

# Mr & Mrs P A Whitehouse

## Chaxhill Hall

### Inspection report

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Date of inspection visit:  
09 November 2022  
10 November 2022

Date of publication:  
16 December 2022

### 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

Chaxhill Hall is a residential care home providing accommodation and personal care up to a maximum of 36 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 30 people using the service. People were accommodated in one adapted building.

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

Medicines had not always been administered as prescribed and processes designed to support safe medicines management had not always been followed by the staff. Although no-one had been harmed, the failure to identify shortfalls in safe practice and process, had put people at risk. During the inspection immediate action was taken to prevent further shortfalls and more frequent monitoring of staff practice was put into place to ensure correct procedures were followed.

We found since our last inspection, improvements made to several other aspects of medicines management. People told us they were provided with support to take their medicines.

The provider had made improvements in how they quality monitored the service which the registered manager had found supportive. We also found improvement to how areas of the service were audited, but also found gaps in the completion of the audits. Time was needed for these to be used more effectively so they could robustly support, an already improving system, to maintain compliance and service improvement.

Safeguarding processes had been reviewed to ensure the reporting of safeguarding concerns, to the local authority and other relevant agencies took place in a timely manner. There were now arrangements in place to ensure appropriate investigation and action took place in response to safeguarding concerns. People told us they felt safe and people's representatives told us their relatives were looked after safely.

Improvements had been made to ensure risks to people were assessed in a timely manner and action taken to reduce these. Staff had been supported to understand their roles and responsibilities regarding risk management. A new care records system had been implemented to ensure risk assessments and associated care plans were detailed and regularly reviewed for staff reference. We observed some arrangements put into place to help people remain safe, which included the use of technology such as alarmed sensor mats and specialised equipment.

Improvement had been made to the cleaning arrangements and to infection, prevention and control practices. Staff were following national guidance regarding the use of face masks and other personal, protective, equipment (PPE) to prevent the spread of infection. People told us their bedrooms were cleaned daily and they had been supported to have Flu and COVID-19 vaccinations. There were no visiting restrictions and visitors were being supported to visit their relatives and friends safely.

Arrangements were in place to keep the environment secure and safe for people who lived with dementia. We observed staff supporting people skilfully, who sometimes became distressed due to dementia, to stay safe and regain a better state of wellbeing.

The registered manager was visible to people who used the service and their visitors. Relatives described them as 'helpful' and 'easy to talk with'. Staff appreciated the support and leadership they provided and felt positive and invested in the service. Feedback was sought from relatives and people to support service improvement. Learning had been taken from past inspections, complaints, concerns raised and errors to help develop staff practice.

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.

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 and update

The last rating for this service was requires improvement (published 25 March 2021). This is the second time the provider has been rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of medicines management.

At this inspection we found the provider had made improvements and was no longer in breach of regulations in respect of safeguarding service users from abuse and improper treatment and good governance.

#### Why we inspected

We carried out an unannounced inspection of this service on 9 January 2021 which due to the service experiencing a COVID-19 infection outbreak concluded on 11 and 12 February 2021 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they remained in breach of legal requirements in respect of medicines management. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection those key questions were inspected, to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chaxhill Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a repeated breach in relation to safe medicines management 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** ●

# Chaxhill Hall

## 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

This inspection was carried out by 2 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

Chaxhill Hall 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. Chaxhill Hall is a care home without 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. Inspection activity started on 9 November 2022 and ended on 15

November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 2 relatives when we visited the care home to gain their view of the care provided. We also gained the views of 6 relatives by telephone. We observed the care provided to people who could not talk with us. We also spoke with 6 care staff including the registered manager, a housekeeper and the maintenance person. We reviewed 4 people's care records and records pertaining to the management of 5 people's medicines. We reviewed 4 staff recruitment files.

We also reviewed a selection of management records pertaining to equipment and safety checks, contract/servicing records, satisfaction survey, staff discussions, a selection of audits and the provider's visit reports. We also reviewed sections of the medicines and health and safety policies and procedures.

# 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 requires improvement. At this inspection the rating has remained 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.

At our last inspection the provider had not ensured people's medicines were managed safely. 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 regarding the management of people's medicines and the provider remained in breach of regulation 12.

