

Barchester Healthcare Homes Limited

Challoner House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Challoner House is a residential care home that was providing personal and nursing care for up to 49 older people. Some of the people using the service lived with dementia. At the time of the inspection there were 44 people using the service when we inspected.

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

Relatives felt their loved ones were safe living at Challoner House and they were very much at the heart of the service. We received consistent positive feedback from relatives and a professional.

People were supported to stay safe, protected from abuse and risks were assessed and well managed. There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Systems were in place to ensure risks associated with infection control were managed. Staff were following national guidance in relation to COVID-19. Cleaning schedules were in place and the service appeared clean and was free of malodour.

The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service and individual care. People using the service, their relatives and the staff felt valued.

People were cared for by a motivated staff team, who always put people first. Staff received regular support and felt valued and listened to by management.

Regular audits were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and relatives were positive about the management in the home.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 April 2019).

Why we inspected

This was an inspection based on the previous rating. A decision was made for us to inspect and examine those 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement 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 Challoner House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Challoner House

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 Care Act 2014.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

Inspection team

The inspection was undertaken by two inspectors and a specialist nurse advisor in the care of older people. An Expert by Experience supported the inspection by telephoning relatives of people living in the home to obtain feedback to support our findings. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Challoner House 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.

The service had a manager registered with the Care Quality Commission. 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

This inspection was announced, we gave the provider 24 hours' notice. This was due to the coronavirus pandemic. This was to ensure safe systems were in place to protect everyone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for four people and multiple medicine records. We looked at three staff files in relation to recruitment and observed a medicines round. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke to four members of staff including the registered manager, deputy manager, registered nurse and the maintenance manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 10 relatives and five staff members. We also received feedback from one professional.

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.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. One relative told us, "Adequate care levels. Never felt [relative name] is neglected. There always seems to be people on hand when I phone". Another relative felt the service was safe for their relative and told us, "As relatives, we are more than happy. They have taken care to ensure there is a care pool of staff just for Challoner House".
- We spoke with a professional who felt staffing levels had improved and they had no concerns. They told us, "Whenever I visit or telephone, I observe a good level of staffing and quick responses to issues. The present staff are working well together and effectively. I have looked at response times to call bells and staffing rotas a few times, and these are consistently good. The home management advise that they monitor call bell response times and staffing regularly."
- Staffing levels were determined by the number of people using the service and their needs.
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with felt their loved ones were kept safe. One relative told us, "I feel it's safe for mum and so does my brother". Another relative said, "It feels very safe and secure; doesn't matter what time of day or evening [I visit] she always looked comfortable and safe". A third relative told us, "Staff are amazing. ... brilliant. ... I cannot thank them enough. Mother has to be turned every 4 hours. She is very safe. Never been in such a lovely place, so respectful. Makes you feel safe".

- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- People had been risk-assessed for risks. For example, for falls, not being able to use the call bell, moving and handling and tissue viability. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. Safe working systems had been clearly documented.
- There were no people with pressure sores. Wound care assessments were up to date and detailed with photographs and body maps for staff to monitor progress.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- A professional told us, "The care plans I have looked at show clear understanding of individual's risks and safety, and measures they put in place to ameliorate the risks including falls monitoring, actions taken to reduce and respond to reduce falls risk where someone's medical condition is progressing, risks around use of bed rails, wound care, continence care, nutritional & hydration needs, emotional needs and other risks. Any new information or suggestions made during review have been quickly put in place and followed up by the manager".

Using medicines safely

- Medicines were managed and stored safely. People received their medicines from staff that were trained to do so and who had regular assessments to ensure they remained competent to administer medicines.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. Homely remedies were available for people if required.
- For people who required topical creams to be applied. These were stored safely in people's rooms. We looked at a sample and these had open dates written to show when staff had started to use them to ensure they were within safe use periods according to the manufacture's guidelines. Topical application record charts and body maps were in place.
- Medicines were administered in a safe and respectful manner and staff supporting people to take their medicines did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Preventing and controlling infection

- Staff followed a daily cleaning schedule and areas of the home was visibly clean. There were no malodours around the home.
- Relatives we spoke with praised the measures in place to manage infection control and how the service had dealt with COVID 19. One relative told us, "Absolutely brilliant. Hats off to them. The head of the care

tested positive and they isolated themselves. Since then there has not been a whisper of COVID in the home. They are very strict on protocols". We asked for an example and they told us, "If you leave anything it's put in quarantine. They are so diligent as far as COVID is concerned". Another relative told us, "Since lockdown there have been temperature checks, hand sanitiser... they've always got on aprons and medical masks".

