Care UK Community Partnerships Ltd

Chandler Court

Inspection report

Chandler Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Chandler Court is a residential care home that provides nursing and personal care for up to 80 older people, some of whom are living with dementia. At the time of the inspection visit, 34 people were using the service. Chandler Court is part of the Care UK group which has 130 homes across the UK.

People's experience of using this service:
•People felt well cared for telling us, "The staff are so kind here, it's been more like being on holiday."
•The registered manager had systems to keep people safe and to check the effectiveness of these systems.
•Care was person centred and care plans were reviewed and updated regularly.
•Staff knew people well, were aware of people's preferences and they chatted to people when they were being supported with care.

Links had been made with the local community in the form of volunteers from a local supermarket and visits to and from local nursery schools. The home promoted an ethos of living happy and fulfilled lives, with the use of a wishing tree to provide people with activities that were meaningful to them.

Staff were well supported by a system of induction, training, supervisions, appraisals and staff meetings. They had opportunities to raise concerns or suggestions and be involved in the development of the service.

Why we inspected: This was the first comprehensive inspection of Chandler Court since registration in 2018, the inspection was unannounced.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Chandler Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: The Inspection team consisted of an Inspector and an Assistant Inspector on the first day, on the second day an Inspection Manager and Expert by Experience joined the Inspection team. An Expert by Experience is a person who has experience of using or supporting someone who uses this type of service.

Service and service type: Chandler Court is a Care Home, a care home is a type of service that provides treatment and accommodation for people who require nursing and/or personal care. The home is laid out across four floors, with the dementia unit on the top floor, the first being used for people who required the care of a Registered Nurse, and people who needed assistance with personal care living on the ground floor. The CQC regulates both the building and the care provided, both of these were looked at during the 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: The Inspection was unannounced and no notice was given

What we did:
Before the Inspection we reviewed the records held on the service, this included statutory notifications and information shared from other organisations such as the Local Authority. A notification is information about important events which a service is required to send to us by law. This information was used to support the planning of the Inspection.
During the Inspection we spoke to eight members of staff, five relatives and nine people using the service, additionally we spoke with the Registered Manager.
Care records were reviewed for seven people, in addition to this drug charts were reviewed for six people,

and medicines audits and safety checks were reviewed for each unit.
We walked around the home and observed how staff interacted with each other and people living in the home.
We reviewed staff training records and other records related to the running of the home.

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

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;
● People told us they felt safe, with one person telling us that, "You aren't made to feel like a nuisance when you ask for things" and "You never wait for the call bell (to be answered), there's always somebody about."
●People were protected from potential abuse and avoidable harm by staff who had received regular safeguarding training and who knew the actions to take, if poor practice was suspected.
●The provider had a whistle blowing helpline, and staff had a good understanding of the action to take to make sure that people were protected from harm.

Assessing risk, safety monitoring and management;
● There was a positive approach to risk taking, enabling people to maintain their independence
● Changes to people's needs were discussed during the daily '10 at 10' meeting, this meeting included the cook, activities staff and cleaning staff in addition to the clinical team. The purpose of this meeting was to handover important information about how people had been during the previous shift.
● The environment was well maintained with corridors being clutter free, and emergency evacuation plans in place to keep people safe.

Staffing and recruitment;
● There were enough well trained and knowledgeable staff on duty to support people. Any gaps in the rota were filled using Agency staff
● Staff worked across all areas of the home to ensure they knew how to care for each person
● Staff were recruited safely, with pre-employment checks being carried out including Disclosure and Baring Service (DBS) checks. A DBS check is made to find out if a potential employee has any criminal convictions and whether they would be unable to work with people living in the home.

Using medicines safely;
● People were administered their medicines safely. All medicines were signed for on a Medicines Administration Record (MAR) chart.
● Nurses and trained care staff had been assessed as competent to safely administer medicines before they gave them to people.
● Processes ensured medicines were stored safely and suitable for use, these included the monitoring and recording of fridge and room temperatures every 24 hours.
● Medicines incidents were reported, investigated and lessons learnt were shared to try to prevent them happening again.
● Liquid medicines and eye drops were dated with an opening date, to prevent them being used after they have expired, so they were always remained effective.