### Using medicines safely

- Staff had not adhered to the provider's admission process regarding people's medicines and had not followed safe medicines practices, including correctly maintaining medicines records. This had resulted in one person not receiving their medicines as prescribed.
- The staffs' failure to adhere to correct practice and procedure also resulted in their failure to identify and act on the shortfall.

This puts people at risk of not receiving medicines safely and as prescribed. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action during the inspection, to review the shortfall we identified. They consulted with the person's GP to ensure safe administration of this person's medicines moving forward and, reviewed practice and procedures with staff to reduce the risk of further shortfall.

- At this inspection we saw improved processes for ensuring people's prescribed creams and ointments were administered and recorded, for ensuring risks associated with anticoagulants (blood thinning medicines) were known to staff and managed safely, for ensuring the refusal of medicines were followed up with people's GPs in a timely manner and for ensuring medicine expiry dates were checked.
- We observed people being supported to take their medicines. One person said, "I have to take a really small tablet in the morning, so they put it in my mouth for me, so I do not lose it." Another person said, "Yes, I get my medicines on time." A relative said, "We get told if any medications are changed."

### Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured risks to people's health had been assessed sufficiently or in a timely manner to ensure people's risks were reduced or mitigated. The provider had also not ensured there were sufficient cleaning arrangements and that practices were in place to prevent and control the spread of infection.



At this inspection we found improvements had been made.

- Risks to people's health safety and welfare, were identified and action was taken to reduce these risks. Risks and the actions taken to reduce these were routinely reviewed to ensure appropriate action remained in place to keep people safe.
- Staff were supporting people to manage risks which were associated with older age and dementia such as poor mobility and falls and altered behaviour which sometimes caused distress or potential harm to themselves and others. One person at risk of falls said, "They (staff) usually come in good time when I press this (safety pendent)". "If I call and they are busy they come and see if I'm okay and return when they have finished what they are doing."
- Environmental risks were identified, and action taken to reduce these. These included risks associated with fire, chemicals, equipment and falls from a height (windows). Risks associated with leaving the building unattended, when living with dementia, were also identified and managed.
- Action was taken following accidents and incidents to ensure people were safe and, if needed, to ensure they received necessary treatment. The action taken following an accident or incident was now reviewed by a manager within 24 hours to ensure appropriate action had been taken to keep people safe. One person's relatives told us how a high-low bed and alarm sensor mat had been introduced to reduce the risk of harm to their relative who had fallen.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider and registered manager had failed to establish and operate effective safeguarding processes. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection to the service's safeguarding processes. The provider was no longer in breach of regulation 13.

- Arrangements were in place to safeguard people from abuse and to correctly respond to safeguarding concerns.
- Managers shared relevant safeguarding information with appropriate external agencies, such as the local authority, the police and us (the Care Quality Commission) in line with the local authority's multi-agency protocol.
- One person told us people who lived with dementia sometimes walked into their bedroom at night and this sometimes made them feel vulnerable. The registered manager told us they were addressing this by altering some people's door fixtures. People who had the mental capacity to decide if they wanted a lock on their bedroom door, would have the opportunity to lock their door, when they wished to. The registered manager told us they had first taken fire safety advice and chosen locks which could be overridden by the staff, so their access was not impeded in the event of an emergency.

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)

- Staff worked within the principles of the MCA and where appropriate, legal authorisations were in place to deprive a person of their liberty. At the time of the inspection there were no authorised DoLS with conditions.
- People's consent to receive care and treatment was sought before it was provided. Where people had been unable to make independent decisions regarding their care and treatment, correct decision making processes had been followed to ensure care and treatment was delivered in people's best interest.
- We observed staff supporting people to receive care in the least restrictive way. One person, who lived with dementia, became verbally and physically distressed when they were not able to leave the care home. Staff managed this by providing verbal support and maintaining their interactions so reassurance could be given. They made contact with a relative by telephone who spoke to their relative to also provide reassurance and the person gradually became less distressed. Although medicine was prescribed to be used 'as required' for distress, staff assessed the situation and remained confident they could support the person, in a less restrictive way.

