

Chalkney House Ltd

# Chalkney House

## Inspection report

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Date of inspection visit:  
24 October 2019  
06 November 2019  
12 November 2019

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11 December 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Chalkney House is a residential care home providing personal care and accommodation for people aged 65 and over. The service can support up to 47 people. At the time of the inspection there were 26 people living at the service.

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

There were systemic failings at the service. Concerns raised during the previous inspection had not been effectively addressed. The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service. Where risks had been identified, measures had not been introduced to remove the risk within a timescale that reflected the level of risk or the impact on people using the service.

The service failed to manage and mitigate fire safety. We referred the service to the local fire authority.

The provider did not always safely maintain the environment to ensure it was safe for people living in the service.

Appropriate checks in place were not completed by competent staff to ensure the environment was safe.

The environment was not always clean and required improvement. We have made a recommendation about the environment of the service.

Further improvements were required in end of life care planning for people to ensure their last wishes were known and followed.

People's dignity could not always be maintained due to the environment of the home.

Staff were instinctively caring and understood people's needs.

Information was available in other formats to aid people's understanding where required.

People received care from staff who understood how to recognise potential abuse.

People's health was well managed, and staff had positive relationships with professionals which promoted people's wellbeing.

People were encouraged to maintain their independence and to make their own choices about how and where they spent their time. People were offered activities which they had the opportunity to join in.

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 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 requires improvement (Published 8 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not, enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the environmental risk and lack of sustained improvement.

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

We will request an action plan and will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating. 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Chalkney 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 Care Act 2014.

#### Inspection team

On day one, the inspection team consisted of two inspectors, two specialist professional advisors 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. They had cared for a family member living with dementia. On day two, two inspectors carried out the inspection.

#### Service and service type

Chalkney House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have 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. At the time of inspection, the manager had submitted an application to become the registered manager.

#### Notice of inspection

This inspection was unannounced. This inspection was undertaken on 24 October and 06 November 2019.

#### What we did before 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. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, operations manager, assistant manager, senior care workers and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found included missing information about legionella, falls analysis, training and quality assurance. We spoke with two professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has remained the same.

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; Learning lessons when things go wrong

- The environment placed people at immediate risk of harm. We found significant issues requiring immediate action. This included exposed hot pipes and radiator covers not always being in place to prevent burning. We immediately raised this with the provider and asked for this to be rectified. This was checked again on 06 November 2019. Whilst some action had been taken, not all exposed pipe work had been covered. We also found two fire doors on people's bedrooms did not shut properly meaning people were at risk of smoke inhalation in the event of a fire. We spoke with the provider and asked for this all to be addressed immediately to mitigate any risk posed.
- Risk assessments relating to the environment were not robust and did not mitigate risk. This included Personal Emergency Evacuation Plans (PEEP) for use in case of an emergency. For example, PEEPs identified people required the use of an evacuation chair in an emergency. However, the operations manager and provider told us that the service did not have any evacuation chairs and staff told us they would use people's own wheelchairs to evacuate from the first floor. We were later told that the service did have an evacuation chair in another area of the home, but this was needed for people living there. This meant people were at risk of being unable to evacuate the building safely in an emergency. We raised this with the regional manager and asked for this to be addressed immediately.
- During the inspection, we identified a fire escape that was locked using a combination bolt and did not release on the fire alarm. We raised this with the provider who told us the lock would be removed.
- We also found another fire escape in a person's bedroom that would be used by people. The exit route was blocked by furniture. This meant people would not be able to quickly and safely leave the building in an emergency. Additionally, we found two fire doors that did not close fully. This meant people were at risk of inhalation of smoke in the event of a fire.
- Following our concerns, we referred the service to the local fire service on 24 October 2019 and shared our concerns.
- Risks associated with legionella had not been identified. Although legionella was not present, a risk assessment had not been carried out by a competent person to identify any potential risks of the bacteria growing. At the end of the inspection, the provider informed us that this had been arranged

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's medicines, mobilising and pressure management.

## Preventing and controlling infection

At our last inspection the provider had failed to protect people against the risks associated with the spread of infection because arrangements in place for the ensuring the premises were clean were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The environment was not always clean. Since the last inspection, additional domestic staff had been recruited. However, we found corridors and bedrooms were not suitably cleaned and required a deep clean. We checked two unoccupied bedrooms and found crumbs and hair within the covers. We raised this with the manager and showed them our concerns. Following the inspection, the operations manager told us a deep clean of the service would be arranged.
- People's bedding had been replaced since the last inspection, however people still had lumpy pillows which had not been replaced or identified through cleaning schedules.
- One person's bathroom ceiling had mould growing. This had been identified by staff however no action had been taken to remove it.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood and followed infection control procedures when supporting people with personal care.

