

HC-One Limited

# Chandlers Ford Care Home

## 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

Chandlers Ford Care Home is a residential care home providing personal and nursing care to up to 45 people. The service provides support to older people and younger adults, including those who are living with dementia. At the time of our inspection there were 26 people using the service.

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

We received mixed feedback from people's relatives about some aspects of the service. Some felt the service could improve in the ways it communicated with them. Some also felt there were sometimes not enough staff available, so that people were left waiting and did not receive support in a timely manner. Some said not enough was being done to provide people with activities for mental and social stimulation.

Positive comments from relatives included, for example, "They are respecting her...and she looks pleased to see them." Also, "They have made him feel very welcome, all the staff, manager are friendly and easy to talk to" and "Overall feeling is they are kind and caring with her."

We found there were inconsistencies and a lack of clarity in some of the care records, which meant we were not assured that people always received appropriate care and support. External health and social care professionals had also raised concerns around gaps in records putting people at risk of unsafe care. The service was working in partnership with the local authority and were making improvements as part of an action plan.

A dependency assessment was used to assess and monitor staffing levels and the registered manager was introducing an improved staff allocation system as part of their action plan. Safe recruitment practices were followed before new staff were employed to work with people.

People received their medicines in a safe and effective way from staff who had received appropriate training. The labelling of bottles with opening and expiry dates could be made clearer and the registered manager agreed to action this. We observed staff adhered to the provider's infection prevention and control policy and procedures.

Staff received training in safeguarding and demonstrated their understanding of procedures for reporting and escalating any concerns. Risks to people's health and wellbeing were assessed, such as falling, choking, or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. A range of systems and processes were in place to identify and manage environmental risks.

There were systems and processes in place for monitoring the quality and safety of care and used to plan improvements. Monthly meetings were held for the purpose of sharing learning across the organisation. The registered manager was promoting a positive culture that was open and person-centred. Staff told us the registered manager was approachable and was making improvements to the service, such as daily meetings

to communicate what needed to be done.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 2 June 2018)

#### Why we inspected

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.

We received concerns in relation to staffing, personal care and support to ensure people had enough to drink and were offered baths or showers, and activities to promote mental / social stimulation. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

The provider has taken action to mitigate the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chandlers Ford Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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** ●

# Chandlers Ford Care 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 one inspector and an 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

Chandlers Ford Care Home 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. Chandlers Ford Care Home 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 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.

### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

### During the inspection

We spoke with 2 people and spent time in communal areas observing people being supported. We spoke with the registered manager, deputy manager, a registered nurse, 2 care workers, a senior home manager, and the regional quality improvement lead. We reviewed a range of records, including medicines records, support plans and daily care records for 8 people. We looked at 2 staff files in relation to recruitment and supervision records. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. We received feedback from 9 relatives and 2 professionals.

# 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.

### Staffing and recruitment

- We received mixed feedback about staffing. Some relatives told us they did not think there were enough staff deployed at certain times, such as at the weekends and in the evenings. A relative said "I feel there is not enough staff at times, I am in and out a lot and I see sometimes there is a wait when people ring bells especially at weekends"... Seems more agency on at weekends." Another relative commented "My gut feeling is that staff are kind and caring but don't have enough time when people need to get to the loo, they are rushed off their feet all the time."
- Concerns had been raised by external professionals regarding staffing on the lower ground floor. During the inspection staff confirmed that a single agency worker was assigned to this floor. Following the concerns, the registered manager's action plan included the implementation of an improved allocation system to be overseen by senior staff, to ensure consideration is given to the skill mix when allocating staff to work on the lower ground floor. Following the inspection, the service stated that the agency member of staff was experienced and had been working in the home for 8 months. Walkie talkies had also been provided to enable staff to seek support.
- Whilst we were talking on the telephone to a relative, who was visiting the care home at the time, they waited 30 minutes for support after using the call bell. After the relative pressed the call bell, a member of staff came in to collect breakfast dishes. The relative informed them their family member was falling out of bed and the member of staff said, "I will speak to the carers." A care worker arrived, turned the call bell off and left. It took 30 minutes for care workers to come to provide help and the relative had to hold their family member up with one arm.
- One member of staff told us they felt staffing was "Based on numbers rather than needs, which may have an effect on quality (of care). I feel we could perhaps do more for them." They said the service used the same agency staff regularly, which helped provide consistent care.
- Positive comments about staffing included one relative who told us, "I find it well staffed. I always speak to at least 3 staff; bedroom doors are open and I see other patients who also look well looked after. It seems well staffed and I see staff around." A member of staff told us there were "Enough staff at the moment" and they were aware new staff were being recruited.
- A dependency assessment was used to assess and monitor staffing levels. Staffing levels had increased on the second day of this inspection as occupancy had increased. The registered manager told us staffing levels had increased to 2 registered nurses and 4, rather than 3, care staff per day shift. Nights were covered by 1 registered nurse and 3 care staff. This was reflected on the staff rota, which showed a frequent use of agency staff. The registered manager informed us staff from another of the provider's local services were to transfer to Chandlers Ford Care Home, which would result in a decrease in the use of agency staff. The registered manager said they were hoping to increase the activity coordinator role from 5 to 7 days per week.

