

# Sanders Senior Living Limited

# Chalkwell Grange

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chalkwell Grange is a residential care home providing accommodation and personal care to up to 48 people. The service provides support to older people and people who are living with dementia in one adapted building. At the time of our inspection there were 24 people using the service.

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

Improvements were required to medicines management and we have made a recommendation about this. Care plans were in place to reflect how people would like to receive their care and support and covered most aspects of a person's individual circumstances. However, generic information was recorded relating to specific healthcare conditions and 1 person's care plan did not reflect all of their care and support needs. We have made a recommendation about this.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet people's needs. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

Staff received appropriate training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met, and they received appropriate healthcare support as and when needed from a variety of professional healthcare services. All areas of the service were maintained and decorated to a high standard. The space was maximised to ensure there were quiet areas, room for activities and areas for people to sit with their visitors. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support which met their needs and preferences. Staff had a good knowledge and understanding of people's

specific care and support needs and how they wished to be cared for and supported. The rapport between staff and people using the service was positive.

People's social care needs were met. Complaints were investigated and managed. Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive.

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

This service was registered with us on 18 October 2022 and this is 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Chalkwell Grange

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Chalkwell Grange is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Chalkwell Grange 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.

## What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission. We sought feedback from the Local Authority and professionals who work with 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff and the registered manager. We also spoke with the provider's regional operations manager for Chalkwell Grange. We reviewed 2 people's care files in full, 3 people's care files relating to specific topics and 3 staff personnel files. We also looked at a sample of the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.



## 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 Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Improvements were required to ensure the proper and safe management of medicines at Chalkwell Grange. A person did not receive their prescribed medication in line with the prescriber's instructions. A person was prescribed a medication which must be taken 30 to 60 minutes before all other medication. The records showed this instruction was not being followed and they received this medication at the same time as other prescribed medicines. Where people were prescribed a specific medicated patch to be applied to their body, the site of application was not always recorded.

We recommend the provider seek independent advice and guidance to improve the service's medication practices.

- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medication were trained and had their competency assessed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel very safe living here" and, "Safe, yes definitely." Relatives told us they had no concerns about their family member's safety and wellbeing. Comments included, "I have full confidence [relative] is safe. Since [relative] has been at Chalkwell Grange I have slept" and, "This is a safe environment for [relative], I have no worries. I wouldn't worry about [relative] if I went on holiday."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people were monitored and the actions required to keep people safe.
- Risks presented by COVID-19 had been identified for people using the service and staff employed at Chalkwell Grange. Improvements were required to people's COVID-19 risk assessments as these were generic, not person centred or included reference to people's underlying healthcare conditions and the impact this may have.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies which could occur at the service.

### Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Relative's comments included, "There are enough staff whenever I or other family members visit," "I have no concerns about the staffing levels, [relative] needs are met" and, "Staff spend quality time with [relative] to ensure they are engaged and people are not lonely."
- The service used a formal tool to assess people's dependency needs and this was used to inform the service's staffing levels.
- Staff recruitment records for 3 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- When we inspected the service was experiencing a COVID-19 outbreak. We were assured the provider was preventing visitors from catching and spreading infections. We were assured the provider was supporting people living at the service to minimise the spread of infection. Visitors were supported to wear a face covering when visiting. People were being supported to minimise close physical contact and to isolate to prevent the spread of infection.
- We were assured the provider was admitting people safely to the service. Where people were readmitted from hospital to Chalkwell Grange, information was sought to identify the outcome of their COVID-19 test result prior to admission. Where information had not been received, a COVID-19 test was carried out upon admission.
- We were assured the provider was using PPE effectively and safely. PPE stations were placed outside a person's room where they had tested positive for COVID-19. Staff confirmed they had enough supplies of PPE at all times. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection. As soon as the COVID-19 outbreak had been identified the registered manager notified the Health Protection Agency and the Local Authority. People's relatives were contacted individually by telephone to advise of the outbreak.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Where possible people were encouraged and supported to remain in their room to reduce the spread of COVID-19. Cohorting of staff to a particular floor was enforced to reduce the spread of infection. Staff had completed infection, prevention and control training, including 'donning' and 'doffing.' The latter refers to the putting on and taking off of PPE.

### Visiting in care homes



- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. Relatives told us they are made to feel welcome, are offered a drink and piece of cake.

#### Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. For example, where medication errors had occurred, these had been reviewed and examined. Staff involved attended 'reflective practice' discussions with a senior member of staff and completed a further medication competency assessment.
- Where safeguarding concerns were raised, a review of the concern had been undertaken to ensure lessons were learned to support future improvement.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.



## 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.

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

- People's needs were assessed prior to their admission to the service. Relatives confirmed they had participated in this process. Comments included, "The registered manager did the assessment at [relative] previous care home. The registered manager involved [relative] more than me, that was good" and, "We came to Chalkwell Grange to ensure it was right for [relative], we knew this was the one. The deputy manager completed an assessment of [relative] needs."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff had received mandatory training in line with the organisation's expectations. Staff told us this consisted of both face-to-face and e-learning. A member of staff told us, "The training provided was thorough and really good. A quiz was completed to ensure we had understood the training."
- Staff received an induction when newly appointed to the organisation and were given the opportunity to 'shadow' more experienced staff.
- Staff confirmed they received formal supervision and it was a two-way process. Staff told us they felt supported and valued by the management team.