## Staffing and recruitment

- Relatives and staff told us there were enough staff to meet people's needs however staff had not always been visible. One relative told us, "Since the new manager came, there are more visible staff in the back lounge." The operations manager told us, "I don't feel we are understaffed. I think sometimes it's about the utilisation of the staff and how they are spread around the home." We spoke to the new manager who told us they had addressed the concern of staff visibility immediately after joining the service. They told us, "We are changing the routine of the staff. The safety has improved in simple ways such as making sure staff are visible. We do have enough staff, it's all about how staff are being used and how they manage their time and shift."
- Records showed there had been a number of unwitnessed falls since the last inspection. Whilst analysis of these falls had not identified any themes, staff and management told us that a number of these were avoidable. One member of staff told us, "There have not always been enough staff, and this has been a causing factor in the high number of falls we have had." The deputy manager told us, "I think some of the falls could have been avoided, the layout of the home doesn't help." During the inspection, we found no concerns about staffing levels or utilisation across the home.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.

## Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.



However, correct procedures were not always followed for people who lacked capacity to make decisions about taking medicines. One person had been assessed as lacking capacity for taking medicines and received their medicine covertly. Management had not followed the providers own policy and procedures to involve a pharmacist to assess if administering medicines in food or drink was safe. We checked the person's care records and found no mention of covert medication or instructions for staff to follow. This meant the person was at risk of not receiving their medication in a safe manner.

- We raised this with the manager and when we returned on the 06 November 2019, checked to see if this had been completed. A pharmacist had been contacted and instructions for staff to follow were now available to staff.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. We carried out a stock check of medicines and found that stock levels held were correct.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. However, since the last inspection, the service had not always reported abuse or potential abuse to the local authority. We raised this with the manager who confirmed that these had now been submitted to the local authority.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have a clear understanding of their role and what was expected of them. For example, health and safety responsibilities for the home were undertaken by the maintenance person and overseen by the manager. This included legionella testing and fire management. When we raised concerns about the health and safety within the home, the operations manager confirmed that neither had received any additional training other than basic health and safety training. This meant we could not be assured of their competency or skill to undertake such tasks.
- Staff were required to use specialist equipment in the event of an evacuation. Whilst staff had completed fire safety training, they had not received training in the use of specific equipment needed to evacuate people. This meant we could not be assured staff had the knowledge to safely evacuate people in an emergency. The manager told us they had recognised that the home needed more face to face training to ensure knowledge was embedded with staff. They told us, "I'm not just happy with the e learning training so I have asked for face to face training."
- The Care Certificate had been completed by staff who did not have prior care experience or qualifications. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received an induction into the home when they joined. We spoke to a member of staff who had recently joined the company and was completing their induction. They told us, "I did my training before I started. I have shadowed a couple of people and know I can ask anyone anything if I'm not sure. My induction covered everything I needed to know." New and existing staff received supervisions and appraisals of their performance.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment since the last inspection. However, we found some issues that needed to be addressed. This included one person's bedroom flooring being water stained due to a lack of threshold between the bedroom and bathroom as well as those issues highlighted in safe. The manager told us they were aware the environment needed improvement and had spoken to the provider.
- People's rooms were personalised, accessible, comfortable and decorated with personal items.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's individual and diverse needs were in place prior to them moving into the service

to ensure their needs could be met safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choice with food and drink. We observed people being offered choice over their food and different options were available at meal times. Management acknowledged improvements were required in the dining experience and told us they how they would improve this.
- People had access to fluids throughout the home and "hydration stations" had been set up for people to access. Hydration stations were tables with drinks on offer that people could access at any time during the day.
- People were complimentary about the quality of the food within the home. Comments included, "The food is very nice indeed" and "The food is alright, there is a good variety with plenty of drinks. I get a cup of coffee when I want one."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to maintain good healthcare and were referred to appropriate health professionals as needed. One person told us, "I see the doctor, the dentist and chiropodist."
- People had detailed notes in their health folders which staff and or visiting health care professionals could access to provide information they might wish to know about the person's needs.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood their responsibility to apply for DoLS as needed and their responsibility to inform the commission.
- Staff received training and told us they understood the requirements of the Mental Capacity Act in their day to day job. One staff member told us, "Some people might not have the capacity to do things, some might. If they don't, the family, manager and staff are there to help them out."
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive a service which was caring as they were not always protected from potential risk, as documented in the safe area of this report.
- Staff understood how to promote people's dignity. However, the homes environment meant this was not always possible. For example, bedrooms, bathrooms and toilets did not have useable locks. We spoke to staff and management and they did not know why this was and had not highlighted this as an issue. This meant people's right to privacy was not always respected..
- Records showed a complaint had been raised about a lack of dignity and respect shown to a person at the end of their life. Whilst the home apologised, this concern had not been identified by staff as being an issue.
- Staff had developed a good rapport with people at Chalkney House and the atmosphere was relaxed and calm. Interactions observed were kind and staff had time to sit and chat with people.
- Staff had a good knowledge about individual's needs, strengths, anxieties and how they communicated.
- Staff received training in equality and diversity and understood how to support people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- Resident meetings were held regularly. Minutes from these meetings showed people had discussed different issues and were involved in changing the home.
- Relatives and where required, advocates were involved in making decisions about the support people received.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

