

# Cholwell Care (Nailsea) Limited

# Cholwell Care (Nailsea)

# Limited T/A Argentum

# Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook this unannounced comprehensive inspection on the 9 & 10 Oct 2017.

Argentum Lodge provides care and accommodation for up to 56 people. On the days of the inspection 53 people were living at the home. The home is on three floors, with a lift or stairs. All bedrooms have en-suite facilities. Communal areas include a lounge and dining area on each floor. There is a reception and lobby area, downstairs sitting area, car park, garden and patio area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were stored safely but records relating to creams administered required improving. People's care plans did not always contain guidelines and support plans relating to people's individual needs relating to their diabetes, skin care, suction care, bowel care, if they presented upset or agitated and management of pain.

Governance systems were not always identifying shortfalls relating to medicines management, care plans, risk assessments, support plans and equipment not accurately set as required.

People who required specialist equipment such as air mattresses did not always have them set accurately. There was no risk assessment or support plan that confirmed people's needs.

People were supported by adequate staffing levels to meet their individual needs. The home due to vacancies was using some agency staff.

People were supported by staff who had received training to ensure they had the skills and competencies relevant to their role.

People felt safe and were supported by staff who were able to demonstrate what abuse was and who to go to if they suspected abuse.

Care plans confirmed if people lacked capacity, however where some people lacked capacity there was not always a best interest decision in place relating to their care and support.

People and relatives were happy with the meals, drinks and snacks and felt there was a good choice.

People's care plans contained important information relating to their likes, dislikes and routines.

People were supported by staff who had suitable pre-employment checks.

Incidents were recorded, although the overview log had no record of what action had been taken to prevent a similar occurrence from happening.

People and staff felt able to talk to the registered manager and that they were accessible. People were supported to maintain relationships that were important to them.

People were not always able to access activities that were meaningful due to a shortage of activities and time.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Medicines were stored safely although records relating to creams administered required improving.

People felt safe and staff were able to demonstrate their knowledge and what they would do if they had concerns for their safety.

People were supported by staff who had recruitment checks undertaken prior to commencing their employment.

People were supported by adequate staffing levels to meet their individual needs.

### Is the service effective?

Good 

The service was effective.

Care plans confirmed if people lacked capacity, however not all people who lacked capacity had a best interest decisions in place.

Where people were being supported with their nutrition and hydration food and fluid records were not always accurately recorded.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were happy with the meals and had various choices each meal time.

### Is the service caring?

Good 

The service was caring.

People and relatives felt staff were kind and caring.

People's privacy was respected and staff had a good knowledge

of dignity and respect.

People were supported to maintain relationships important to them.

### **Is the service responsive?**

The service was not always responsive.

People's care plans did not always contain guidelines and support plans relating to people's individual needs.

People did not always have access to activities.

People had care plans that confirmed their likes and dislikes, including what was important to them including family and hobbies.

People were supported to maintain relations with people who were important to them.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Checks and audits were not always in place to identify shortfalls found during this inspection.

People and staff felt the management team were approachable and supportive.

People and relatives had their views sought and actions taken when required.

Prior to this inspection not all notification had been submitted as required. These were made following the inspection.

**Requires Improvement** ●

# Cholwell Care (Nailsea) Limited T/A Argentum Lodge

## **Detailed findings**

### Background to this inspection

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

This was an unannounced inspection and took place on the 9 and 10 October 2017. It was carried out by one inspector, an expert by experience and a specialist advisor on the first day and two inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a nurse.

We spoke with nine people living at the home and seven relatives about the quality of the care and support provided. We also spoke with the registered manager, three nurses, the administrator, a co-ordinator and four staff. Following the inspection we spoke to two health and social care professionals.

We looked at four people's care records and documentation in relation to the management of the home. This included seven staff files including supervisions, training, recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is

required to send us by law.

# Is the service safe?

## Our findings

People received their medicines from nurses. Medicines were administered safely and people's medication Administration Record (MARs) recorded people had received their prescribed medicines as required. However we found some creams that were prescribed 'as required' we were not always recorded. This is important as by having incomplete records means that there is no clear audit trail or when they were administered and by who. We also identified that the home had needles in stock that were not a safety type. It is important to use safety needles so that the person does not experience multiple injections and that they can be used for syringe drivers and people on end of life care. Medicines were securely stored. Used medicines were collected and disposed of safely when no longer required.

