

Priyas Limited

# Chardwood Rest Home

## Inspection report

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Date of inspection visit:

22 March 2022

23 March 2022

Date of publication:

19 April 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Chardwood Rest Home is converted property located in Pevensey Bay providing care and support for up to 15 older people including some people living with mild dementia and memory loss. There were 12 people living at the home, one person was in hospital at the time of the inspection,

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

Risks to people were not always assessed and reviewed effectively. Care plans and risk assessments had not been reviewed and updated when changes had occurred. One person's PEEPs had both of their names written incorrectly, this had not been identified by management or staff. This would put them at risk in the event of an emergency evacuation. Care folders had not been maintained to ensure information was easily accessible clear and up to date.

Medicine processes had not been safely maintained. People were not receiving their medicines in accordance with their prescriptions. PRN medicines did not have protocols in place to ensure they were administered, monitored and reviewed regularly. Rationales behind decisions had not been recorded.

Governance systems needed to be improved. Quality assurance systems were not robust and had not identified the issues and concerns found during the inspection. The provider confirmed that audits had not been effective, and improvements were needed.

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 had the opportunity to feedback their views and opinions of the service.

The service had a relaxed, homely feel. People's rooms were personalised and staff told us they knew people well. Feedback from people and relatives was positive. One told us, "The owner is lovely; she looks after us all." Daily records were written at the end of each shift and relevant information handed over verbally to staff coming on duty. The provider was also one of the registered managers. They spent a lot of time at the home providing care and supporting staff. Both managers covered care duties and also cooked meals when no cook was available.

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

The last rating for this service was good (published 19 May 2018).

### Why we inspected

We received concerns in relation to staffing, training, infection control, documentation management and leadership of the service. A decision was made for us to inspect and examine these risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

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

We have identified breaches in relation to safe care and treatment, risk management, medicines and the management and governance at the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Chardwood Rest 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 overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Chardwood Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chardwood Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. Chardwood Rest Home has two registered managers who share the overall role. One of the registered managers is also the owner/provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced.

#### What we did before the inspection

We contacted the local authority market support team for feedback. We reviewed information we hold

about the service including enquiries and notifications. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people living at Chardwood Rest Home, five staff including both registered managers, care and housekeeping staff. We reviewed a range of records. This included two people's care plans in full and a further three peoples to look at specific areas in relation to their health and care needs. We also reviewed other documentation in relation to people's safety, including medicine administration, accidents, incidents and risk assessments. We looked at staff training and competencies, and a variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

Following the inspection, we continued to seek clarification from the registered manager/provider to validate evidence found. We also spoke to the local authority market support team.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine systems and processes had not been maintained to ensure that people received their medicines safely and in accordance with their prescriptions. Some people had been prescribed 'as required' (PRN) medicines, for example pain relief. PRN protocols were not in place for most PRN medicines, including paracetamol for general pain, and medicines for constipation. This meant that PRN medicines were not being safely managed.
- We found some PRN medicines had been given at set times each day. No rationale had been recorded for this. One person had been prescribed a medicine to help alleviate anxiety. Medicine Administration Records (MAR) charts showed that these had been given daily at 8am and 12pm. There was no PRN protocol in place for this to explain why this had been done. There was no information about other measures that staff could take to help reduce the person's anxiety before giving the medicine. The registered manager told us that the person's GP had been spoken to regarding the Lorazepam being given daily, however, this had not been documented.
- MAR charts had not been well maintained. Pages were found to be falling out. Some information had been photocopied and was not clearly legible. Some MAR records did not include a recent photograph of the person to aid identification. Medicines which had been handwritten had not been counter signed to ensure they had been written accurately. There was a gap in one person's MAR chart on the 18 March 2022. This was four days prior to the inspection. Care staff administering medicines since this time had not identified this gap or raised it with the registered manager. This meant that no steps had been taken to establish if this person's medicine had been missed.
- Medicine audits had been completed by one of the registered managers. The most recent audit completed on 11 March 2022 stated that PRN records were in place and accurate. However, this was not correct, and audits had not identified further issues found at the inspection.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments completed for people were not always up to date and relevant. Some current care plans and risk assessments dated back to 2019 or further. It was not clear if changes to people's needs, for example in relation to mobility and skin integrity had been updated. One person had long term wounds to their legs. Their skin integrity care plan had been written in 2018. Staff told us this person was seen regularly by the district nursing team, however, up to date information in relation to these wounds and the current wound management plan had not been recorded. Records needed to be reviewed and an updated body map was required to include relevant information about the wound and how this was being treated.
- Many of the care plans and risk assessments for people who had lived at the service for years had been written in 2019. Monthly reviews stated 'no change' over many months. When changes had occurred, these

were handwritten additions to the review records. Some care plans included crossed out wording and highlighted areas. Changes had not led to a new care plan or risk assessment being completed, this meant that it was difficult to establish which information was the most up to date and relevant. Therefore, people could be at risk of receiving unsafe or inappropriate care.

- People had personal emergency evacuation plans (PEEP's) in the event of a fire or emergency evacuation. These were located in the entrance area and within peoples care folders and the fire folder. We found that one person's form had both of their names written incorrectly on all three forms. This form had been in place over many months and reviewed by the registered manager, however this error had not been identified. In the event of an emergency evacuation this could lead to confusion and put the person at risk.
- Audits completed had not identified gaps, errors or changes. This put people at risk of receiving unsafe care and support. We have discussed auditing in more detail within the well led section of this report.