### End of life care and support

- The Commission received negative feedback prior to the inspection from relatives about their experience of their loved ones passing at the service. A specialist professional advisor (SPA) in end of life care supported the inspection.
- At the previous inspection, the home had begun the Gold Standards Framework. This is a model that enables good practice to be available to all people nearing the end of their lives to ensure they receive the best care. At this inspection, we found that this has not been followed through or embedded into the service by management. We spoke to the manager who confirmed this but told us they were currently transferring the programme to the new manager and would be restarting it.
- Staff had received training in end of life care and demonstrated a strong empathy for people and their needs. However, links between the service and local hospices had not been developed or maintained since the last inspection. The manager told us that since starting two weeks ago prior to the inspection, they had contacted a local hospice, Macmillan Cancer Support and other organisations who were providing support to the home.
- At the time of inspection, one person was receiving end of life support. We reviewed this care plan and one for a person that had recently passed away. Whilst some improvements had been made to end of life planning since the last inspection, information about how both people wanted to be cared for at the end of their life was not always recorded or clear why this wasn't in place.

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

- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under review and updated as required.
- Where people had complex needs, the service ensured significant people in the person's life, who knew them well, were involved in decision making.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records provide detailed guidance to staff on meeting people's communication needs. This included

suitable formats to use in giving information.

- Staff demonstrated good awareness of people's individual communications needs, and how to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had access to activities internally and externally to the home. One person told us, "We go in the garden if it is nice weather. The activities person does the games and takes us on the coach. We went to Walton on the Naze. We also have singers and dancers come in as well."
- Relatives told us how activities had supported people's wellbeing. One relative told us, "The activity lady does really good social stuff. The dementia therapy it has really helped [person], made them more relaxed and a lot happier."

Improving care quality in response to complaints or concerns

- Relatives were kept informed of activities within the home that people took part in via a newsletter. One relative told us, "I get a monthly newsletter from the home by email, but they have copies here that you can pick up and take home, it's really interesting to read what they are doing."

Improving care quality in response to complaints or concerns

- Since the last inspection, complaints had been received by the service. Records showed that they were fully investigated and outcomes were shared with the complainer
- People and relatives told us they could raise complaints or concerns but had no reason to complain. One person told us, "I have nothing to be worried about but if I did, I would be able to talk to the staff, I have no complaints."

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

The provider has failed to address concerns from previous inspections to improve the rating to at least good. Since being registered under Chalkney House Limited in 2015, the service has fluctuated between Requires improvement and Good. This demonstrates a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection, systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service.. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Some of the concerns raised at this inspection, have been raised at previous inspections and have either not been addressed or improvements not sustained. We discussed the action plan with the manager and what progress had been made. The manager told us that while some action has been completed, they agreed that a number were still outstanding.
- Audits and observations used to monitor the quality of the service, remained largely a tick box process. These continued to fail at identifying the lack of cleanliness and poor quality of bedding we continued to find. The quality of bedding had been raised at our previous two inspection. Audits continued failure to identify risk put people at risk of harm. For example, they had not identified the service had one evacuation chair for use in an emergency. Personal Emergency Evacuation Plan (PEEP) stated evacuation chairs were required in different areas of the home to evacuate people safely in an emergency. Audits had also not highlighted staff lacked appropriate training in how to use these. We identified the risk of exposed and hot pipes during the inspection including uncovered radiators, however these had not been highlighted by management.
- The service did not have a manager registered with the Care Quality Commission (CQC). A person was in the process of making an application with CQC to become the registered manager. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, a new manager had been at the home for two weeks and had identified

several significant concerns. They told us, "Since I came, the safety in the home has improved as I am making sure staff are visible. I am more comfortable that the place is safe, I wouldn't have placed someone here when I first joined."

- Incidents did not prompt learning to improve care. For example, there had been a high number of falls within the home in February 2019. Whilst an action plan was put into place by the previous manager, not all actions had been completed such as staffing undertaking falls training. This meant that people continued to be at risk of harm. We spoke to the manager and operations manager who told us that training had now been arranged for staff.

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

- The manager told us there was a poor culture in the home when they joined. They told us, "'Complacency is the issue I have seen in the home and this is what I am changing. I will be engaging and empowering staff by making changes to their routines and ways of working"
- The previous management had not supported new ideas or improvement in care delivery. A member of staff told us, "I felt that all the changes I want to bring in I was held back. However, with the new manager I can, we are on the same wave length."

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 manager was aware of their duty to be open and honest when something went wrong. We found systems were in place and had been used after investigating complaints made

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

- The manager had begun to get to know people and their relatives. During the inspection, a relatives meeting was held to share their vision and planned improvements. The staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- Relatives completed a survey of their views on the service. Feedback was collated, and an overview produced by the manager.

Working in partnership with others

- The service was connected to the local authority's provider forums. The manager told us they had attended a local managers forum to share best practice previously and would continue to do so.
- The service had been connected to the local authority's training programmes including the Prosper project. Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. Following the inspection, the provider told us they had won an Essex Carers Sector Award for Best Innovation in 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
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	People who use services and others were not protected against the risks associated with the risks associated with the spread of infection because arrangements in place for the ensuring the premises were clean were not effective
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The registered person was failing to ensure people's safety from the risk of fire,
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good Governance
	Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service.