People, staff and relatives felt the home was safe. People told us, "It's a safe place to live" and "Yes it is safe here" and "I feel safe". One staff member told us, "I have no concerns". A relative told us, "It is very good a safe place". Staff were able to demonstrate their understanding of abuse and who they would go to. One member of staff told us, "Different types of abuse are, financial, physical emotional, sexual. I would go to my manager [Name], safeguarding, or CQC." The registered manager confirmed when they had made safeguarding referrals. Records confirmed these had been made.

Incidents and accidents were logged. Although two incidents had not been logged to show what actions had been taken following the incident. We also found the overview log had no record of what action had been taken to prevent a similar occurrence from happening. This is important as it enables an overview of all actions taken and identifies possible themes. The registered manager confirmed individual actions taken were recorded in people's care records. Care records confirmed this. The registered manager confirmed they would take action regarding the recording of incidents on their overview log.

People were supported by enough staff to meet their individual needs. At the time of the inspection the registered manager confirmed the home was using some agency staff. During the inspection we observed staff supporting people in a caring manner. Staff spent time with people talking to them and offering support and assistance when required. One member of staff was always available within the lounge and kitchen area. They offered people support with snacks and drinks. Call bells were answered quickly and people felt there were enough staff to meet their needs. One relative told us, "Staff were always popping in to check [Name] was okay. They were very good".

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. Records confirmed this. All staff were issued with a statement of terms and conditions, which made clear their role and responsibilities. The service also monitored the dates of nurse's registration with the Nursing Midwifery Council (NMC) to make sure it was up to date and current.

Environmental risk assessments had been carried out to identify and address any risks posed to people. All areas of the premises were well maintained and clean. There were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to



date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

The service had a fire policy and risk assessment. People had personal emergency evacuation plans (PEEP). Personal evacuation plans confirmed people's individual support needs. Including if they required assistance from staff or equipment such as a wheelchair, walking frame or full support. Staff ensured visitors signed the visitor's book. This is important as it keeps a record of who visited and who is in the building.

## Is the service effective?

### Our findings

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's care plans had a record if people lacked capacity. However we found not all people had best interest paperwork in place when required. For example, one person's care plan had no best interest decision records in place when the person was unable to consent to their care being provided.

Argentum Lodge was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. DoLS applications had been made to the local authority as required.

Staff felt supported and confirmed they received individual supervisions. One member of staff told us, "Good clinical supervision – manager's door always open". Another member of staff told us, "Having the supervisors on each shift it really helped". Supervisions were an opportunity to discuss the staff members work and any other staff responsibilities. Appraisals were undertaken once a year. Appraisals and supervision records confirmed these outcomes and any areas for improvements.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included Safeguarding, Mental Capacity Act and DoLS, health and safety, Control of hazardous substances, moving and handling, fire safety, equality and diversity and infection control. One member of staff confirmed the training was good. They said, "Good training". Staff had access to additional training which was tailored to people that staff provided care and support to. For example some staff had also received training in, dementia awareness, end of life care, diabetes, pressure care and incontinence care.

People were happy with the meals. They were supported with their individual needs and requirements. For example one person required a special diet. They confirmed this was provided and that they were happy with the meal choices. People told us, "Oh yes it is very delicious". Another person told us, "Its lovely, ten out of ten". Another person said, "I have never had any problems with the food here. They are very good at finding out what I can and can't have". People had access to snacks and drinks throughout the day. Staff were always available in the lounge and kitchen area. Throughout the day we observed them offering drinks and snacks. People told us, "I often load myself up with some fruit and take it to my room". Another person told us, "Always a cup of tea on hand, just the way I like it". Another person said, "Never without a biscuit or a nice drink in this place."

People's records were not always completed correctly or monitored to manage their health conditions. Where people were being supported with their nutrition and hydration we found food and fluid records were not always accurately recording what people had taken. For example, we found the record had no individual recommended volume set or total of what the person had taken that day. This meant there was a potential risk that the person might not receive enough to eat and drink.

The registered manager confirmed where people had been identified as losing weight they were either receiving supplements, had been seen by their GP or were being monitored with their nutrition. People who were at risk of losing weight had action was taken when required. No concerns were raised from two health care professionals. One confirmed, The home was, "Nice".

# Is the service caring?

## Our findings

Staff demonstrated a kind and caring approach with people. People and relatives felt staff were kind and caring. They told us, "I feel very cared for" and "Oh yes very much so, they always talk to me and ask me if I am ok" and "I do think they are caring". Relatives also felt positive about the support from staff. They told us, "They are very caring here, you can just see it from the way they talk with [my relative] and myself" and "They are doing a great job here very caring, very friendly".

