

De Vere Care Limited

# Chantry House Residential and Nursing Home

## Inspection report

Chantry House  
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24 April 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Chantry House Residential and Nursing Home 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 the inspection.

Chantry House Residential and Nursing Home is registered to provide care and support for up to 24 people. There were 22 people living in the service on the day of our inspection visit.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the five key questions to good.

### People's experience of using this service:

- Since our previous inspection the management of the service has changed. Some staff had left and there was a new manager in place. They were working to improve the culture in the service.
- Concerns from our previous inspection regarding the management of risk continued. Care plans did not always contain appropriate risk assessments. Where risk assessments had been carried out they were not always accurate.
- Care plans did not always show what care a person required. In one case we found that the person was receiving the appropriate care, but this was not reflected in the care plan.
- People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. This was demonstrated in the lack of appropriate authorisation for the administration of covert medicines.
- People were not involved in their care planning. Their choices and preferences were not always recorded. The manager told us how they were planning to improve this with meetings with people and their relatives and the introduction of 'resident of the day' process.
- People were not supported to follow their interests and take part in activities. There were no meaningful activities taking place in the service on the day of our inspection.
- The provider, manager and senior staff completed a range of audits and checks on the quality of the service. The manager had developed a home improvement plan, but this was still to be fully implemented. Staff we spoke with were positive about the impact of the new manager and the changes being made.
- We found further improvements were required to the provider's systems and processes to ensure

compliance with all regulations.

Rating at last inspection: Requires Improvement. The report was published on 25 October 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

Enforcement We have required the provider to send us an action plan setting out how they will address the concerns. Full details can be found at the end of the report.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always Effective.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always safe

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always safe

Details are in our Well-led findings below.

**Requires Improvement** ●

# Chantry House Residential and Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by an inspector, an assistant inspector 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. The expert by experience had experience of supporting people living with dementia and mental health concerns.

#### Service and service type:

Chantry House Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chantry House Residential and Nursing Home accommodates 24 people in one purpose-built building.

The manager had applied to register with the Care Quality Commission. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission. We also looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we met people who used the service and spoke in more detail with five people and four relatives. We also spoke with a visiting professional representative. As not everybody was able to speak with us we spent time observing staff interacting with people.

We spoke with five care staff, a kitchen assistant and the manager. We looked in detail at documentation relating to three people who used the service and other information relating to the management of the service. We reviewed medicine records, observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

RI:  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. Regulations may or may not have been met.

At our last inspection in September 2018, the key question Safe was rated requires improvement. There was a breach of Regulation 12: Safe Care and Treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection 24 April 2019, we found that the breach continued.

.Assessing risk, safety monitoring and management

- Our previous inspection found concerns with the management of risk. At this inspection we had continued concerns regarding the service's management of risk.
- Where people were at risk of falls, risk assessments were not always fully completed with information as to what had been put in place to mitigate the risk. Where they had been completed they were not always accurate. For example, the falls risk assessment for one person referred to them using a walking frame, in another place it referred to a walking stick. We observed the person mobilising with no equipment.
- For another person their skin integrity care plan and risk assessment stated that they were not at risk of developing pressure ulcers. They were nursed in bed and lived with other conditions which meant they were at high risk of developing pressure ulcers. Staff told us, and records confirmed that the person was repositioned two hourly and there was a pressure relieving mattress in place. There was no record of what setting the pressure relieving mattress should be on. The care the person was receiving was not effectively planned and monitored.
- Where people could display behaviours that others may find challenging, there was no care plan in place to inform staff how people should be supported. Staff had not received training in breakaway techniques.
- The care plan for one person recorded that they had had a number of unwitnessed falls but there was no falls risk assessment or mobility plan. The care plan contained no information as to how the person's risk of falls was mitigated.

This was a breach of Regulation 12; Safe Care and Treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely.

- There was not always guidance to help staff give people their medicines prescribed on a 'when required' basis to ensure they gave them consistently and appropriately.
- People told us that they received their medicines as prescribed. One person said, "I get my medicines on time every day."
- Since our last inspection the service had revised the process for giving people their topical medicines and these were now applied as prescribed.

- There was a system in place for ordering and giving people their medicines as prescribed. The pharmacy which supplied medicines to the service was changing their systems and the service was working with them to ensure a smooth changeover.
- Medicines were stored securely.

#### Staffing and recruitment

- At our previous inspection we had not been reassured that there were sufficient staff to meet people's needs. At this inspection we found improvements had been made. At this inspection people told us that there were sufficient staff. One person said, "There are plenty of staff on duty 24/7 to keep me safe."
- The manager told us that there was a tool to assess the required staffing level based on people's needs. However, they supplemented this by regularly working in the service when they were able, to assess that the staffing levels were sufficient to support people.
- Staff told us that they had sufficient time to support people as they required.
- The manager told us that they were actively recruiting staff with the skills to meet people's needs, for example, and activities co-ordinator.
- Our previous inspection found that appropriate checks were made on staff to ensure they were suitable to work in the service. We found that these checks continued.