- The staff rota was planned in advance up to December 2022 and included a note from the management team that any changes to the rota will only be authorised taking staff skill mix, gender mix, and people's needs first.
- A range of relevant training was provided, and a system was in place to keep track of individual staff training and updates. Agency staff profiles were on record for all the agency staff employed on the rota.
- Safe recruitment practices were followed before new staff were employed to work with people. 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.

#### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, such as falling, choking, or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. For example, a person who was nursed in bed had a risk assessment for eating and drinking in bed that had been discussed with them, due to the risk of choking, and staff were to provide support. This was kept under monthly review. Staff showed awareness of risk in day to day activities.
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits. For example, fire safety records were being monitored and appropriately maintained. Tests and any remedial actions were taken to protect against risks associated with legionella.
- Concerns had been raised by external professionals regarding call bells not working or working intermittently on the lower ground floor. The registered manager responded by putting in place a series of call bell checks to be undertaken 3 times a day for a week to ensure there were no intermittent faults. We have not been able to assess the effectiveness of these actions.
- The service had a business continuity plan. Personal evacuation plans were also in place which provided information on how people should be supported to evacuate the home in the event of an emergency.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect or harassment and the service had policies and procedures in place concerning safeguarding and whistleblowing.
- Staff received training in safeguarding and demonstrated their understanding of procedures for reporting and escalating any concerns. Staff were able to identify signs of potential abuse and were confident the senior management team would respond appropriately to concerns if they raised them.

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. There were systems in place to monitor any conditions relating to people's DoLS.
- Staff received training in the MCA and demonstrated their understanding of the main principles, including



least restrictive interventions and practice.

- Records showed mental capacity assessments were undertaken when required. For example, about choice of place of residence, covert medicines, and use of sensor mats.

#### Using medicines safely

- People received their medicines in a safe and effective way from staff who had received appropriate training.
- There was a system of audits in place for the safe administration of medicines.
- There was a clinical room and lockable trolleys in which medicines were safely stored. Fridges temperatures were monitored and recorded.
- Protocols were in place for the administration of 'as required' (PRN) medicines and staff were able to explain this guidance.
- Controlled drugs (CD) were appropriately stored and records kept. We checked a sample of medicines remaining against the CD logbook and the amounts were correct.
- The labelling of bottles with opening and expiry dates could be made clearer and the registered manager agreed to action this.
- The service was introducing an e-mar (electronic medicines administration recording) system.

#### Preventing and controlling infection; Visiting in care homes

- 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.
- Visiting arrangements for friends and relatives were in line with current guidance.

#### Learning lessons when things go wrong

- We had received multiple concerns about the time it took staff to respond to call bells. The registered manager carried out random checks of staff responses to call bells and showed us records of these checks. People had communication care plans that identified their abilities in expressing their needs and using the call bell.
- Records were kept relating to falls, accidents and incidents, as well as complaints, and the provider had a system to monitor these. This enabled the provider to identify the potential cause of any incidents and any patterns in these, with a view to reduction or prevention.
- The registered manager had introduced a new laundry system to help ensure people had their own clothes returned to them.

