staffing levels met people's needs.

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.

The management of Chalgrove was described as open, friendly, professional with good teamwork and visible leadership. Staff were clear about their roles, felt involved in the service, listened to and appreciated. Learning was shared with staff. Links with other professional bodies had been established which supported up to date best practice.

People were respected as individuals and received care that recognised their care needs, choices and lifestyles. A range of activities reflected people's culture, interests and hobbies. People had an opportunity to be involved in end of life planning that included any cultural or spiritual needs. A complaints process was in place that people felt confident to use if needed.

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 23 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chalgrove Care and Nursing Home 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 breaches in relation to the management of risks to people and quality assurance processes.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

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

Requires Improvement ●

Chalgrove Care and Nursing Home

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 inspection was carried out by three inspectors.

Service and service type

Chalgrove 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. Chalgrove is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection . We sought feedback from the local authority and health commissioners. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, operations manager, nurses, senior staff, health care assistants, activity staff, chef and administrator. We also received written feedback from seven staff sharing their experience of the service. We spoke to three health and social care professionals who work with the service.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed



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 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.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed, care plans did not always include details of risks to people, and actions in place to mitigate identified risks had not always been taken.
- One person had an assessed risk of choking and required a pureed diet. Staff had recorded on two occasions the person had a sandwich for supper. We followed this up as we were concerned this person may not have been supported safely with their eating and drinking. The registered manager confirmed staff had made an administrative error in recording a person with a choking risk had eaten a sandwich.
- One person had a known risk of dehydration. Records over a seven-day period showed their fluid intake target had not been met. Risks associated with dehydration had not been assessed or actions to support hydration considered.
- Information about people's dietary needs were shared with the catering team. One person had a risk of choking and needed a soft and bite sized diet. Catering staff had been referring to instructions on a notice board that did not reflect their safe swallowing plan.
- One person had a risk of skin damage and actions to mitigate risk included a four-hourly change of position. We checked records over a seven-day period and found that on 13 occasions this had not taken place.
- We observed one person having a cigarette. A risk assessment was not in place to ensure safety of that person or others. Once we had made the provider aware of the risk a risk assessment was put in place.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the registered manager who agreed with the identified shortfalls and responded during and after our inspection with actions to improve areas identified.

- People had personal emergency evacuation plans in place providing critical information to ensure people's safety should they need to evacuate the building. Staff had completed fire safety training and staff had participated in fire drills.
- Records showed us that equipment was in good order and regularly serviced. This included fire equipment, hoists and electrical equipment.

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.
- Where people had been assessed as not able to make a specific decision a best interest decision had been taken in consultation with family and professionals who knew the person. This had included use of bed rails, personal care and medicine administration.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and felt confident in the staff who provided care and support to them.
- People were supported by staff who had been trained to recognise and report any concerns of suspected abuse. Staff were able to describe actions they would take, including details of external agencies they could contact, if they had safeguarding concerns.
- Records demonstrated that safeguarding concerns were shared appropriately with agencies including the local authority and the Care Quality Commission. This enabled external oversight of risk and ensured people were protected from potential harm.

Staffing and recruitment

- Staff had been recruited safely. Employment checks included employment history, references and a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff with the right skills and experience to meet their care and support needs. A dependency tool had highlighted additional staffing hours were needed and had led to an additional member of staff each morning.

Using medicines safely

- People had their medicines stored, administered and disposed of safely. One person told us, "I like to know what it is I am taking so (staff) let me look at them and tell them what each one is before I take them. It makes me feel more in control."
- Some medicines were prescribed for as and when required. Guidance was in place that provided staff with information needed to ensure they were administered consistently and appropriately. Examples included medicines prescribed for pain and agitation.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.

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 PPE 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.
- In line with current government guidance the home was open to visitors. Testing was not required and there were no restrictions to movement around the home. Visitors were required to wear PPE.