#### Preventing and controlling infection

- Our previous inspection found a breach of regulation related to cleaning and infection control. At this inspection we found improvements had been made and there was no longer a breach of regulation.
- The service was clean with no unpleasant smells.
- Furnishings which had caused us concern at the previous inspection had been cleaned or replaced.
- Staff used protective equipment, such as gloves and aprons, to reduce the risk of the spread of infection. They had received training on infection control and food hygiene.

#### Learning lessons when things go wrong

- Accidents and incidents in the service were recorded and dealt with appropriately on an individual basis.
- However, they were not monitored across the service to identify themes. The manager told us that they would be putting a process in place to address this.

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

- People told us they felt safe living in the service. One person said, "Yes I feel very safe here."
- Staff had received training in this area. They gave examples of abuse and understood the need to promptly report a safeguarding concern.
- Staff knew where to access safeguarding and whistleblowing policies and procedures. A health care professional told us that a safeguarding concern had been dealt with appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our previous inspection in September 2018, the key question Effective was rated requires improvement. There was a breach of Regulation 11; Need for Consent, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the breach of Regulation 11 continued.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people received their medicines covertly, for example, hidden in food, appropriate procedures had not been followed to ensure this was done lawfully.
- If people initially refused to take their medicines records did not show if the person had taken their medicine later or if it had been administered covertly by staff. Staff who administered medicines were not able to tell us when a person had taken their medicine when offered or if it had been given covertly.
- There was no guidance as to what actions staff should take before administering medicines covertly, when people had refused them.
- Where a person had been diagnosed with a condition which may affect their ability to make decisions no assessment of their mental capacity and ability to make decisions had been made.

This was a breach of Regulation 11: Need for Consent of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where DoLS applications had been made to the local authority they did not contain a full explanation as to why the application was necessary. These had been made prior to the current manager taking up their position. The manager was aware of the issue and had an action plan in place to address the concern.
- We received positive feedback from a person's representative as to how the service had worked with them

to ensure the rights of the person using the service were protected.

- We observed positive interactions between people and care staff with care staff offering people support with making choices in their day to day lives.

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

- The manager told us that they visited people to assess their needs and ensure these could be met prior to the person moving into the service. This was confirmed by records we saw.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.

Staff support: induction, training, skills and experience

- Our previous inspection found that staff were not up to date with their training. At this inspection we found that training compliance had improved.
- Training records were monitored to ensure staff undertook the appropriate training. Where staff did not complete the required training, the manager took action to ensure compliance.
- Staff told us they were supported to develop and keep their qualifications up to date. A registered nurse told us that they had been supported to re-validate their nursing qualification.
- Staff told us that they received a good induction into the service. One member of staff described their induction as, "Very thorough."

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

- Most people told us the food and dining experience was good. One person said, "I really like the food here. We have a choice of meals. We choose our meal [for the day] in the morning."
- We observed the lunch time meal. The atmosphere was calm, quiet and friendly. People were clearly enjoying their food.
- People that needed help to eat and drink were supported appropriately by staff.
- People's nutritional needs were known and met by staff.
- When people had difficulties eating, drinking or swallowing, referrals had been made to the dietician or speech and language therapist as required.
- People's specific dietary needs and preferences were catered for and a choice of meals were available.

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

- Referrals to other health and social care professionals were made when needed.
- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. Feedback from healthcare professionals confirmed the service worked with them to address a person's needs.
- We received positive feedback from other healthcare professionals about the change in manager.

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

- Our previous inspection had found the decoration in the service was tired and shabby.
- At this inspection we found improvements had been made, some areas had been re-decorated and new furniture had been purchased.
- The manager told us that further improvements were planned, for example improvements to the garden furniture.
- People were encouraged to personalise their rooms and we saw that some rooms contained people's own

pictures and other belongings.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

At our previous inspection in September 2018, the key question, Caring was rated requires improvement. At this inspection we found that improvement had been made.

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

- People told us that staff treated them well. One person said, "I like the staff and the staff are kind and compassionate to me."
- We observed staff taking the time to support people at the pace which suited the person.
- Staff spoke about people in a caring manner. One member of staff spoke enthusiastically about what they had supported a person to achieve that day.