Preventing and controlling infection;

● Staff had access to Personal protective equipment (gloves and aprons) and these were used appropriately, the use of this equipment helps to prevent the spread of infections.

● The home was clean and odour free.

● Staff had received training in infection prevention and knew what action to take to prevent infections from spreading.

Learning lessons when things go wrong;

● Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns. For example, some changes been made to the system for giving medicines following analysis of where mistakes had been made.

● The registered manager reported incidents correctly and demonstrated a clear understanding of the types of incidents to be reported to the CQC.

● Sharing of Incidents takes place during the daily handover meeting and through staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People's needs were assessed before they moved into the home to ensure that these could be met effectively.
● Management supported staff to learn new skills for best practice to be followed. For example, there were plans in place for the Community Nursing teams to train care assistants to monitor blood sugars for people living with diabetes, and for the development of champion roles in key areas such as end of life care and dementia.

Staff support: induction, training, skills and experience;
● People were cared for by staff who had received training and had been assessed as competent to deliver care effectively.
● Systems ensured staff training was regularly refreshed to ensure they were carrying out practice that was current, up to date and in line with national guidelines. Training was completed through online and face to face training and competency assessments.
● Staff felt well supported, and received regular appraisals, supervision sessions and 1:1's. Some staff had received additional training in an area they were interested in such as care of people with dementia, and there were plans to roll this out across other specialist areas of care.
● During the inspection visit, it was realised there were gaps in staff knowledge for people living with Epilepsy. The registered manager said that they would address this and implement training for staff.

Supporting people to eat and drink enough to maintain a balanced diet;
● People were offered a healthy, varied and balanced diet, one person told us, "The food is really good, and you have to remind them (the staff) to serve a smaller portion."
● People who were at risk of declining health due to poor food and fluid intake had their weight monitored more frequently, and a record was kept of their food and fluid intake using food and fluid charts. As a result, any concerns were quickly identified and referred to the relevant health professionals.
● People had their foods prepared to meet their needs. Care plans detailed people's food preferences and any special dietary needs, and these were shared with the cook via the daily handover meeting.
● People were shown prepared, plated food to assist them in choosing what they would like to eat which would help people living with a cognitive impairment.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support
● People had access to a GP, who visited the home on a weekly basis. Work was ongoing with the provider to strengthen links with the local GP practice.

● People were supported to visit appointments with professionals outside the home, such as hospital appointments, but also had access to visiting professionals such as Community Nurses and a Chiropodist.
● Staff referred people to Speech and Language therapists and dieticians, care plans were updated and evidenced that the guidance offered was implemented.

Adapting service, design, decoration to meet people's needs;
● Adapted furniture was available and used in rooms, this included transparent wardrobe doors which allowed a person to see that the wardrobe contained their clothes. Where people wanted different furniture, this was actioned without delay. For example, one person had her wardrobe replaced with a non-adapted one as she was finding it distressing.
● The home was well decorated with access to a choice of seating areas for people to choose from. In addition to communal lounge areas, there was a coffee shop and quiet areas in corridors and a quiet lounge, people were also supported to remain in their room if they wished to do so.
● Adaptations to the home had been carried out discretely and in keeping with the overall environment, with a nursery area, and work bench available on the dementia unit, we were told that these areas would be changed as the needs of the people living on the unit altered.
● Signage around the home was clear and used pictures in addition to the written word to help people's association to objects and places.