Staff were relaxed and friendly in their support. During the inspection we observed staff spend time with people. One member of staff provided 10 minutes of their time with one person to play a game with them. They did this in a cheerful manner and the person clearly showed they were happy to join in. We also saw the same member of staff on the second day of the inspection singing. People enjoyed this experience and on one occasion the staff member said, "Would you like to join in" and the person sung a few words. People genuinely benefited from these positive experiences.

Staff were able to demonstrate how they provided people with dignity and respect. During the inspection we observed staff knocking on people's doors and closing people's doors. We observed staff communicating with people throughout the day. Conversations were positive and gave people an opportunity to talk about the weather and the day. For example, people were asked, "What a lovely day it is, are you enjoying the sun through the window" and "How are you today. Are you okay". Staff ensured they gained people's consent from people. For example, staff sought consent before they placed a protective cover over someone's clothes. This was to stop their clothes from becoming stained. Staff also supported people by getting down to people's eye level and talking to them. This meant people can hear and see as well as ensuring people do not feel intimidated or overpowered.

Staff had a good knowledge on equality and diversity. One staff member told us, "Everyone has an equal right. Treat people the same regardless of age, colour, gender, religion or beliefs. We have Christians and Catholics and a church service for both. If someone wants a blessing or a reading that is their preference and wishes. The same if someone wants a female carer". People's care plans recorded if people had any individual wishes relating to their individual needs.

People were supported to make decisions and choices about their care and support. Staff gave people choice and were able to give examples of how they did this. One member of staff confirmed, "I always give people choice. I often give them one or two choices then the person will be able to give their answer. Sometimes I also show them say their clothing choices". People made daily choices about how they wished to spend their day. Some people spent time in the lounge and dining room area and some spent time in their rooms. People were supported to maintain relationships with friends and family. During the inspection we observed friends and family visiting throughout the day. They spent time with people in their rooms or in the lounge and kitchen areas.

We were told by the registered manager that no one at the time of the inspection was receiving end of life care. People's care plans confirmed people's end of life wishes and if required there was a Do Not attempt

Resuscitation (DNACPR) in place.

## Is the service responsive?

### Our findings

People's care plans did not always contain information relating to people's individual needs. People's care plans confirmed what support people required with their mobility, personal care, meals and drinks. However, we found people's care plans did not contain information relating to their diabetes, skin care, suction care, bowel care, if they presented upset or agitated and management of pain. For example we found where people required a specialist mattress their support plan had no confirmation of what their specialist mattress should be set to. We also found people's mattresses were not always set accurately for the persons' weight. There was no risk assessment or support plan relating to the person's needs. We also found people who had diabetes had no individual support plan in relation to how they needed to be supported with their individual care needs. For example what their normal sugar levels were and what action staff should take if it differed from this. We also found one person required assistance with their bowel care and management of pain. They had no specific guidelines for staff to follow. This is important as people could be at risk of receiving unsafe care and treatment due to a lack of specific guidelines for staff to follow. We fed this back to the registered manager for them to action.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported or encouraged to follow their own interests at the service. One relative felt activities could be improved. They told us, "I do notice there is a lot of down time here; this is something I would like to see change as [Relative] is better when she has something to do". Throughout our inspection, we found there was a lack of activities on offer suitable for all the people who lived at the home. The activities co-ordinator confirmed they tried to engage with people on a social level through talking with them, but there was limited structured activities offered, especially those designed for people who were living with dementia. This meant most peoples' stimulation was the television or radio. People's care plans provided staff with information relating to people's individual personal history and their individual likes, dislikes and hobbies however this information had not been used to develop personalised activities. We noted some future activities were advertised on noticeboards. There was no budget for activities and money had to be raised by fund raising. They felt a great deal of time was spent planning for fund raising activities often at the expense of spending time with people. The activities coordinator had a number of ideas following attending some training but the lack of funds was stopping them from fulfilling their ideas. They also told us that they tried to support people individually. Overall, we observed that while there were some activities available to those more able to engage, not all people had the same opportunities.

We recommend that the registered manager seeks best practice guidance and meaningful activities for people living at the home.

