Musgrave Ventures Limited

Chalcraft Hall Care Home

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Chalcraft Hall Care Home is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 20 people.

Chalcraft Hall Care Home accommodates people in one building, there are two wings to the service and the home is on two floors. People at the home have access to a shared dining room, lounge and garden. The home provides specialist care for people with dementia.

People's experience of using this service and what we found
At the previous inspection documentation to ensure people were kept safe was sometimes incorrect or incomplete, at this inspection this documentation had been corrected. The provider had reviewed procedures and audits at the service and had plans to carry out more frequent audits to reduce risk to people.

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 best practice.

People were offered activities which were hosted by a dedicated activities coordinator. People were able to choose their entertainment and we saw people colouring, reading, knitting and playing team games involving throwing beanbags and rolling balls. There were enough staff to support people, and when staff had time between tasks we saw them sit and interact with people.

New electronic care plans had been introduced enabling staff to access detailed person centred information easily during the day via handheld devices. During the transfer, the care plans were reviewed, and the ease of access meant staff could update them in real time. Most staff knew people well, and new or agency staff were able to read the care plans during their initial shadowing shifts.

People were happy and active. We saw friendly interaction with staff. People told us they liked the food at the home. We saw people enjoying well presented meals and being assisted by staff in polite and dignified ways.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an announced focused inspection of this service on 17 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Need for Consent and Good Governance.

We undertook this focused inspection to check they had followed their action plan to improve Need for Consent and Good Governance, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chalcraft Hall Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up.
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Chalcraft Hall Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the quality of the service and provided a rating for the service under the Care Act 2014.

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 team consisted of two inspectors.

Service and service type
Chalcraft Hall Care Home is a 'care home'. People in care homes receive accommodation and 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.

The current provider of the service was in the process of registering with Care Quality Commission as manager of the home. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and we spoke to the local safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-
We spoke to members of the care staff, the chef and the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff records, audit plans and staff rotas. We spoke to five relatives of people who use the service and five staff.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse by staff who understood their duty of care. Staff knew how to raise any concerns they had about peoples' care with senior staff and also with outside organisations. When concerns were raised the provider had worked with other professionals, such as the local authority and CQC, to investigate safeguarding concerns and reduce risks.
● New staff members received online training in safeguarding, what should be reported and how to report concerns. Posters throughout the home gave staff information on which outside organisations to contact.

Assessing risk, safety monitoring and management
● At the last inspection we had concerns about conflicting information and a lack of consistency in care plans. At this inspection we found this had improved. The provider had implemented a system of electronic care plans which enabled real time addition of care during the day by staff. Staff were able to access peoples' care plans and update them via handheld devices or laptops.
● People's care plans had been updated and we saw appropriate risk assessments in place, including why decisions were taken, how they affected peoples' care and what staff should do to minimise the risk.
● The provider was able to use the electronic care plans to monitor and audit care remotely. Staff were reminded of missed tasks.

Learning lessons when things go wrong
● The provider learned lessons when things went wrong and acted to prevent errors in the future. When medicine charts were unclear for staff, the provider spoke to the pharmacy and ultimately changed medicine suppliers.
● Audits on accidents were carried out, trends were spotted and policy changed if necessary to reduce risks.

Staffing and recruitment
● Staffing levels at the home were adequate to keep people safe. We saw staff take time to chat with people.

● Staff were recruited safely, the provider ensured they followed up references from previous jobs and carried out background checks before staff started working at the home.
● We saw staff following safe practices during the inspection. Staff updated electronic care plans as soon as they completed tasks.

Using medicines safely

● At the last inspection mental capacity assessments had not been carried out nor best interest decisions made and recorded correctly when people had covert medicines administered. At this inspection this had improved. Care plans showed why decisions were made and people were offered medicines before staff considered covert administration.
● Medicines were administered safely. Audits of the medicines, including checking stock levels and expiry dates continued to take place.
● A change in the type of medicines charts used had led to some errors when information was copied from the older charts. These were minor errors and had not affected administration, the senior staff member said they would ensure any notes copied from previous charts would be double checked and signed by another member of staff in future.

Preventing and controlling infection

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection people were being deprived of their liberty without legal authorisation, and without correct Mental Capacity Assessments. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider had completed all required DoLS for people.
- Staff had received training in the MCA and DoLS. People were given choice and staff knew how to speak to people to help them make choices themselves.
- We saw staff using friendly persuasion to convince a person to have a bath and their hair washed. Staff reminded them about previous baths and the nice bubbles and hair styling they had experienced.

Adapting service, design, decoration to meet people's needs
- People were able to move about the home safely. Most areas of the home were clear and free of obstacles.