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

- People's comments about the quality of the meals provided were positive. One person told us, "The food is beautiful." A second person said, "I love the food here, you get a starter, main meal and dessert."
- The dining experience for people was positive. The tables were attractively laid, and the meals provided were in sufficient quantities and looked attractive.
- People had a choice of food and drink at each mealtime. Where people required staff assistance this was provided in a respectful and dignified manner.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and

appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support.
- People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to attend medical appointments, for example, to the GP, dentist and chiropodist.
- Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments.
- The service was part of the 'Red Bag Care Home Scheme'. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- The service was decorated and furnished to a very high specification, with top of the range furnishings, calming colour schemes and appropriate lighting that helped reduce the risk of slips and falls for people using the service. Each floor had its own communal lounge and dining area. The service had a hairdressing salon, 6 person cinema and its own bistro café equipped with a bar area.
- People had personalised rooms which supported their individual needs and preferences. This included an en-suite with walk-in wet room to aid independent living. Assisted bathrooms were available on each floor for people who preferred a bath and/or required help with personal care.
- Accessories that relate to people's memories, such as name plates, photographs and memory boxes had not yet been considered. These can help people find their own space and familiarise themselves with the 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's capacity to make decisions had been assessed and these were individual to the person. However, a best interest decision was not recorded where people had a sensor mat and/or alarm in place to alert staff when someone is standing or mobile. The registered manager gave us an assurance this would be rectified for the future.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this

impacted on people using the service.



## 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's comments about the quality of care were positive. Comments included, "I am very happy here [Chalkwell Grange] and well looked after", "It is a very nice, I have no complaints at all, I like living here" and, "I do like it here, it is lovely. The staff are very nice, and they look after me."
- Relatives confirmed they were happy with the care and support provided for their family member and that staff were kind, caring and attentive. Comments included, "Chalkwell Grange is amazing. Call alarms are not going off all of the time, [relative] says it is peaceful as the alarms are not ringing all of the time. I can tell [relative] is happy living here. The staff ensure [relative] is a person" and, "The staff are very nice and helpful, nothing seems too much trouble."
- Observations during the inspection demonstrated people received appropriate care and had a good rapport and relationship with the staff who supported them.

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

- At the time of inspection Chalkwell Grange had been operational for approximately 12 weeks. People and those acting on their behalf had not yet been given the opportunity to provide feedback about the service through the completion of questionnaires. The registered manager confirmed this would be initiated after the service had been open for 6 months.
- People and those acting on their behalf had had the opportunity to attend a 'resident' and 'relatives' meeting. Meeting minutes demonstrated people using the service and those acting on their behalf were being supported to have 'a voice' on the running of the service. For example, relatives requested laundry bags to be provided and for a copy of the weekly activity planner to be provided so they knew what was happening. The meeting minutes confirmed both requests had been actioned.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence. Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks where appropriate, to maintain their independence with eating and drinking and to take their own medication.

- Relatives spoken with told us their family member was always treated with respect and dignity. A relative told us their family member was given tea in a proper cup and not a plastic beaker. People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was colour coordinated and people were supported to wear items of jewellery.



## 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; End of life care and support

- People who used the service had a support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff. However, generic information was recorded relating to specific healthcare conditions, for example, Parkinson's disease, and was not individualised and person centred to demonstrate the impact this posed for the individual person.
- The daily care records for 1 person recorded they were of low mood due to bereavement, wished to harm themselves and could exhibit inappropriate behaviours towards females. The person's care plan had not been updated to reflect this or to provide guidance to staff detailing how this should be managed.

We recommend the provider seek independent advice and guidance to improve the service's care planning arrangements.

- People received good personalised care and support that was responsive to their needs. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- The registered manager confirmed no one using the service was assessed as being at the end of their life. The registered manager told us, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

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.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.
- The activity programme was in an easy read and pictorial format to enable people with a disability and/or living with dementia to understand the information. Consideration should be made to provide this in a large print format to assist people who have an impairment with their vision.

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 were supported to maintain relationships that were important to them, for example, with family members and friends. Comments included, "My relative comes here [Chalkwell Grange] often, its great" and, "I see my family regularly."
- The service had a dedicated wellbeing lead to facilitate social interaction and activities for people living at Chalkwell Grange. People and those acting on their behalf were given and/or had access to the weekly activity planner, so they knew what was happening at the service each week.
- Information from people's daily care records provided evidence to demonstrate they were supported to take part in a range of social activities throughout the week. Activities included, 'knit and natter', coffee mornings, armchair yoga, arts and crafts, cooking, quizzes and reminiscence, move and groove and visits from an external entertainer.
- Where people were having to isolate in their room because of having contracted COVID-19, the wellbeing lead ensured people received their daily newspaper and were provided with activities to keep them occupied and stimulated.
- The registered manager confirmed a minibus would be available in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Since Chalkwell Grange had been operational, the service had received one complaint. This was investigated in an open and transparent way.
- A record of compliments was maintained to capture the service's achievements. A record of 10 compliments relating to the quality of care people received at Chalkwell Grange were recorded on a well-known external website since the service had been operational on 31 October 2022.





## 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes. This information was used to help the provider and manager drive improvement, including the monitoring of trends and lessons learned.
- The service had a positive culture which ensured the care provided to people using the service was person-centred, open, inclusive and focused on people's individual care and support needs.
- People and their relatives were positive about the service. Comments included, "The facilities are wonderful, and the care provided by staff for [relative] is amazing" and, "My overall impression of the home is brilliant, the staff are wonderful." All relatives spoken with stated they would or had recommend Chalkwell Grange to others.
- Staff were positive about working at the service and told us they enjoyed coming to work.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong. The registered manager told us, "I am loving it, I look forward to coming to work in the mornings."
- Staff were complimentary regarding communication arrangements at the service and about the management team. Staff told us they were confident to raise issues or concerns with the management team and felt these would be acted upon and addressed.
- People using the service, relatives and staff were complimentary regarding the registered manager and

senior management team, signifying the service was well managed and led.

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

- People and those acting on their behalf had been given the opportunity to attend a 'resident' and 'relatives' meeting.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.