

Barchester Healthcare Homes Limited

Chalfont Lodge

Inspection report

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13 March 2018
14 March 2018
19 March 2018

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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

We undertook an unannounced inspection of Chalfont Lodge on 13, 14 and 19 March 2018.

The previous inspection carried in April 2017 found a breach of Regulation 17 of the Health and Social Care Act 2008. The provider did not have robust quality assurance systems in place to effectively monitor the safety and quality of people's care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) safe, responsive and well led to at least good. At this inspection we found the provider had made improvements and was now meeting the regulation.

Chalfont Lodge 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.

Chalfont Lodge accommodates 119 people across five separate units, each of which have separate adapted facilities. Three of the units specialises in providing care to people living with dementia. Sunningdale Unit supported people with general nursing needs and Turnberry Unit provides complex care nursing. At the time of our inspection there were 98 people using the service. The home is purpose built, with all bedrooms having an en-suite shower room and shared communal dining and lounge facilities.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was not in post. The service was being managed by a senior general manager from another location until a new registered manager was recruited.

We received mixed views from people and relatives we spoke with about the quality of the service. One relative told us, "I was apprehensive at first about [family member] coming anywhere. She came here and from the minute she arrived she has been as happy as you like." Another relative told us, "Staff here are lovely and really pleasant. They keep my relative clean."

The overriding theme which emerged was there was insufficient staff available to meet the complex needs of people using the service. We were given examples of staff being rushed and not available. Some relatives told us they come in every day to make sure their family member is cared for. One relative said, "I come in every day I have to make sure [he] is cared for but I do worry for people here who do not have visitors able to come in everyday, who is looking out for them?"

Medicines were managed effectively. People received their medicines as the prescriber intended. Staff were competent in the administration of medicines.

Risk assessments had been completed for people with an identified risk. These were reviewed regularly or as needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

Safeguarding adults' procedures were in place and staff understood how to protect people from the risk of abuse. There was a whistle blowing procedure available and staff said they would not hesitate to use it.

The providers recruitment process ensured only suitable staff were appointed. Files we viewed contained relevant documentation to support this.

Staff sought consent from people in line with the relevant legislation. Applications to deprive people of their liberty had been submitted to the local authority.

The service ensured people had access to healthcare professionals when required. The GP carried out routine visits and advice was sought from other professionals such as speech and language therapists when necessary.

The service had a complaints procedure which was available for people and their families to use as necessary. Complaints were responded to within a specified timeframe.

Audits were carried out to monitor the quality of the service.

We have made a recommendation in relation to the use of a nationally recognised dependency tool.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staffing levels did not consistently ensure people received the care they required when they needed it.

Recruitment procedures ensured staff were suitable to carry out their role.

Risk assessments were in place to protect people.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had relevant training to perform their role effectively.

Staff received regular supervisions to monitor their performance and development.

A range of professionals were involved in assessing and implementing people's care and treatment.

Is the service caring?

Good 

The service was caring.

People's dignity was protected and staff treated them with respect.

People were involved about their care and treatment plans.

People were encouraged to personalise their rooms with personal furnishings from home.

Is the service responsive?

Good 

The service was responsive.

People had a range of activities they could be involved in to

prevent social isolation.

People were supported at the end of their life. End of life wishes were documented.

There were procedures to follow if people wanted to make a complaint

Is the service well-led?

The service was not well led.

The service did not have a registered manager in post. Several management changes meant the service did not have a solid management structure.

Internal audits did not identify issues we found during our inspection.

The service had a clear vision about how it should support people.

Requires Improvement 

Chalfont Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 14 and 19 March 2018 and was unannounced.

The inspection was carried out by one inspector and two experts by experience on the first day and one inspector on the second and third day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to tell us by law.

We spoke with the regional manager, the person managing the service, the clinical lead, the deputy manager, the care practitioner, the maintenance person, the domestic person, the activity coordinators, the physiotherapy assistant and six care team members of staff. In addition, we spoke with eleven people who use the service, eight visitors and six relatives. We requested feedback from professionals who are involved with the service prior to our inspection. We have received feedback from one professional we contacted.

