

Chaston House Ltd

Chaston House 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

Chaston House Care Home is a residential care home providing person care for up to 11 people aged 65 and over. At the time of our inspection, there were eight people using the service.

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

Risks to people's health and wellbeing were assessed, and there were guidelines for staff to follow to deliver safe care to people who used the service. This included risks in relation to COVID-19. However, one person did not have a risk assessment in place.

Systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements had developed but further improvements were required to address the issues we found during our inspection.

Although there was evidence that safety checks were taking place, some had not been recorded since September 2020.

People were not always supported to be involved in meetings and decisions about home improvements. There were systems in place to protect people from the risk of infection and cross contamination and staff had received appropriate training in this. There were good measures in place in relation to COVID-19 but staff did not always adhere to guidelines. For example, they did not take our temperature or check if we had symptoms of COVID-19 or had been in contact with anyone who did. Also, the layout of the home made it difficult for staff and people to observe social distancing.

We discussed the above areas of concern with the registered manager who agreed to address these.

People's needs were met. The provider sought advice from external professionals where people's needs required this. Staff followed instructions from them and took prompt actions as advised.

There was a policy and procedure for the recording of incidents and accidents. There had not been any incidents or accidents since our last inspection. Lessons were learned when things went wrong.

Staff were recruited safely and there was a full care staff team in place.

Staff felt supported by the registered manager and said they worked well together. Staff meetings had not always taken place regularly due to staff absence. However, staff felt they could approach the registered manager and issues raised were being addressed consistently.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 but remained in breach of regulation 17. We did not inspect the key questions effective, caring and responsive so we are unable to check if the provider has met the breaches of regulations 9 and 10.

This service has been in Special Measures since 17 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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 coronavirus and other infection outbreaks effectively.

Follow up

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Chaston House Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Service and service type

Chaston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included seven people's care records and all the medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at the staff rota, meeting minutes and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection, we found staff did not always follow risk assessment guidelines and did not always support people safely, putting them at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 12. However, further improvements were needed.

- The environment was safe. The provider undertook health and safety checks on gas, electricity, water and fire safety and checks of equipment. However, we saw some of these were out of date. For example, checks on window restrictors had not been recorded in September and October. Weekly water testing had not been recorded for October 2020. The registered manager told us they had carried out these checks but had not recorded them. They assured us they would address this. External contractors had undertaken checks in relation to fire safety and safety of electrical equipment.
- There was no risk assessment in place for one person who used the service whose skin was at risk of deterioration. This meant it was difficult to see how the risk was managed and staff may not understand what they had to do to reduce this risk. We raised this with the registered manager who acknowledged a risk assessment was not in place but assured us they were taking appropriate action. Records showed the person's skin was being monitored daily by staff and we saw evidence that appropriate action was taken as necessary such as involving the district nurse. The registered manager sent us a comprehensive risk assessment the following day.

We recommend the provider seeks relevant guidance in relation to risk management and record keeping.

- The registered manager had assessed other risks to people's safety and wellbeing. This included risks to people's physical and mental health, skin integrity and mobility. Assessments were detailed and contained the level of risk and measures in place to minimise this.
- People living with specific medical conditions were supported appropriately. For example, a person living with diabetes had a detailed care and support plan in place. This stated their personal details, prescribed medicines, and a definition of the medical terms used for monitoring their condition. There were also guidelines about diabetes and recommended diet for the person to keep healthy. Guidelines included how to recognise warning signs the person was becoming unwell, and how to support them.
- Since the last inspection, there had not been any incidents or accidents at the home. For one person at

risk of falls, we saw appropriate measures were in place to help prevent this from happening. For example, they had a sensor mat in their room to alert staff when they were getting up, enabling them to offer prompt support.

Staffing and recruitment

At our last inspection, we found there were not sufficient staff to meet people's needs. This increased the risk of people's needs not being met and placed them at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer breaching this regulation.

- The registered manager told us at the start of the COVID-19 pandemic that the whole staff team self-isolated and they were left with no staff. They said they worked with the provider and another family member who is also a member of the care team to cover all the shifts and provide care and support to people who used the service. They told us, "It was terrible and really hard, but we did it." They added they required the use of agency staff to provide additional support but ensured these were regular staff who were only allocated to the home.
- The provider had made improvements to the staffing levels by ensuring care staff did not undertake cooking duties. Instead, they had a member of staff dedicated to this on a daily basis. The registered manager told us they were working on a shift system including sleep in duties, to help them monitor the service by working alongside staff. They told us that following the previous inspection, they wanted to be around as much as possible to make the necessary improvements.
- We looked at the staff rota for the last three months and saw that all shifts were covered and there were enough staff to provide support to people and meet their needs.
- The registered manager told us they were working with senior staff to improve their skills by undertaking regular training and monitoring. They were hopeful that in the future, senior staff would be able to provide management cover when they were absent.

Using medicines safely

- There was a medicines policy and procedures in place. Staff received training in the administration of medicines and had their competencies assessed. We saw evidence of this. Medicines administration records (MARs) were clear and included details of people's prescribed medicines.
- Staff signed where they administered people's medicines and we saw this was correctly recorded, apart from one recording error. We discussed this with the registered manager who raised this with the staff member responsible. Our check showed the medicine had not been given inappropriately. Following the inspection, the registered manager told us they had reassessed the member of staff's competencies.
- There were protocols in place for people who were prescribed 'as required' (PRN) medicines. This contained information about the person, and guidelines about when to administer the medicine. Records showed people were only given PRN medicines when this was necessary.
- The registered manager undertook regular medicines audits. Where errors had been noticed, this was recorded and appropriate action was taken. The form recorded the details of the incident, what went wrong and why, action taken and lessons learned. We saw there had not been any serious errors since the last inspection.