- The home followed appropriate protocols / procedures in managing Covid 19 to mitigate the risk of infection.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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 now improved to good.

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

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

- The leadership team were passionate about providing a service where people received person centred care, and this was achieving good outcomes for people.
- Relatives were happy with the service. One relative told us, "It's a nice facility, and the personal care and concern of the team is? from care assistants, through to? the whole team. [relatives name] feels very comfortable and they have time for her. It's the personal, caring touch, beyond what they have to do". When asked for example: "They get her sense of humour and get the best out of her. They know what makes her tick and make her laugh". We asked another relative of their overall impression they said, "I've been really, really impressed". Other comments included, "I have no reservation about leaving [relatives name] in there or recommending the service. They have been absolutely brilliant".
- A professional felt the service had really improved and was now providing a high-quality service. They said, "The clients I have reviewed as a social worker describe having good care, great food, nice environment, activities they really enjoy and how lovely the staff are. Relative feedback on reviews on the whole has been similarly positive about how good the care and service are. Staff have commented positively about the manager, the changes she has made and feel valued. I am confident from my observations, that they deliver high quality care". □
- There was an open and transparent culture in the service. The provider notified the Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment should people come to harm.

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

- Relatives were happy with management within the home. One relative told us, "Manager is always present; we see her walking around frequently". They also told us that they see the assistant manager and the staff were "always available".
- We spoke with a professional who works closely with the service and they told us, "[Registered managers

name] knows her residents personally, is confident in describing their individual wishes and preferences, needs, risks and how she ensures things are working smoothly and well".

- During the inspection the registered manager and clinical lead were always available to discuss any matters arising from the inspection and were approachable. We spoke with registered nurses and staff who informed us morale was high and the registered manager was passionate and had implemented positive changes in the home, for example, every staff member had received supervision on safeguarding and Covid-19 management support. They also said there was good teamwork where staff supported each other, and that people saw staff as part of their family.
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and how they contributed to the overall success of the service.
- The registered manager and senior staff used a series of audits to monitor the service. These included audits of medicines, care plans, infection control, health and safety, falls and daily walks around the home.
- For example, in auditing medicines. There were no recent medication errors and staff said they were aware of the procedure for medicine errors incident reporting if they needed to report a medicines error and were familiar with how to report this when it occurred. The Clinical Team Leader said there had been a few missed signatures errors, but these were quickly identified during daily peer audits and had been dealt with. The last Pharmacist audit showed nothing adverse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- All the relatives we spoke with felt communication was good. One relative told us, "Managed communications in lockdown very well. We get regular email updates, about visits and skype calls". Another relative said, "They communicate regularly with me. I get updates". They also informed us they have a sister living abroad and staff help ensure that calls to her by relative in the service take account of the time difference. Other comments included, "I receive a letter nearly every week explaining what's going on and the reasons for it. It gives me all I need to know".
- Before the lockdown relative meetings took place. Relatives we spoke with told us the service was open to suggestions. One relative told us, "Very much so. Nothing I've asked or said have they said no, or they've not been able to accommodate". Another relative said, "Suggestions have been well-received. We feel free to get in touch".
- Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us, "We have team meetings monthly. It depends, if there's emergency like with COVID we had weekly meetings with the Heads of Department, and we talk with team leaders about what can we do to remain safe".
- Staff felt very supported in their role and morale was high amongst staff. One staff member told us, "It's improved, with the Covid-19 we've been actually first home to close two weeks before everyone, we were actually on BBC news because families were not understanding the seriousness, but anyway [registered managers name] put emergency plans in place for if we needed to lockdown and stay in the home and just people coming and volunteering, that impressed me and I realised for the first time how proud I am of my colleagues and how we stuck together. People could be scared and panic and think about themselves and their families first but instead come together, we beat this together and that's amazing for me."
- Staff praised the culture and support they received in the home. They said they felt really valued whatever their role at the home.
- The service worked in close partnership with health and support services. A professional told us, "Based on information available to me at the current time, in my view Challoner House excels in this and work closely with other health professionals."
- Care records showed people who used the service had access to specialist services for example, GP, physiotherapists, opticians, podiatrist, dentists, and the community mental health team. In nutritional

assessments, where necessary, people had access to specialists such as dieticians or speech and language therapists.

- Nurses reported that the GP called every day and visited the service three times a week to review residents and their medication.