We looked at records relating to the service which included five Medication Administration Records (MAR) these contained records of prescribed medicines for each person on the units. We checked stock levels of some medicines and inspected the services controlled medicines. We also looked at four recruitment files, seven care plans, training records, supervision records, quality audits, accident and incident reporting and other documentation relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting

(SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

We received mixed views from people and relatives we spoke with about the quality of the service. One relative told us, "I was apprehensive at first about [her] coming anywhere. She came here and from the minute she arrived she has been as happy as you like." Another relative told us, "Staff here are lovely and really pleasant. They keep my relative clean."

The overriding theme which emerged was there was insufficient staff available to meet the complex needs of people using the service. We were given examples of staff being rushed and not available. Some relatives told us they come in every day to make sure their family member is cared for. Comments we received were, "I come in every day I have to make sure [family member] is cared for but I do worry for people here who do not have visitors able to come in everyday, who is looking out for them?", "[Family member] should not be left on his own...one to one is not given all the time as it should be, what happens when we are not here and the one to one staff is on a break", "We love his care worker but she can't always be here", "[Family member] is always in his room. They keep him inside. It's my mum who takes him to the lounge up here", "Sometimes they are understaffed, I have raised concerns but it's still the same."

The service used a dependency tool to establish the ratio of staff required to meet people's needs. We were told this was reviewed and updated when needs changed. During our three day inspection we found on some units staff were not always available. We looked at the rota for 19 March 2018. This showed nine members of staff on Sunningdale unit with one nurse. Sunningdale had occupancy of 35 people with general nursing needs. Memory Lane, which is a dementia unit, had 12 members of staff for 37 people and the other unit, Turnberry had ten members of staff and two nurses for 30 people with complex physical needs. During the night we saw that there were 11 members of staff for the entire home. The provider sent information following our inspection which showed, two nurses and 11 care staff were on duty on the Sunningdale Unit and during the night the service was staffed by 19 members of staff which included six nurses. However, the rota we were given during our inspection did not reflect these levels of staffing.

One relative told us, "Care is generally good but staff are often in short supply, particularly at night." The relative went on to say that they had raised with management the fact that there had been many occasions with no reception staff at weekends and that no one had taken accountability of this. They said, "I have told them they are not running a five day establishment." However, we were told following our inspection a new weekend receptionist had been recruited.

One comment from a person we spoke with was, "Staffing is totally inadequate days and nights." Comments from other people were, "During the day staff are very helpful but always busy, at night they are very short staffed and I have to do a lot for myself which can be a struggle", "There are few staff on at night and they (other people living in the home) wander from upstairs this is worse during handover and early evening and I have to close my door at night as I am very scared", "When I buzz for help, they usually come in a few minutes but then they say that I have to wait, sometimes more than half an hour." This puts people at risk of falls if they had to manage by themselves. In addition, unnecessary incontinence may occur if people are kept waiting to be assisted to the toilet. We spoke with a relative during our inspection and they told us

their family member had been told by staff that they did not need to be taken to the toilet as they were wearing an incontinence pad.

Staff reported, "The main problem is staffing levels, but no one wants to listen to us", "We are always telling management, but they don't listen, they tell us 'the nurses should help', but they (nurses) don't." One member of staff told us, "There were only seven members of staff here on Saturday and for 27 people who all need two staff for manual handling, this is not enough." We requested a copy of the rota and saw the rota for that day which was Saturday 17 March 2018. The rota showed that eight members of staff had been allocated on that day as well as two registered nurses, which was different from what the member of staff told us. On the second day of our visit we saw that two staff were available for seven people on one unit with one nurse who was also overseeing another unit.

We observed staff were busy and on two occasions people wandered into the rooms of people we were speaking with. On both occasions staff were not available to intervene. One person told us, (making reference to the person who wandered into their room) "I worry when that happens I don't know what to say to them as I don't know how they will react and I worry that my chair will be broken, it is my lifeline."

We received feedback from a professional we contacted and they told us when they visited the service staffing appeared to be insufficient to meet the complex needs of people living at Chalfont Lodge.

