

Uniquehelp Limited

Chestfield 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

Chestfield House is a residential care home providing personal and nursing care to up to 32 older people who may be living with dementia. At the time of our inspection there were 27 people living in one large adapted building.

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

People told us they felt safe living at the service and staff treated them with kindness and respect. However, potential risks to people's health and welfare had not been consistently assessed and there was limited guidance for staff about how to mitigate the risks.

Medicines had not always been managed safely, records were not always accurate. Staff had been recruited safely but improvements were required to the documentation used such as references. Checks and audits had been completed by the registered manager and staff, but these had not been effective at identifying the shortfalls found at this inspection.

Staff were following current infection control guidance, and visitors were encouraged to visit people. The registered manager and staff understood their responsibility to protect people from discrimination and abuse.

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, relatives and staff were asked their opinions on the quality of the service and action was taken when suggestions were made. Relatives told us they were confident to raise concerns with the registered manager and they would take appropriate action.

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).

At our last inspection we recommended that the provider included checks on specific areas in the audits to drive improvements and deliver a consistent quality of care. At this inspection we found the areas identified had been included in the audits.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

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 Chestfield House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines and governance at this inspection. 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 well-led?

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

Requires Improvement ●

Chestfield 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 inspection was completed by one inspector.

Service and service type

Chestfield 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. Chestfield House 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 four people and two relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with five members of staff including the registered manager, nominated individual, nurse and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care plans and all the medication records. A variety of records relating to the management of the service, including checks and audits.



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

- Potential risks to people's health and welfare had not been consistently assessed. There was not detailed guidance available for staff to mitigate the risks and some care plans were not accurate. Some people required a catheter to drain urine from their bladder. Care plans did not contain information, for example, about the daily care required and when to change the drainage bags to minimise the risk of infection. Staff had not recorded in people's records when they had changed the drainage bags. One person's care plan stated they required catheter care; however, their catheter had been removed three weeks before.
- Some people were living with diabetes. One person was prescribed tablets to manage their blood sugar levels. The care plan stated weekly random blood sugars should be recorded and if blood sugars go above 11mmols regularly to inform the GP. Records showed the person's blood sugar varied widely depending on the time of day, with readings over 11mmols. There was no record staff had spoken to the GP or reviewed the blood sugar readings.
- Information about people's needs was not always consistent or accurate. One person's care plan stated they were bed bound but another section stated they could be transferred using the stand aid hoist. There was conflicting information about how people should have their fluids prepared. One person's risk assessment stated the person had normal fluids, but the care plan stated thickened fluids. There was no information about how the fluids should be thickened in the care plan. The registered manager told us thickened fluids was a trial suggested by the frailty team and the guidance on how to thicken the fluids had been added to the handover sheet.
- Some people were prescribed medicines to thin their blood. There was no guidance for staff about what side effects to observe for such as increased risk of bleeding and what action to take if someone fell. One person was prescribed medicines for epilepsy. However, there was no information about the type of epilepsy the person had, when their last seizure was observed or what action staff should take if a seizure was observed.

We found no evidence that people had been harmed however, the provider had failed to do all that is reasonably practicable to mitigate risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us updated care plans which contained more guidance for staff to mitigate risks.
- Checks had been completed on the environment and equipment people used to keep people as safe as possible, this included the fire alarm and equipment such as hoists

Using medicines safely

- Medicines were not always managed safely. Some people had been prescribed medicines on a 'when required' basis for anxiety or pain relief. There was not clear guidance about when to give these medicines, when to give an additional dose and what action to take if they were not effective. There was a risk people would not receive their medicines when they needed them.
- Some medicine administration records (MAR) had been handwritten, it is best practice for two staff to sign the medicines directive to confirm it is correct. There were a number of medicine directives that had not been signed by two staff.
- Records of medicines administered were not accurate. Some people had been given their medicines, but the MAR charts had not been signed by staff to confirm this.

We found no evidence that people had been harmed however, the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us updated protocols for 'as and when' protocols.

