

Chesford Grange Care Limited

Chesford Grange 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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chesford Grange is a care home providing personal and nursing care to up to 74 people. The service provides support to both younger and older adults some who may have a diagnosis of dementia, mental health conditions and or a physical disability. At the time of our inspection there were 53 people using the service.

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

The governance systems in place did not always identify issues relating to safety and quality within the service; this meant lessons could not always be learned when things went wrong. Some people's care records had not been reviewed and updated to ensure they contained the correct level of information about people's needs.

There was a new electronic medication system in place. However, not all staff were using the system correctly which meant we could not be assured people were receiving their medication as prescribed. We received mixed feedback about the level of staffing across the service, and some relatives told us they were unsure who the management team were.

Processes were in place to protect people from the risk of harm and abuse and staff were trained to respond to safeguarding concerns, although the lack of managerial oversight meant some safeguarding referrals had not been made. There were measures in place to mitigate the risk of the spread of infection across the service.

Care was delivered in line with people's assessed needs and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice. People had access to healthcare as needed.

Staff were observed to be kind and supported people in a dignified way. People were encouraged to be as independent as possible.

Activities in the home were socially and culturally relevant for people and activity staff were enthusiastic about improving the programme of activities available. There was a complaints policy in place and compliments about the service had been received. People received good end of life care.

There was a new manager in place who was dedicated to improving the service and driving change to improve outcomes for people living at Chesford Grange. They were committed to ensuring people, relatives and staff had a voice and were encouraged to feedback about the service.

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

This service was registered with us on 28 January 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chesford Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chesford Grange 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. Chesford Grange 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 not a registered manager in post. A new manager had been in post for 6 weeks and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 9 August 2022 to help plan the inspection and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service about their experience of the care provided. We spoke with 2 family members of people who received care. We spoke with 12 members of staff including the nominated individual, the manager, the ex-registered manager, deputy manager, one senior care team leader, care staff, activity coordinators, a laundry assistant and the cook.

We reviewed a range of records including support plans and multiple medication records. We looked at 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service including risk assessments, quality assurance records, training data and policies and procedures. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- The systems in place to monitor the safe management of medicines were not always effective.
- The electronic system to record stock levels and administration of medicines had not been used correctly and therefore, we found discrepancies in the level of medication recorded to be in stock, and the actual level of medication in place.
- Some people did not have the correct protocols in place relating to their medication prescribed on an 'as needed' basis. The manager and deputy manager took actions to rectify these issues both during and after the inspection site visit.
- We did not find any evidence to suggest people did not receive their medication as prescribed and staff were observed administering medication safely.

Assessing risk, safety monitoring and management

- Some people did not have risk assessments in place for risks associated with some health conditions. We brought this to the manager and deputy manager's attention who rectified this.
- Other records we viewed were detailed and guided staff to care for people in line with their care needs. Staff knew people's needs well and told us what actions they took to mitigate the risk of people coming to avoidable harm. Offices contained clinical risk boards where staff could review people's risks as required.
- There were environmental risk assessments in place which were reviewed and amended as required by a qualified member of staff.

Learning lessons when things go wrong

- The systems in place to learn from experiences when things went wrong needed improving. The recent change of management at the home meant there had been a lack of managerial oversight and practices in place had not always been effective in ensuring lessons were learned when things went wrong.

Staffing and recruitment

- We received mixed feedback about the levels of staffing at the service. Some staff and relatives of people said they felt staffing levels needed increasing.
- There was a staffing dependency tool in place which took into consideration the needs of people and the required ratio of staff to meet people's needs safely. During the inspection, we did not observe people waiting to receive support and the home was sufficiently staffed in line with the required ratios.
- Newly employed staff were recruited in a safe way and were subject to pre employment checks such as the Disclosure and Barring Service (DBS). These checks provide information including details about

convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- On the whole, people were protected from the risk of harm and abuse. However, some safeguarding concerns which had been identified and recorded internally, had not always been reported to the correct external authorities. This was discussed with the manager and retrospective referrals had been made.
- People said they felt safe living at Chesford Grange. One person said, "I think it's nice here. I feel safe."
- Staff had received training to equip them to recognise and respond to concerns of abuse.