# 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

- There were systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety.
- The area quality director had undertaken a visit to the home in September 2022. The main focus of this visit was to look at care planning, wound management, daily records, medicines management, and infection prevention and control.
- The audit identified people appeared well looked after and there should be increased focus on one-to-one engagement, particularly for people at increased risk of isolation. Record keeping in relation to this needed to be more robust. The audit also checked and confirmed, for example, that food and drink was available to people, PPE was available to staff, and call bells were answered in a timely manner.
- Medicines were not checked as part of this particular audit, although creams and compliance were discussed with staff at the time of the visit.
- We had received concerns about people not being offered baths or showers. Staff kept daily records of personal care people received. For example, staff told us a person was encouraged 2 or 3 times a week to have a bath or shower. The daily record indicated when the person declined a bath or shower and showed the person had received personal care that day. The record did not give any indication of if and how encouragement was given. This was an area for improvement.
- The registered manager acknowledged staff had not always recorded when people were offered a bath or shower and said this was now being implemented. This would be helped by the service having more permanent staff. There were plans to introduce a new electronic care system in 2023, which would make it easier to monitor how and when records were being completed.
- We had received concerns about staff not supporting people to have enough to drink. For people at risk of dehydration, fluid charts were used to monitor and record the amount they drank. There was some inconsistency in how staff completed the charts. For example, where a person's fluid intake did not meet the daily target, staff had written 'encourage' in the actions taken box on the form. This had continued over a number of days and we were not assured that further action would be taken if necessary. This was an area for improvement. A member of staff told us concerns would be reported to the registered nurse on duty. They showed us another person's records that showed they had been referred to the GP following concerns about their lack of fluid intake.
- Monthly meetings were held for the purpose of sharing learning across the organisation. There was a rolling agenda to monitor that any actions identified were followed through. The most recent meeting in

November 2022 included an action point reminding staff to record when they had offered, and residents declined baths/showers, food/fluids, and medicines.

- A health professional told us, "I am not assured that the home is well led, and there are clinical omissions in recording which could lead to poor nutrition, hydration, medication errors, which lead me to believe some residents may not be safe."

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

- A recent residents and relatives survey carried out by the service had identified that some relatives felt that activities could be improved. We also received mixed feedback about the levels of activities to promote mental and social stimulation. The registered manager told us they had recently implemented improvements to wellbeing plans. A relative commented, "In the last 3 weeks they have published a list of activities – that is great." We saw activity planners on people's bedroom walls, informing people of the activities on offer and staff told us these were changed weekly. At the time of the inspection, staff looked for and were unable to find in people's individual files records of activities they had been offered and taken part in. Staff said the records may have been removed for collating by the activities coordinator. The registered manager acknowledged staff had not always recorded when activities took place and had an action plan to improve in this area.
- There was mixed feedback from relatives about how well the service communicated with them. Some said communication was good while others told us it could be improved. The registered manager had recently implemented measures to improve communication. For example, monthly telephone calls from care staff to update relatives about their family member's health and wellbeing.
- We observed people being supported and treated with dignity and respect; and involved in their care. A relative told us, "I definitely feel involved, I have direct email contact with the manager and so is (person's name), her opinions are asked for, they are trying to maintain as much of her independence as they can." Another relative said, "She is cared for, looked after and dignity is maintained" and "Had a care review recently, a 1 to 1 with a senior member of staff, I was listened to."

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

- There was also positive feedback from people and their relatives. Comments included, "It is well run, yes except for the weekend issue. There are a visible and approachable manager and senior staff. Open, yes, and I would recommend it", "They do a wonderful job. I have never made a complaint, never had to. The manager is good, I know her, had 3 or 4 different ones but I like that she is positive and does not mince her words. She communicates with a smile in her eyes when she has got her mask on. I am happy that (relative) is staying there" and "She was very ill when she got there...they really looked after her well...they have made her well. I cannot praise them enough."
- One member of staff told us "The (registered) manager is very approachable, the best one in 9 years." They told us the registered manager had introduced daily 'flash meetings', when all the departments came together, "So we know what needs to be done" and was "Making the home better." Another member of staff said they felt there was a positive culture within the home. They were aware of the values the provider promoted and that this encouraged staff to "Be compassionate and caring."
- We observed staff greeting people in their bedrooms and communal areas and responding positively to people who required assistance or reassurance.

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 and 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.

- The registered manager kept records of complaints in line with the provider's procedures. We saw responses to complaints included, when appropriate, apologies and actions for improvement.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. For example, they had links with other resources and organisations in the community such as GP's, dieticians and community nurses. A member of staff said they felt the service had good communications with external professionals.
- The provider and registered manager had engaged with the local authority and were making improvements as part of an action plan.