The provider had failed to maintain safe management of medicines and assess and mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- The provider told us that there had been no recent accidents, incidents or reportable events. However, they had a good understanding on how to report concerns should they arise.
- We received positive feedback from relatives. Telling us, "The care staff and owners keep [person's name] safe, they are well looked after." And, "We feel they are safe when we leave here, they are happy here and would soon let us know if there were any issues."
- Staff told us if they had any concerns regarding risk of abuse they would speak to the registered manager or provider. The provider confirmed that one of the two registered managers was on call and available in an emergency.
- We looked at safeguarding training and saw that staff completed some safeguarding training as part of their induction. Most staff had not completed any safeguarding updates since 2019. This was an area that needed to be improved and has been covered in more detail within the well led section of the report.

Staffing and recruitment

- Recruitment processes were in place. Relevant safety checks were completed before people started work at the service. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



- There were two care staff on duty during the day and night, supported by management. Care staff told us that they felt there were enough staff to meet people's needs. Both registered managers supported staff to provide care needs and covered shifts when there was sickness. The previous cook had recently left, recruitment was on going but the registered managers had been covering in the kitchen and cooked the hot lunch on both days of the inspection.
- A new deputy manager had been employed and was in the process of completing their induction. No new care staff had been employed over recent months; however, recruitment was now on going. The registered manager/provider assured us that appropriate checks and induction would be completed for any new staff employed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A new recording system had been implemented since the last inspection to ensure that all visitors and staff had completed appropriate testing before entering the building.
- 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 using PPE effectively and safely. A new clinical bin had been sourced and was now available in the ground floor bathroom. This was in response to concerns identified at the recent Infection Prevention Control (IPC) inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Staff were seen to be wearing masks and PPE was available throughout the home.
- 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. Since the previous IPC inspection, the provider had worked with the local authority market support team to ensure IPC and COVID19 related policies were updated.

The provider was facilitating visiting and following current guidance.

#### Learning lessons when things go wrong

- Staff and management told us that no accidents and incidents had occurred in recent months. However, a system was in place to audit and analyse these monthly to identify any trends or themes.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and the management of risk needed to be improved. There were two registered managers in post, one of whom was the provider.
- The provider told us that although they were present at the home most days and were involved in providing care and support to people. The day to day management was completed by the second registered manager. This included most of the care documentation, medication records and auditing.
- Quality assurance systems and processes had not identified the issues found during the inspection. A number of monthly and weekly audits had been completed by the registered manager in relation to care plans, risk assessments, medicines and general day to day running of the home. Audits although completed regularly, had not identified issues or changes required and no actions had been taken forward to show learning and ongoing improvement. The provider and registered manager had not identified actions needed to ensure systems and processes remained safe and improvements were made when required.
- Care folders were large and included a lot of information which was no longer relevant. Care plans and risk assessments needed to be updated to ensure they provided accurate information for staff. We found peoples care plans which were dated 2019, these had handwritten additions and changes. This meant it was unclear which parts of the care plan were relevant and should be followed by staff.
- The provider and registered manager had not maintained oversight of medicine administration systems or ensured safe systems were being followed at all times to ensure people were receiving medicines in accordance with their prescriptions. For example, PRN medicines were being given daily at set times rather than as required. Decisions had not been documented to demonstrate a clear rationale for why medicines had been given in a specific way or who had been involved in the decision. Medicine audits had not identified a number of medicine issues found during the inspection.
- The training matrix did not include all training the provider told us staff had completed online. Some training was out of date and refresher training was required. The provider told us staff had received verbal updates and information from the provider/registered manager, however, this had not been recorded. Although we are aware that face to face training had not been available during the pandemic, online refresher training and courses have been available. When staff had attended these, information had not been updated on the training matrix. The provider and registered manager had not maintained oversight of all training each member of staff had completed and when refresher training was required. Training records had not been maintained to help support this oversight.

The provider had failed to maintain good governance systems to assess, monitor and improve the quality and safety of the services provided. Accurate and complete records had not been maintained for each person. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider spent a great deal of their time at the service and provided a lot of hands on care for people and support to staff. They also carried out spot checks at various times of the day and night. However, these were not recorded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere at the home was relaxed and people told us they were happy living at the service. We saw that people were happy around staff. Staff responded to people politely and interactions were light-hearted and friendly.
- Relatives spoke positively about the home. Telling us, "It is a lovely home, I like to help out in the garden and support them as much as I can, it's a lovely place, I would recommend it to anyone." And, "[person's name] is well looked after, they make sure he is looking nice, and he enjoys the food. They keep me updated and he's very happy here."
- People were able to share their views. Feedback was also sought via questionnaires. People told us they felt listened to and able to spend their time how they wished. One person told us, "I get up when I want and I spend my day doing the things I like to do, I often sit in the conservatory and go for little walks, I think the staff are very nice."

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; Working in partnership with others

- The provider was aware of their responsibilities around duty of candour.
- Statutory notifications were submitted appropriately by the provider to CQC.
- Staff and management liaised with other healthcare professionals involved in people's care when needed. For example, people were supported to attend health appointments in relation to any long-term health conditions.
- The provider was working with the local market support team to make improvements. This had been identified as an area of learning at the previous IPC inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was provided in a safe way for service users. Medicines had not been managed safely</p> <p>12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems were in place to effectively assess, monitor and mitigate the risks or ensure an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>17(a)(b)(c)</p>