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

People were supported to maintain contact with their family members and friends. The provider facilitated visits in accordance with government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received mandatory training and people told us they were supported by staff who had the required skills and knowledge to meet their needs. However, some staff had not completed the provider's non-mandatory training. The new manager had begun to take actions to rectify this to ensure all staff had received the appropriate training. Over the last few months, training statistics had improved.
- People and their relatives told us they felt staff knew how to care for them in the correct way in line with their assessed needs. We observed staff supporting people in a safe and effective way.
- Newly recruited staff received support through an induction and worked alongside experienced staff members for additional support. Staff were given the opportunity to develop and progress to assist and support qualified nursing staff with clinical tasks.

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

- Staff knew people's needs well and told us what actions they took to ensure care was delivered care in line with people's needs.
- Care records were detailed, however some records we viewed needed reviewing to ensure they contained the most up to date information about people's needs. We informed the deputy manager who began to update records and provided evidence of this following our inspection site visit.
- People received pre assessments before moving to live at Chesford Grange. This ensured people's needs could be appropriately met. People's assessments also considered support they required to meet any protected characteristics under the Equality Act.
- Where necessary and appropriate, technology was used to ensure people's needs were met. For example, some people used artificial intelligence devices and falls prevention technology was used.

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

- People were provided with a balanced diet to meet their nutritional needs and preferences.
- On the whole, people's feedback about the food was positive. One person said, "The meals are lovely. I had fresh salmon filet in parsley sauce, broccoli and peas recently. It was gorgeous."
- People were able to choose from different meals on offer and alternatives were provided where people requested something different. People were offered a choice from a variety of snacks and drinks available between set mealtimes.

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

- Where required, staff consulted with a range of health and social care professionals to provide continuity in care and improve outcomes for people. Where external advice and support had been sought, this was documented in people's records.
- People had access to healthcare as needed. Advanced nurse practitioners from the local GP surgery worked alongside the managers and staff in the home to build on and enhance the level of healthcare people received.

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

- Chesford Grange is a new service where the premises and environment were purposely built and designed to meet people's needs.
- People had the opportunity to personalise their rooms to create a homely environment.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their mental capacity assessed in line with the principles of the Mental Capacity Act.
- Where people were being deprived of their liberty, applications to the relevant authorities had been made to ensure this was being done lawfully.
- Staff told us they asked for people's consent and supported them to make decisions wherever possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from kind and compassionate staff. One person said, "I am pleased with everything here." Comments we received from relatives about the care included, "The staff know [relative's] needs, they are lovely. They know [relative] very well" and "[Relative's name] has settled in very well here and they are being well cared for."
- During the inspection we observed warm and meaningful interactions between people and staff. Staff we spoke with told us about people's needs and how they ensured people were well cared for.
- People were asked about protected characteristics and records documented people's diverse needs where applicable. The manager told us, "When staff are interviewed, we ensure we are asking questions about dignity, equality and diversity to ensure staff understand how important this is."

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

- Some people and their relatives said they were unsure about the care planning process and how they could be more involved. We spoke to the manager who told us this was down to the changeover of management whilst new people were moving into Chesford Grange. The manager was implementing a 'key worker' system so people would have a named member of staff to support them and take forward any future care reviews.
- Other people and relatives said they felt involved in their own, or their relative's care and knew who to approach to discuss any issues they may have had.
- People told us they had choice and were consulted about how they wished to spend their day. People were observed spending time in their own rooms as per their own preference.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. For example, 1 person told us, "They [staff] do ask permission before they wash me. They ask me for my consent."
- Staff told us how they respected people's privacy and dignity and gave examples such as knocking on people's doors before entering and asking for consent to enter; covering people appropriately when supporting with personal care and ensuring doors and curtains were always closed.
- We observed interactions whereby staff encouraged people to remain as independent as possible. For example, 1 person who was supported to eat, was guided to hold their own cutlery and support themselves where possible. A relative we spoke with confirmed their relative's independence was maintained. They said, "Yes, they [staff] do allow [relative's name] to stay independent."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Most care plan records contained detailed information about people's general needs, and where additional records were needed to enhance the documentation in place, work had already commenced to ensure this appropriate information was in place.
- Care plans contained sections about people's life history as part of an on-going piece of work to improve person-centred care. Staff demonstrated they knew people well, and could tell us about people's specific needs, wishes and preferences.
- People engaged in activities which were tailored to the individuals and groups taking part.
- There was a team of activity coordinators who developed a programme of activities for people and who were committed to continually improving the activities for people, ensuring everyone had an opportunity to engage in something meaningful and purposeful for them.
- Visitors were encouraged to Chesford Grange and actions were taken to ensure safe practices were followed following the pandemic. Alternative communication methods were available for people to keep in contact with relatives and friends such as mobile phones and video calling.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people needed additional support to access information, this had been considered and provided in line with the requirements of the AIS.
- The manager told us about additional work they would be carrying out to ensure people had access to information.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and complaints received were responded to in line with the policy.
- The management team had begun to make improvements to the communication methods used so people and their relatives would know how and to whom to make a complaint.