● The home was warm and free from any unpleasant odours.
● The home had clear signs to help people orientate themselves. Contrasting coloured seats on toilets were in use for the benefit of people with poor sight or dementia.
● People could access an enclosed garden.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Staff spoke kindly to people, care plans were up to date and staff were able to access them via handheld devices during care. Relatives told us they were asked for input in the care plans and people were offered choice wherever possible. A relative said, "Early on [my relative] had bad nights, staff talked to me about it and it's been sorted with the GP. They always talk things through with me."
● People had more activities to do in the home since the addition of an activities coordinator. We saw people enjoying interaction in the home. People were able to choose from a variety of pastimes, and we saw people playing team games, reading, knitting and colouring during the visit. There was time for the staff to stop and talk to people during the day.

Staff support: induction, training, skills and experience
● At the previous inspection we were concerned that staff were not always receiving appropriate and timely training. At this inspection the provider had addressed the issue and a new training matrix had been drawn up to enable the provider to review training needs regularly.
● New staff continued to follow clear induction timelines. Some staff did not have previous care experience, their training followed longer shadowing periods with competent staff. Staff had competency checks after they were trained to ensure the learning was put into practice. A staff member told us, "I've got no concerns about staff training. I am really happy to have the chance to undertake training like NVQ, it's good to have that opportunity."

Supporting people to eat and drink enough to maintain a balanced diet
● Food at the home was cooked by an onsite chef who knew people well, knew their likes and dislikes and provided their meals accordingly. He told us, "This is my world!" The chef told us if a person requested a particular meal he would cook it for them after checking with care staff.
● We saw staff helping people to eat their meals, staff were polite and helpful.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were able to have visits from healthcare professionals. During the inspection the community psychiatric nurse visited to assess a person for care.
● The provider was in communication with the local pharmacy to provide training for staff and medicine reviews for people at the home.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Working in partnership with others

At our last inspection, systems were either not in place or robust enough to demonstrate audits were carried out effectively, or that input from other health professionals was sought appropriately. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● At the previous inspection the home had no manager registered with the CQC and no clear staff structure. At this inspection the provider had begun registration with CQC to be the registered manager for the home.
● Staff were not always clear about their place in the staff hierarchy. Recent staff changes and promotions had left some staff confused about the staff structure. Staff understood their individual roles and knew they could raise concerns to the provider.
● At the previous inspection we had concerns that staff did not always have support when they started working. There was no evidence to show regular staff supervisions. A high turnover of staff had seen some staff promoted to senior roles without gaining extra qualifications. At this inspection the provider had formalised the induction process, including the addition of competency sign-off sheets for care staff and managers to complete at the end of the induction period.
● The provider had not yet begun regular formal appraisals or supervisions for staff.
● Audit procedures had been reviewed and monthly audits begun. The provider had not yet embedded a formal and consistent approach to auditing.
● The provider was in regular communication with the local authority, the local GP and community nurses. A relative told us, "They have the chiropodist and the dentist come in."
● Medicines audits were carried out and the senior staff member responsible for medicines was in regular communication with a local pharmacy for advice, training and medicines reviews.

Continuous learning and improving care

● The provider carried out audits for areas of the service, however it was too soon to see the impact these had on care.
● While improvements continued to be made to the service, these were often reactive rather than proactive and there was no clear link between audit and quality improvement. For example, on the day of the inspection there was limited hot water for people to wash their hands. This was brought to the attention of the provider. After the inspection the provider told us the plumbing and boiler had been repaired and the home now had sufficient hot water.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The reception area of the home was used as temporary storage for broken equipment. Using communal areas for storage did not promote a homely feel to the service.
● We received conflicting information about how well staff knew people at the home. A relative told us, "I personally know the Assistant Manager, and she is excellent. She contacts me on a regular basis. She tells me if I need to get [my relative] anything." Another relative said, "When I ring, staff say [my relative] is fine but if I ask for any details they don't know them, so they have to go and check what they've been doing."
● Staff told us the culture at the home had improved. The provider worked to promote inclusion and a cohesive team of staff who were keen to learn and to work together.
● Peoples' care was improved using electronic care plans. New staff members were able to gain information about people, including people living with dementia who were unable to communicate easily, via the handheld devices. This ensured care was always person centred.
● Relatives told us people were happy at the home and how the staff achieved good outcomes for people. A relative told us, "It's really homely, a really nice atmosphere. [My relative] is so happy. They helped her when she was ill with a chest infection. I have peace of mind about where she is. I'm happy she's there and that I made the choice to put her there."

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 provider understood the duty of candour and was committed to being honest and open with residents and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives were kept informed of any changes at the home. A relative told us, "Communication from the provider is brilliant, really good update letters. The new deputy is always ready to help, really helpful, there are emails, letters and phone calls."