We raised what staff, relatives, visitors and people living at the service had told us about the staffing levels during our feedback. We were told staffing is worked out by the dependency tool and there are no issues with staffing levels. We concluded the management had different views about staffing levels than the people we spoke with.

We recommend the service considers the use of a nationally recognised dependency tool for people with complex nursing needs.

Medicines were managed effectively. People received their medicines as the prescriber intended. We observed good practice in the administration of medicines which included medicines given via syringe drivers. We checked stock of controlled medicines and found these to be in order and correctly documented in the controlled drugs book.

The provider had a system in place to assess the suitability and character of staff before they commenced employment. We looked at four recruitment files and saw relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.

Risk assessments had been carried out for people's nursing and care needs. These included nutrition and hydration, skin integrity, mobility and falls. People who were at risk of pressure damage had air flow mattresses in place to ensure their skin was protected.

Accident and incidents were recorded at the service. These were reviewed and investigated to prevent re occurrences.

Personal emergency evacuation plans (PEEPS) were in place for each person living at the service to ensure they received appropriate assistance in the event of an emergency. We saw completed checks of records of safety checks such as water temperature and fire safety. This demonstrated the service was a safe place to live and work in.

Staff we spoke with had a good understanding of their roles and responsibilities in the safeguarding of adults. They told us they would report any concerns to their manager or to external agencies such as the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and were able to tell us the indicators of abuse.

The premises were cleaned to high standards and appeared clean and free from obvious hazards during our inspection. We observed staff using personal protective equipment, for example disposable plastic aprons when required.

Is the service effective?

Our findings

People received care and support from staff that were provided with the training they needed to support people effectively. Newly appointed staff completed an induction programme, areas covered included, dignity and respect, health and safety, mental capacity, moving and handling and an identification of people's needs through the care planning process. The most recently recruited member of staff told us they had received an effective induction into the service and this was confirmed by records we saw.

More established staff told us the training was good and enabled them to meet people's needs appropriately. We saw records which confirmed staff had completed training in areas that enabled them to meet people's support needs. Registered nursing staff were required to complete clinical training such as syringe driver training and the management of Percutaneous Endoscopy Gastronomy (PEG). A PEG is a medical procedure in which a tube is passed into the stomach to provide a means of feeding when oral intake is not adequate.

Staff told us they were supported in their role and had regular supervisions. Qualified nurses received supervisions from clinical staff. Records we saw confirmed staff had regular supervisions to enable them to be effective in their role.

We received positive accounts from people who received care and their relatives about the quality and competence of staff compared to staffing levels. Comments included, "You can hear about under staffing but what counts is quality," "The overall? Very good", "This (name of carer) is the finest carer you could ask for."

We received mixed feedback about the food people were offered. Such as, "Sometimes it's not hot. I've mentioned it they say they will sort it out but haven't yet," "When you are in the dining room you can choose A or B. Quality is 50/50," "The food can be ok but it's cold," "Variety yes, but not much in the way of salad and dressings, we have a new chef I hope things get better." One visiting relative told us, "The food is beautiful." People could choose to dine in the services restaurant or have their meal in their room. People who had difficulties swallowing were offered a soft diet.

We observed lunch in the dining areas during our visit and saw that people were served their food by the hospitality staff. Staff supported people effectively and appropriately who required assistance with their meal. The atmosphere was calm and unhurried; people appeared to enjoy the interaction with staff and relatives who joined them.

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, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application

procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Dols applications had been made to the local authority and best interest meetings had been held with the appropriate professionals, relatives and management at Chalfont Lodge. We were informed that 53 people had their liberty, rights and choices restricted. We saw people's care plans included consent details. For example, consent to photographs and in some cases the use of bed rails. Do not attempt resuscitation (DNAR) orders were in place where appropriate. However, some of these had not been reviewed by the persons GP and had only been signed by a hospital consultant when the person was in hospital. We discussed this with the clinical lead who arranged for the orders to be reviewed by the persons GP.

The premises were well designed and provided people with an environment which promoted their independence. A coffee area was provided in the main foyer for visitors, relatives and people to socialise and enjoy home-made cakes and pastries.