End of life care and support

- People in receipt of end of life care received specialist support to ensure their needs and wishes were met

at the end of their lives.

- Staff shared with the inspection team stories and examples of how staff went above and beyond to ensure people were treated with dignity at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The inconsistency with management cover had led to a lack of oversight of the governance systems in place.
- Audits had not always been completed, and where they were, these audits were not always effective. For example, some audits had not identified the issues we found during the inspection.
- The systems in place for medicine management were not being utilised in the most effective way and therefore errors had been made when recording the stock levels of medication. Some of these errors had been identified by clinical staff but had not been overseen by senior managers and therefore no actions were taken to rectify this.
- Some accidents and incidents had been logged but there had been some unexplained incidences which had not been referred to the relevant authorities. After the inspection, the appropriate onward referrals were made, and retrospective statutory notifications were sent to the CQC. Statutory notifications are notifications sent to us by a service to inform us about key events at the service, such as serious injuries and safeguarding concerns.
- The management team were introducing a scheme of delegation for staff to be clear about their roles and responsibilities.

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

- There had been significant changes across the service which had impacted on the day to day running of the home, however the management team were committed to creating an open and positive culture and improving the quality of care for people. The manager told us, "There have been a few ups and downs with management changes in particular, so we are now stabilising the staff team and they are gaining trust from the management team. It is my aim to create positivity and consistency. Being consistent creates trust which instils in staff and our residents benefit from that."
- Staff told us they felt the changes had impacted on the quality of care at the service but felt things were improving. One staff member said, "I am hoping we are on an upward projectory. I talk with the manager and they say we are getting better; they have a vision and wants the best for the home, and the staff too." Another staff member said, "The management are instilling the right culture; they always put the resident's interest first."
- The management team were responsive to the issues identified on inspection and had produced an improvement action plan addressing issues and required improvements across the home. The ex-registered

manager who was still supporting the service said, "Systems are in place but need to be utilised better, the service is now stabilising. Routines need to be clear but I see us going back to where we were before we hit the bump into the road."

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 management team understood their obligation under the duty of candour. They said, "We hold our hands up and always acknowledge if something has gone wrong. We apologise and learn from it."

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

- Some people and relatives told us they were unsure who the new manager was and were not familiar with the new management structure. Other people and relatives said communication and feedback from the managers had been limited but if concerns had been raised, these had been addressed. The new manager was aware of these comments and advised us of plans to increase external communication.

- There had been some 'resident and relative' meetings previously, however these had not been consistently held. The new manager had a new schedule of meeting dates and times and was advertising these dates to maximise attendance.

- Staff supervisions, and all staff team meetings had been limited due to the management cover issues. Staff told us they were able to approach the new manager and felt comfortable in doing so but would welcome one-to-one supervisions with senior staff to discuss personal and professional development.

- The new manager said whilst there were no current staff incentives in place, they recognised the importance of ensuring staff felt recognised and valued and was looking at introducing a staff incentive scheme in the future.

Working in partnership with others

- The manager and management team had been working alongside the local authority as part of a quality assurance improvement process.

- The management team had worked with a variety of professionals to improve outcomes for people.

- The manager was committed to continue to developing community links to improve opportunities for people.