Learning lessons when things go wrong

- Accidents and other incidents had been used as an opportunity to reflect on practice and share learning. Actions had included reviewing care and support plans, introducing specialist equipment and referrals to other professionals with specialist skills and knowledge.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that reflected their care needs, likes, dislikes and lifestyle choices. One person told us, "They have taken time to get to learn more about me, know what frightens me, what makes me smile. I can't fault them."
- Staff knew people well and understood their communication skills. This included whether they used sounds or facial expressions and if they wore hearing aids or glasses. This ensured people were able to have choice and control in their day to day decisions.
- People's care plans included their life history and included information about their family, employment, school years and hobbies. This meant staff could initiate conversations that were meaningful to the person.
- People had an opportunity to join in activities both in a social group or in their rooms. One person told us, "I love the activities here, this morning I painted a bird box that we made last week. I enjoy the exercises, getting out in the garden. They all make me feel good and I enjoy my days more." Another shared, "(Staff) have offered for me to go on trips and that, but I said I am not up for trips right now because of how I am feeling, they don't push me."
- Activities were reflective of people's culture, history, hobbies and interests. One person had enjoyed a dance video relevant to their heritage.
- People were supported to keep in touch with family and friends. This included telephone and video calls and invites to social gatherings at Chalgrove.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. If needed information could be provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and had been shared with people and their families. One person told us, "I know I can raise concern to whoever I speak to and they are so good at answering all my questions to

make me feel better."

- Records demonstrated that complaints were investigated and responded to in line with policy. Learning was shared with staff when it could improve practice. An example was recording when people had a gender specific request when receiving care.

End of life care and support

- People, and where appropriate their families, had an opportunity to discuss end of life wishes, including any cultural or spiritual needs.
- Some people had peace plans in place. The peace plan included information about end of life medications that had been prescribed and were stored on site. These then could be accessed by trained staff if needed to help with pain or other symptom management.

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 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; Continuous learning and improving care

- Quality assurance processes had not been successful in identifying shortfalls in the management of risks to people. This included risks associated with choking, skin damage, dehydration and smoking.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection including actions to utilise electronic reports from the care planning system to more frequently monitor management of risk.

- A service improvement plan was in place and populated from information gathered from a range of sources including audits, internal and external monitoring visits and feedback from people, their families and staff. Actions were reviewed weekly, shared with staff and had resulted in positive outcomes for people. An example included a review of activities being offered to people which led to more activities being provided to people who were cared for in their rooms.

- Staff were confident and understood what was expected from them in their roles. We observed good teamwork and interactions between staff of all levels.

- The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

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

- The registered manager was visible, knew people and the staff team well and promoted an open culture. A staff member told us, "The culture in Chalgrove is always very positive, supportive and professional." Another said, "The management are all very friendly, always happy to help and kind-hearted. They are all very understanding and easy to talk to, especially (registered manager)." Another said, "Management are accessible, approachable and quick to assist where needed."

- Staff told us they felt they had a voice and were listened to. One staff member told us, "Management and

senior staff hear us out and make the necessary adjustments."

- Staff told us they felt valued. A wellbeing notice board included information for staff ranging from wellbeing surgeries to social events. The provider had introduced a recognition scheme for staff that had gone the extra mile and voting was open to everyone.

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 the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- People, their families and staff had opportunities to be involved in developing the service through scheduled meetings, informal meetings, social media and a newsletter. During the pandemic meetings with families had been held virtually. The registered manager told us families had requested face to face meetings recommence and these were being arranged.
- A survey had recently been distributed to people and their families to gather feedback about the service. The previous survey had an action requesting fresh fruit on the drinks and snacks trolley and we observed this was happening.

Working in partnership with others

- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included links with local dementia groups, Skills for Care and a student nurse programme with a local university.

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 Risks to people had not always been assessed. Actions in place to mitigate identified risks had not always been monitored or taken.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes had not been successful in identifying shortfalls in the management of risks to people.