Staffing and recruitment

- Staff had been recruited safely, however, some improvements were needed to the documentation to ensure information could be cross referenced. The reference form did not have information about the previous employer it was from or how the person knew the referee, for example, as an employee or in a personal capacity. The form did not request confirmation of the dates of the person's previous employment. Following the inspection, the registered manager sent us an updated reference request form.
- There were enough staff to meet people's needs. We observed staff spending time with people and chatting to them. When people needed assistance with their meals, staff took their time and did not rush people. Relatives told us they thought there were enough staff, one relative told us, "Mum always looks well cared for and they come in and see us when I visit." Staff told us, there were enough staff, sometimes sickness that could not be covered, meant they were short, but they worked as a team.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. The registered manager understood their responsibility to report concerns to the local safeguarding authority for investigation. The registered manager had worked with other agencies to make sure people were safe.
- Staff had received safeguarding training. They were able to describe the signs they would observe for and the action they would take. Staff told us they were confident the registered manager would take the appropriate action if they raised concerns.

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.

- We observed staff asking people what they would like to do or the meals they would like. Staff respected their decisions. People told us they were supported to spend their time how they wanted.
- People's capacity to make decisions had been assessed. When people were unable to make decisions, this had been recorded in their care plans. When required to make complex decisions, best interest discussions had been held with relatives and professionals that knew the person well.

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.

Visiting in care homes

Relatives and friends were supported to visit people safely. We met with relatives during the inspection, while they were visiting people in their rooms. They told us, they were always made to feel welcome and had been encouraged to visit as soon as government guidance allowed.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns and trends. Action had been taken to reduce the risk of them happening again. When people had fallen a sensor mat had been put in place or people were supervised when mobilising to support them when they became dizzy.

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 Requires Improvement. The rating for this key question has remained 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

At our last inspection we recommended the provider include checks such as guidance on administering creams and checking pressure area mattresses in their audits to drive improvement. These improvements had been made but further improvements were still required.

- Checks and audits on the quality of the service by the registered manager and staff, but these had not been effective at identifying the shortfalls found at this inspection, such as care plans and risk assessments not containing relevant information. The audit system required scores to be given if a standard had been met or not. All the audits completed had been given a perfect score meaning no issues had been found. Some staff had completed audits in areas they were responsible for, such as care plans. We discussed with the registered manager about their oversight of these audits and how effective the audits had been. They agreed audits should be completed by a person not involved in the area being checked.
- The nominated individual visited the service regularly and discussed any concerns the registered manager may have. The nominated individual was knowledgeable about the service and the people living there, they had completed an audit in March 2022 in accordance with the provider's policy of at least two audits a year. The nominated individual told us they were due to complete a second audit but this had been cancelled and another audit been booked for just after the inspection. During the inspection, the nominated individual was made aware of the shortfalls found in the care plans. They immediately showed staff how to make changes to the care plans and how to record risks.

The registered persons had failed to effectively assess, monitor and improve the quality of the services provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had an 'open door' policy, they spent time working with staff and supporting people. Relatives told us they found the registered manager approachable and they were happy to discuss any issues they had with them.
- Relatives told us they were told when things went wrong. One relative told us, "I am kept informed when there are any problems or concerns about their health. They contact GP or frailty team if needed." Staff told us they were confident to raise any concerns with the registered manager and they felt supported.
- Staff knew people well and supported them to spend their time in the way they wanted. Staff supported people to be as independent as possible, we observed people being encouraged to eat their lunch independently.

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

- People, relatives and staff had been invited to meetings to discuss the quality of the service. Residents had discussed the menu, activities and the quality of care they received. People had expressed they were happy with the care they received and had made suggestions about the menus which had been implemented.
- Relatives had been invited to discuss issues with the registered manager including about vaccinations for Covid-19. People and relatives had been invited to complete quality assurance surveys in March 2022. People stated they felt safe living at the service, staff respected them, and they were treated well. People told us, they felt well cared for and staff were nice.
- Staff attended regular meetings to discuss practice, training needed and teamwork. They discussed Covid-19 vaccinations and the latest government guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with other agencies including the local authority and hospice to make sure people received the care and support they needed.
- The registered manager kept up to date with changes in government guidance and received updates from organisations such as Skills for Care.

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
Treatment of disease, disorder or injury	The provider had failed to do all that is reasonably practicable to mitigate risks to people. The provider had failed to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons had failed to effectively assess, monitor and improve the quality of the services provided.