A range of professionals were involved in providing additional care and support for people. Professionals included speech and language therapists and podiatrists. We saw evidence of referrals made and treatment plans documented in people's care records.

Is the service caring?

Our findings

We asked people and their relatives if they felt the service was caring. One relative told us, "As far as I'm concerned its home from home, I can't sing any higher praise, I don't have the slightest qualm about leaving [her] here." People commented, "Staff get to know me they are incredible and so attentive, they cannot do enough, my particular named carer is excellent," "We get used to the carers and they are great then they are promoted to nursing staff, giving out tablets and we don't see much of them anymore except smiling from the doorway," "Staff here are lovely and really pleasant."

We observed good caring approaches with people; staff provided reassurance and communicated in a way people could understand. We found people were treated with dignity and respect. Staff did not rush people and were able to describe the methods they used to ensure people's dignity and privacy was respected. We saw that staff knocked on people's doors before entering. When we asked to speak with people, staff first asked if this was acceptable to them and ensured people were dressed appropriately before we entered their rooms.

The service enabled people and their families to be involved in decisions about their care and support. Regular reviews were held with people and their families to discuss any changes or additions to care needs. Family members told us they were kept informed of any issues or changes to their relative's condition. One relative told us, "They always let me know what's going on." Care plans we viewed had details about involvement of people in their care.

There were details of advocacy services available to people within the service. People were able to access advocacy services when they needed to. Advocates are people independent of the service who help people make decisions about their care and promote their rights. This meant people who required support to express their point of view about their care were able to access independent help to achieve this.

Staff we spoke with understood the importance of treating people as individuals irrespective of their gender, ethnicity or their physical or mental capabilities. The service had policies and procedures in place to guide staff.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices displayed throughout the premises which enabled people to have access to information such as community events, recent meetings and activities taking place.

People were encouraged to personalise their rooms with items of furniture, photographs and treasured items to create a room that was familiar and homely. Families were encouraged and able to visit without restrictions.

Records were kept securely within each of the services units located on each floor.

Is the service responsive?

Our findings

An assessment of people's needs was carried out before they came to live at Chalfont Lodge. The assessments enabled a care plan to be formulated. Records showed that people and their relatives were involved in this process. People's preferences, personal history and specific health needs were considered when planning care. This meant that staff were able to provide care and treatment focussed on individual needs.

Care plans we viewed showed that monthly reviews took place with people and included family involvement when needed.

The service had a physiotherapy department that enabled people to improve in their mobility and regain aspects of their independence. We saw examples of where physiotherapy input had made a remarkable difference to people's lives and independence. For example, one person was admitted to the service who was reliant on a wheelchair for mobility with restricted movement in both feet. With hard work and effort from all parties the person was eventually able to stand using a Zimmer frame and assistance from staff. Finally, the person was able to take their first steps unaided with special shoes provided by orthotics following various levels of independence.

Another example we saw was one person who received regular physio input and was able to progress to live a fulfilled life. They were able to engage in roles and responsibilities within the home including being a key designer of the memory lane garden. The person was the services resident ambassador, we were told they attended all committees within the service and represented the people living at Chalfont Lodge. In addition with the use of an Ipad they were currently designing a sensory garden for the service with the full backing of management, funds and resources. This demonstrated the service acknowledged individual abilities and strengths and put these to use to promote independence.

We saw that a member of the ancillary team had won a National Care Award this year. A celebration of their achievement took place during our inspection which was well attended by people and their families.

The service offered range of activities for people to take part in. We saw a programme of activities displayed throughout the service. The activity team at Chalfont Lodge had a strong emphasis on ensuring the individual needs of people were met. There were three members of the activity team who had worked at the service for many years and knew the individual needs of the people they engaged with. We saw group activity took place as well as one to one sessions.

People commented positively about the activities they were involved in. We received comments such as, "It's nice when we are all together. People come in to entertain us, we have discos in the lounge and I choose the music. There is someone who can't talk but he moves his eyes and legs you can understand that he enjoys the sessions," "We have a strong activities team they involve everyone," "I'm encouraged to go downstairs in the lounge."