### 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.
- There were no restrictions on visiting.

### Staffing and recruitment

- Enough staff, with the right skills and experience, were deployed to deliver people's care, to support people with social activities and to ensure the home was kept clean.
- The new staff induction process helped staff to understand the provider's expectations around professionalism. It also supported staff to understand key areas of their role, such as taking action to prevent pressure ulcers and falls.
- Safe recruitment processes were followed. Disclosure and Barring Service (DBS) checks were completed and provided managers with information, including details about convictions and cautions held on the Police National Computer to help them make better recruitment decisions. Past employment and gaps in employment were explored and references were sought prior to staff working with people.

### Learning lessons when things go wrong

- The registered manager and staff had reflected on a previous medicines error, which relatives had been informed about, so this type of error was not repeated.

# 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. At this inspection 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.

At our last inspection the systems in place to monitor and improve the quality of the service had not always been established and operated effectively to maintain the safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although more time was needed for the improved auditing system to be fully effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been significant improvement in the provider's oversight of the service. The provider now completed regular quality monitoring visits, reviewing various aspects of the service and providing a report of their findings. The registered manager had view of the reports and told us they found these supportive in helping them to focus on areas which required improvement. There was however, no process to check if actions completed by the staff or managers of the service, from previous audits, had been completed. There was therefore no evidence of audit sign off by the provider.
- Further improvement was needed to ensure governance systems were always effective in identifying shortfalls and addressing these. The day-to-day oversight of medicines management required improvement to ensure correct practice and process was followed so people were not put at risk of not receiving their medicines as prescribed.
- A new audit system was in use and responsibility for completing audits was shared by the management team. Although completed and we saw actions for improvement identified and recorded, the audits did not always provide clear information about what actions had been completed. Where the audit also recorded an action as 'partially' completed, there was no record of what had been completed and what was left to be completed. When we asked the registered manager about the gaps on the audit records they were able to tell us verbally what actions had been completed and what actions were still in progress. They took our feedback positively, wanting to continue to improvements already made.
- We could see the provider's monitoring visits had evolved, encompassing more areas reviewed and more detail each time they were completed, becoming a further successful tool in supporting service compliance and improvement.

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

outcomes for people

- Staff were positive about the service, the provider and the registered manager and told us the staff culture at Chaxhill Hall had improved. Our discussions with staff showed they were motivated and invested. A staff member said, "We have a good group of staff now, young ones who are keen to learn and experienced ones who are keen to teach."
- Leadership and oversight was provided collectively by senior staff and the registered manager who worked alongside staff. The registered manager attended daily staff handovers to keep themselves fully informed and a member of the management team (deputy manager or care leader) on duty each weekend. The registered manager had set out clear expectations in relation to infection prevention and control and professionalism which were being followed.

Continuous learning and improving care; 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

- Records demonstrated people's relatives had been informed and updated when their relative had become unwell or was injured as a result of a fall. All incident and accident forms, including the action taken, were reviewed by the registered manager each month to identify any trends. This included a review of staff deployment and practices to ensure these were supporting a reduction in accident and incidents and to check if the safety actions initially adopted remained effective.
- The provider and registered manager had responded positively to feedback following our previous inspection and had continued to work openly with external agencies and professionals. Learning taken from inspections, complaints or incidents had been shared with staff to support ongoing service improvement.
- The registered manager was open and transparent in providing the evidence requested during our inspection. They took positive action in response to the feedback given and were open about where improvement was still needed. For example, resolving issues with some out of date information which was pulling through to the new current electronic support plans.
- The registered manager kept themselves updated through their membership with a local care providers association. They attended regular management webinars and received updates on local and national processes and guidance from the local authority and CQC.

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

- Provider reports showed feedback had been sought from visiting professionals, relatives and staff during the provider's monthly monitoring visits.
- A satisfaction survey had been completed in September 2022 and actions had been taken to improve the service in response to the feedback received. Where feedback had been negative or neutral, the registered manager had followed up and acted upon this.
- The registered manager worked in partnership with other providers and external agencies to ensure people could access adult social care services when needed.
- Relatives spoke positively about their engagement with the registered manager. One relative said, "[Registered manager] is easy to talk to, sees the big picture and staff have a good relationship with her." Another relative told us they speak with the registered manager "a fair bit" and told us they come across as "friendly and helpful".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Processes were not always followed to ensure people's medicines were managed safely. People were at risk of not receiving their medicines as prescribed and at risk from the impact this may have on them.</p> <p>Regulation 12</p>