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

- Not everybody we spoke could recall being involved in their care planning. We discussed the involvement of people and their relatives in the care planning process with the manager. They told us they had contacted relatives and people to encourage them to come to reviews of care plans. They also described their plans to introduce a 'resident of the day' system which would include involving people in a review of their care plan.
- We observed staff giving people time to make decisions around their day to day lives. For example, where they wished to sit or who they wished to sit with at lunch.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person said, "They treat me with considerable dignity and respect."
- The service had improved the culture in regard to how people's privacy and dignity were respected. Personal care products were no longer stored in view of others and old linen had been replaced.
- Staff gave people choices about how aspects of their care were delivered. All the staff members we spoke with said they would support people to make their own decisions as much as possible. This included decisions about how they spent their time during the day and what they wore.
- Where people were unable to communicate verbally or had a hearing difficulty, staff told us they used adapted communication techniques, for example using mutually understandable signs.

# Is the service responsive?

## Our findings

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

RI:  People's needs were not always met. Regulations may or may not have been met.

At our previous inspection in September 2018, the key question Responsive was rated requires improvement. There was a breach of Regulation 9: Person Centred Care of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the breach of Regulation 9 continued.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans did not always reflect people's individual physical, mental, emotional and social needs or, in some cases, the care actually being provided.
- Not everybody spoken with knew they had a care plan or could recall any involvement in it. Care plans did not always demonstrate that people had been involved in writing them, for example recording people's likes and dislikes. When asked about their involvement in care planning a relative said, "No, never."
- Where people lived with conditions such as diabetes there was no plan in place as to how this was managed.
- The lack of this type of information in the care plan could mean that staff, particularly new or agency staff, were not aware of the person's needs and preferences and how these were met.
- Our previous inspection identified that people were not supported to follow their interests and hobbies. At this inspection we found no improvement. One person said, "There are no activities." A relative said, "No, there are no activities going on here."
- On the day of our inspection we observed people spent a lot of time asleep in chairs in communal areas with no meaningful activities taking place.
- We spoke with the manager about this. They told us that the activities co-ordinator post was vacant, and they were actively recruiting. Since the inspection visit they have told us that activities staff will be visiting from another of the provider's services to provide activities.

End of life care and support

- Nobody was receiving end of life care on the day of our inspection.
- Care plans did not demonstrate that people's end of life wishes had been discussed with them or their relatives.
- For one person their care plan stated they made advance decisions, but these were not recorded in the care plan.

This was a breach of Regulation 9: Person Centred Care of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which set out how complaints would be investigated.
- There had been no formal complaints since our last inspection.
- People told us they knew how to make a complaint.

# 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

RI:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our previous inspection in September 2018, the key question Well-led was rated Inadequate. There was a breach of Regulation 17: Good Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the breach of Regulation 17 continued.

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

- Since our last inspection the provider had employed a compliance officer to carry out monthly audits of their services. The audits included care plans, medicines and health and safety.
- Audits were taking place but had not identified all of the concerns we identified, for example covert medicines not being authorised correctly.
- Where concerns had been identified by these audits the manager had put an action plan to address the issues.
- The manager had also identified other shortfalls in the service and had developed an action plan to address these. We saw that some actions had been completed but others were still outstanding with no timescale for completion. The manager's time to address concerns had been limited by the need for them to undertake care shifts, caused by staff leaving.
- The manager was aware of their legal responsibilities and had applied to the CQC to register. 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.
- The previous manager left the service the week prior to our inspection. The new manager, who had applied to register had been working at the service for two months.
- The provider had not demonstrated an understanding of quality performance and met regulatory requirements. There had not been a registered manager at the service since March 2018

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since our last inspection there had been a number of staff changes at the service. The previous manager and assistant manager had left, as had approximately 14 care staff.
- The provider had engaged a consultant to drive improvement across their organisation and recruited a new manager.

- The new manager was pro-actively working to change the culture in the service to be more open and person centred. We discussed with them how they were doing this. Actions included working in the service and consulting with staff on changes to the shift pattern.

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

- Engaging and involving people was being addressed by the management team.
- Some people and relatives spoken with did not feel involved with the service or their care planning.
- The manager told us that they had written to relatives inviting them to a meeting but had received a poor response.
- Different ways of engaging people in the service were being explored. These included residents and relatives' meetings and introducing a resident of the day scheme.
- Staff spoken with were positive about the changes being made and the way they had been consulted. One member of care staff shared how the service had accommodated their travel needs.

Continuous learning and improving care

- Governance processes were not always effective in identifying concerns. For example, the poor quality of the care plans.
- Accidents and incidents, although individually recorded were not analysed to identify any trends and drive improvement.
- The new management team were working to improve the service. There were plans in place as to how this would be achieved. However, these were not yet embedded into the service and as yet had not delivered a demonstrable improvement in the service provided.

All of the above represent a breach of Regulation 17: Good Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- We received positive feedback from other healthcare professionals and an advocacy service as to how the service worked with them.



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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans did not always reflect people's individual physical, mental, emotional and social needs or, in some cases, the care actually being provided.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  Where covert medicines were administered this was not authorised correctly.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments did not always fully completed or accurate.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  There were not effective governance processes in place.