In addition to activities the service had a music therapy room. We received feedback from the music therapist following our inspection. They told us the positive impact the therapy had had on people's well-being. For example, one person with a brain injury was taught to play the piano using a specific system that was individual to them. At first the person could not open one hand and now they can play the piano with both hands.

Another example we were given was one person who was unable to speak clearly due to a brain haemorrhage and subsequent tracheostomy. Following removal of the tracheostomy, the music therapist worked with the person to improve their speech. This included vocal warm ups and focusing on specific words. The music therapist told us how the sessions had given the person space to release some of the frustrations about their condition. In addition, relaxation sessions were held as one to one and group activities.

Music sessions were held on the dementia units. The music therapist told us how one person living with late stage dementia could sing whole verses of songs clearly. They went on to say how the group 'fed' off each other and encouraged each other. They told us they were fondly known as 'music lady'.

There was a complaints process and system people and their families received when they first joined the service. We received mixed views about raising issues or concerns with the service. People told us, "Every quarter we have friends and family forums and everyone can raise a concern. Not sure if what gets raised gets actioned", "In regards to the forums, I lost hope so I am not interested anymore," "Quite recently there was an incident. It was all done by email with the manager. I never got a response from the old manager. When the new manager came in not much was said and I never knew what happened." One relative told us they regularly went to the forum with two sides of A4 paper with issues and that this does not 'go down well'. The relative said, "Although the managers was always changing the area manager had been consistent and was accountable for the problems."

We saw that issues raised had been actioned following the services procedure. There had been seven complaints in the last 12 months which had been managed under the services formal complaints procedure. Six of the complaints had been resolved.

We noted the complaints procedure was framed and visible in the main foyer of the service.

People and their families were encouraged to use the feedback survey which was sent out annually. There was a comments box in the reception area, people were encouraged to fill in feedback forms.

The service supported people at the end of their life. The service was supported by the GP and palliative nurses during this time. Nursing staff at the service was trained in end of life care which included the use of syringe drivers. At the time of our inspection there were seven people receiving palliative care.

Is the service well-led?

Our findings

During our previous inspection we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have robust quality assurance systems in place to effectively monitor the safety and quality of people's care. We found during this inspection improvements had been made and the provider was now meeting this regulation.

At the time of our inspection a registered manager was not in post. The previous manager had left their post in February 2018. The service was being managed by a senior general manager from another location until a new registered manager was recruited. We received mixed views from staff people and relatives relating to the management of the service.

Staff told us, "I have been here for one year; we have had three different managers in that time. So management is not solid. It's a sort of knock on effect. Who do I talk to now," "It's a challenge every time you get a new manager", "Management is a joke", "From a staffing point of view, whether management are here or not, we will stay and 'get on with it'". One relative told us, "Management is higgledy piggledy at the moment. But I'm not really worried in terms of the running of the home." One person told us "Management is always changing." Another person said they did not know the previous manager had left.

However, even with various changes of managers, staff we spoke with said they felt supported by the team overall. One member of staff told us, "I do feel supported by the team we can only do our best. But staffing is not adequate." Another comment was, "We support each other".

Staff told us they were aware of the providers whistle blowing policy and procedure. They told us they would not hesitate to report any concerns.

Audits were carried out to monitor the quality of the service. Audits of risk assessments, care plans, health and safety and medicines management were completed. Audits were reviewed by senior management of the service. However, the care plan audits had not highlight issues we found. For example, we saw that several do not attempt resuscitation (DNAR) orders in people's care plans had not been reviewed by the persons GP and had only been signed by a hospital consultant when the person was in hospital. We discussed this with the clinical lead who arranged for the orders to be reviewed by the people's GP.

Communication was shared through a variety of systems such as handovers, team meetings and daily heads of department meetings. We observed the heads of department meeting and saw that staff were provided with updates within each department. Handover took place at each shift change where individuals were discussed and any changes noted.

During our visit management and staff provided us with documents and records when requested. This demonstrated the culture of the service was open and transparent.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The person managing the service was aware of the requirement and when it should be utilised.