People and relatives felt able to raise concerns or complaints if they needed to. The home's complaints procedure was displayed in the entrance hall making it readily accessible for people. People told us, "Yes I would talk to the staff or the manager". Another person told us, "I would probably talk to my [relative] and they would talk to the home". Another person said, "I have never had a complaint and I don't think I will ever

have one". Relatives told us, "I would go straight to the manager, she listens well and gets the job done" and "I would talk to any of the staff I feel very comfortable with them all" and "I know I would talk to any of the staff here they are all very approachable". Staff were aware of the complaints procedure and they confirmed they would support people if they raised a complaint. The service had received three complaints since January 2017. Where complaints had been raised the registered manager had followed the provider's complaints policy. Records confirmed complaints had been investigated and recorded to prevent a similar occurrence from reoccurring. The home had an abundance of compliments from grateful family members. Compliments included, 'It was very comforting for us to know dad was so well looked after'. Another compliment included, 'Thank you for all the kindness and care' and 'We would all like to thank you for the excellent care you took of our mother'.

People's care plans provided staff with information relating to people's individual personal history and their individual likes and dislikes. For example, one person enjoyed bird watching, their vegetable garden, and had kept bees for many years. Their care plan also confirmed their hobbies and how many grandchildren they had. One relative felt the person's received, "Excellent care".

People were supported to maintain relationships that were important to them. Family and friends could visit any time and we observed friends and family visiting throughout the day. People and relatives were happy with the visiting arrangements. One person told us, "I visit most days or other family they tell us and ring us if we need to know anything". Visitors were made to feel welcome and were offered drinks whilst they visited.

## Is the service well-led?

### Our findings

The registered manager had conducted monthly audits of a small sample of care plans. However, none had been completed since March 2017. There was an action plan that confirmed areas that required improvement although there was no set completion date. Of the care plans reviewed one had been reviewed in January, two in February and one in March. Actions confirmed, must ensure risks are reviewed monthly but there was no date and no signature. The quality assurance systems had not been effective in identifying the shortfalls found during this inspection. For example the lack of detail of people's health needs in their care records and the settings of pressure relieving mattresses.

A medication audit had been undertaken in October 2017 by the service. It identified shortfalls that required actions. These included, a nurse to be linked with the local pharmacy and 'as required' medicines to have amounts entered. However not all shortfalls found during this inspection had been identified. This included, creams that were prescribed 'as required' were not always recorded and a lack of guidance for staff when people required medicines to be administered on occasions when they become upset or agitated. It has also failed to identify unsafe needles being used by the service. The registered person was not monitoring the effectiveness of the audits undertaken. This meant audits were not always identifying shortfalls found during the inspection and there was no provider overview of the quality and safety of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all notifications had been submitted to the Commission as required. These included a person who had developed a pressure ulcer and another person who had sustained a serious injury. We fed this back to the registered manager who sent these following the inspection.

A registered manager was responsible for the service. They were supported by a team of nursing staff, care staff and an office administrator.

People, relatives and staff spoke positively about the management and culture of the home. They felt the registered manager was approachable and nice. Relatives told us, "She is very impressive". Another relative said, "She is empathetic and approachable". Another relative confirmed, "While [the manager] has been in charge things have gotten better and better". Staff also felt the registered manager was supportive. One member of staff told us, "Lovely place to work, manager is great" "I love it here, if it wasn't good I would leave, I am very picky about what I do".

There were systems in place to share information and seek people's views about the home. Staff spoke with people informally every day. Regular resident's meetings were held. The registered manager told us they held regular staff meetings. Minutes of previous staff meetings confirmed these were held on a regular basis. These meetings enabled managers and staff to share information and/or raise concerns. Staff had the opportunity to discuss a variety of topics including staffing, breaks, supervisions, food and cleaning.



Surveys were sent to people, families and staff once a year. The most recent survey (completed in autumn 2016) showed high levels of satisfaction with the service. Action plans had been developed for any areas for improvement which had been suggested, such as in accessing training (Staff) and having a named nurse for each person living at Argentum Lodge to liaise with them and their family (Relatives and Residents). People also had an allocated keyworker although people and relatives were unable to confirm who their keyworker was. People told us, "I don't know what a key worker is, I'm sorry". Another person said, "Not sure that we have that here". Relatives told us, "I know she does have one, but I am not sure who it is". Another relative said, "No never heard of her having a key worker". A list of people's allocated keyworkers were on displayed on the notice board in the reception area. We fed back to the registered manager, that people and relatives were unfamiliar with who their keyworkers were.

The home also produced a monthly newsletter that contained people's upcoming birthdays, any new staff or people and upcoming activities.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's care plans did not always have support plans and guidance for staff relating to people's individual care needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits were not always identifying shortfalls relating to medicines management, people's care plans, risk assessments and support plans. Or that mattresses were accurately set for the persons' weight.