Ensuring consent to care and treatment in line with law and guidance
● 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 Act 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 had their choices respected and supported by staff. For example, we saw where a person chose to sit in a quieter part of the home. Staff immediately supported this person to the area they wished to go. Another person had raised with staff that their hoist was uncomfortable. Arrangements were made for a reassessment of their hoisting needs.
●People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● DoLS had been applied for appropriately.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect
Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity;
● People were supported to maintain friendships and traditions, with one person having a party with his friends for the Cheltenham Gold cup, as he had previously done at his own home.
● Staff knew people well, and could talk to them about events and interests that were personal to them.
● People were supported to maintain their religious beliefs, with one person being supported to contact her local church, because she had moved away from her usual place of worship.
● People had individual activity plans, with one person being asked to navigate to places when going out in the mini bus.
● Visitors told us they felt welcomed and staff knew them, we were told, "Everybody knows everybody's name, not just residents but families too".

Supporting people to express their views and be involved in making decisions about their care;
● Families were involved in care changes and we were told, "Any change they phone you."
● People were given the time to express themselves both verbally and non-verbally.
● People were supported to make choices regarding what they would like to wear, and food choices.

Respecting and promoting people's privacy, dignity and independence
● There was training for staff in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory of people's abilities, race, culture or sexuality. All people were treated equally.
● People told us that they felt they were treated with dignity and respect.
● Staff knocked doors and waited for a response before entering a room.
● Where people needed personal care this was carried out discreetly and staff respected people's privacy at all times.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
● Care plans were person centred and reviewed and updated every month or when there was a change in the persons care needs. These plans described how staff should approach people and how to communicate with them, using a variety of methods to aid communication, including the use of hand gestures and closed questions.
● Referrals to healthcare professionals were made in response to changes in care needs, for example a referral to the physiotherapist had been made to assess the size hoist sling a person who felt that the hoist sling was 'cutting into' her.
● Information about peoples changing care needs was shared via daily handover meetings and through daily written records, meaning staff knew people's current heath needs.
● Activities were led and planned for by the preferences of the people who lived at the home. A bridge club had been created in response to a person enjoying this game, members of the community had been invited to learn to play this game, another person had been supported to learn how to use technology to keep in contact with her nephew via the internet.
● There were strong links with the local community. For example, the building was used by various support groups which were open for people living at the home to attend. Children from the local nursery school visited regularly, volunteers from a local supermarket have worked with people at the home to create a raised bed in the garden, and there are plans to extend community links further in the future, including dementia awareness talks at the home inviting members of the local community to attend.

Improving care quality in response to complaints or concerns
● People and their loved ones knew who the registered manager was, and felt that she could be approached if they wanted to raise an issue or make a complaint.
● A complaints policy was in place and this detailed how and when a complaint would be responded to.
● A relative told us, "We have plenty of contact with (registered manager) you can ask her anything and it's seen to."

End of life care and support
● People were supported to plan for the end of their life, and their wishes were documented and supported.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;
- The registered manager and her deputies had a good understanding of the needs and preferences of people who lived in the home but also the staff.
- The staff felt well supported by the Registered Manager we were told, "Registered Manager is really good at supporting the staff, really approachable, her door is always open."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
- We had received notifications in line with statutory requirements.
- There was a clear management structure within the home and staff were aware of their roles and those of others.
- Staff were required to attend mandatory training and there was a clear process in place for overseeing this was adhered to.
- Clinical support was available for trained nurses to enable them to update and refresh their skills and knowledge.
- Audits were carried out and the results analysed to recognise areas of improvement and emerging themes, these were then actioned to minimise the risk of harm to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- Regular staff meetings were held, and staff were encouraged to make suggestions about developing the service.
- People and relatives were asked for their feedback and opinion of the service through residents and relatives meetings, and questionnaires.
- Work was being carried out to improve engagement with the wider healthcare team through breakfast meetings with guest speakers on a themed topic.
- Plans were in place to engage further with support groups, and the wider community through open events on themed topics such as dementia.

Continuous learning and improving care;

● It was planned for staff to receive extra training in end of life care and to work towards a nationally recognised standard.
● Champion roles were being developed in areas such as Dementia care, and epilepsy.
● There is a robust training programme in situ for staff of all grades, with support provided for Registered Nurses to maintain their professional registration, and a leadership development programme for the deputy managers.
● Peer support was available through meeting with staff and people at other homes within the group, to enable the sharing of good practice.