Preventing and controlling infection

- We were not always assured that the provider was preventing visitors from catching and spreading infections.

Although staff were required to take visitors' temperature before they entered the home, we were not asked to do this on our arrival. Staff were also required to ask visitors if they had any COVID-19 symptoms or had

been in contact with anyone who had, nobody asked us. We fed this back to the registered manager, who told us they would address this with the staff without delay.

- We were somewhat assured that the provider was meeting shielding and social distancing rules. Where staff needed to shield, the provider supported them with this. Although all efforts were made to adhere to social distancing rules, this was not always possible due to the layout of the home. However, staff wore appropriate PPE to minimise the risk of contact.
- 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 accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe living at Chaston House. One person told us, "The staff are lovely. They work so hard" and "I am safe and well looked after here." There was a safeguarding policy and procedures in place and staff were aware of these. Staff received training in safeguarding adults and understood how to protect people from abuse. One staff member told us, "If I had concerns, I would go straight to the manager."
- The provider sent notifications to the local authority when there was a safeguarding concern and worked with them to investigate and put systems in place for the protection of people who used the service. There had not been any safeguarding concerns since our last inspection.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

At our last inspection, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made but further improvements were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's monitoring systems had improved, and we saw where issues were identified, action was taken. For example, medicines recording errors were addressed with the relevant staff members who received additional training as necessary. However further improvements were required as the systems had not identified that one person did not have a suitable risk assessment in place, and safety checks were not always recorded.
- Following the last inspection, the registered manager sent us an action plan telling us what they would do to make the necessary improvements. We saw they had taken appropriate action and improvements had been made. The registered manager acknowledged further improvements were needed and assured us they would meet with the provider to put in place a new action plan.
- We saw there were no meetings for people who used the service. This meant there was no forum for people to get together and be involved in the service delivery or voice their opinions and concerns. We raised this with the registered manager who said they communicated with people all the time. They added they discussed people's concerns during one to one discussions and care reviews which were held monthly. However, they told us they would organise regular meetings.
- We saw there had only been two staff meetings since the last inspection. The registered manager explained this was because since the start of the pandemic, most of the staff had self-isolated which meant there had not been a full staff team until recently. The registered manager assured us they would put these in place more regularly from now on.
- We saw the environment was being improved to meet the needs of people who used the service, in particular those living with dementia. For example, doors had been painted in different colours, the home had been redecorated, flooring had been replaced and there was signage to help people find their way around. However, people were not routinely involved home improvements and planning. We discussed this with the registered manager who told us they would involve people in all future plans.

- The registered manager was supported by the provider who was a family member. They told us they had regular discussions about what needed to be improved, and when. However, they did not record these conversations and did not have an up to date action plan in place. They told us they would address this.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we did not inspect the effective, caring and responsive domains therefore we were unable to check if improvements had been made in relation to breaches of regulations 9 and 10.

- Since the last inspection the registered manager was working at different times of the day and night to provide care to people who used the service, as they felt they needed to be available outside of office hours.
- The staff we spoke with felt there had been improvement in the last few months. One staff member told us, "Since the last inspection, we work more as a team, we just cope together because of the pandemic, it has been hard work, but we keep on top. We do feel we are meeting people's needs here. The staff do care."
- Staff received regular supervision where they were able to discuss areas of improvement and any training needs.
- The registered manager told us they were committed to make improvements and had worked hard to lead the team and put more robust systems in place. They had ensured people's needs were met and risk was appropriately managed. There had been no incidents or accidents since the last inspection.

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

- From our observations, we saw people were supported with their needs. There was a calm and relaxed atmosphere in the lounge and people were listening to classical music. One person told us, "It's so lovely here isn't it. I love this classical music." When we commented on the garden, they added they often went for a walk in it to get some fresh air. They also told us, "The staff are lovely. They work so hard" and "I am safe and well looked after here."
- The registered manager told us they were trying to be open with staff and telling them they could come and talk to them anytime. The staff we spoke with felt supported by the registered manager and were positive. Their comments included, "The manager is good, [they] work very hard, trying to keep the home running and it is hard. I always say to [them], 'I take my hat off to you'. [They are] a very good manager" and "If I have any issues I can come to manager. [They have] always been very supportive to me."

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 importance of being honest and open when mistakes were made, or incidents happened, and to offer an apology. They reported incidents to the relevant agencies and dealt with complaints in line with their policies and procedures.
- The registered manager acknowledged where they had gone wrong at the last inspection and took full responsibilities for the shortfalls. They told us, "It is entirely my fault, I have learnt from this and I am committed to make improvements. It's a learning curve."

Working in partnership with others

- Staff worked with a variety of professionals including GPs, district nurses and social workers who supported them to meet people's needs.
- After the last inspection, the registered manager contacted another provider to seek advice and support to

make improvements. They received regular calls from the local authority throughout the COVID period but felt there was a lack of support when all the staff were off.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1) (2)