Cheriton (SW Care) Ltd

Cheriton Care Home

Inspection report

41-51
Westlecot Road
Swindon
SN1 4EZ

Tel: 01793522149
Website: www.cheritoncarehome.uk

Date of inspection visit:
18 May 2021

Date of publication:
30 June 2021

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
Cheriton Care Home is registered to provide accommodation to a maximum of 45 people who require nursing or personal care, or treatment of disease, as a result of disorder or injury. At this inspection 18 people were living there, some of whom were living with dementia.

People's experience of using this service and what we found
Systems in place to monitor and improve the quality of the service had not always been effective. Records were not always available, or were not fully completed or accurate. These included medication records, recruitment files and records relating to people's care. The provider failed to calibrate equipment used to administer medicines as per the manufacturer's instructions. Staff did not always check expiry dates of equipment needed to administer medicines regularly.

Care plans and risk assessments for people included information about how to mitigate the risks they identified. However, we noticed that one person's care plan did not provide staff with sufficient guidance on how to support them safely with catheter care. Not all staff received training by suitably qualified professionals in catheter care.

People told us they were safe and suitable arrangements were in place to protect them from abuse. Staff understood how to raise concerns and knew what to do to safeguard people.

Accidents and incidents were reported, and processes were in place to help identify trends and patterns to help prevent recurrence. People were protected by the service's infection control and prevention practices.

Following our inspection, we requested further documentation from the provider to assure us that there were suitable systems in place to assess and monitor the quality of the services provided. The provider failed to provide the required information to us within the agreed timescales.

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 12 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions, therefore we did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.
We have found evidence that the provider needs to make improvement. 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.

Follow up
We will request an action plan for 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cheriton 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 overall 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
This inspection was carried out by one inspector and one pharmacist inspector.

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

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 unannounced.

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
We spoke to three people using the service, one person's relative and one healthcare professional visiting the service. We spoke to three members of staff and the registered manager. We reviewed a range of records. These included care records for two people and multiple medication records. We looked at three staff files in relation to staff recruitment. 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 records relating to management of medicines.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk of people being prone to be harmed.

Using medicines safely

● We observed staff give medicines to people in the morning. Staff were polite, gained consent of people and signed for each medicine on the medicine administration record (MAR) after it was administered. However, staff did not always follow the provider's own medicine policy while giving controlled drugs (CD) prescribed to people. The staff asked one of the Care Quality Commission inspection team members to witness administration of CD's. We found this request highly inappropriate.

● Temperature was not always appropriately monitored for storage areas where prescribed medicines were stored. The maximum temperature had been above the recommended range for the past six months. However, staff failed to take appropriate action when the temperature exceeded the recommended range. If medicines are not stored at a temperature recommended by the manufacturer, they may not have the desired effect.

● The provider failed to ensure that equipment used to administer medicines was calibrated as per the manufacturer's instructions. We found syringe drivers which had not been calibrated as per the manufacturer's instructions. This meant the equipment might not work as intended. A syringe driver is a small portable battery-operated pump that administers medicines by continuous infusion.

● Staff did not check expiry dates of equipment needed to administer medicines regularly. We found infusion sets expired in July 2019. An infusion is a device that connects the insulin pump to the body. Expired equipment is likely to be clinically ineffective or could cause actual harm.

● Some people were prescribed medicines to be given on a 'when required'(PRN) basis for pain, constipation, nausea, among other conditions. However, guidance in the form of PRN protocols to help staff give these medicines was not always in place and some of it was inaccurate. This meant there was no guidance on how to administer these medicines consistently.

● Medicine care plans did not always contain adequate information relating to medicines. For example, in one person's care file there was no information about medicines to be given at specific times. Another person was prescribed medicines to prevent seizures, however, there was no guidance for staff on what action should be taken if a seizure occurred. Some people who were prescribed anticoagulants (blood thinning medicine), however, there was no information how staff would monitor or manage side effects of these medicines. Another person was prescribed end of life medicines. However, their care plan lacked relevant information about medicines prescribed for palliative care. This meant there was a risk of staff members being unable to support people's medical and health needs effectively, putting people at risk of harm.

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

Assessing risk, safety monitoring and management

● Risk assessments and care plans did not always identify potential risks to people. We found that people using urinary catheters had no care plans regarding the risk of urinary sepsis and the routine catheter care that would reduce this. The risk of sepsis is increased each time the urine bag is emptied. We raised this issue with the provider who completed an appropriate care plan following our inspection.

● Some staff involved in catheter care had received no training on how to perform this safely. Staff told us they were shown how to position the catheter, secure and empty the bag by another staff member who held no formal qualification to provide that type of training. There was no evidence staff competencies in this area were checked and reviewed.

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

● The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment to ensure people's safety.

● The provider had a contingency plan to safely maintain the business and ensure continuation of support to people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives felt the service was safe. One person told us, "I feel very safe. I wouldn't want to be anywhere else." Another person's relative told us, "I have no concerns regarding my mum's safety. My mum is always clean and well dressed."

● Staff had received training and understood their responsibilities to safeguard people and were aware of the provider's procedures. A member of staff told us, "If I witnessed a case of abuse, I would go and report it to the manager. If she was not here, I would tell nurses and I would report this higher up and record it."

● There were policies and procedures to guide staff on safeguarding people from abuse.

Staffing and recruitment

● The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. However, we found gaps in the employment history of two staff members. We brought this to the attention of the provider who completed the gap on the day of the inspection.

● People, their relatives and staff told us there were enough staff deployed to meet people's needs.

● The registered manager regularly assessed people's needs to ensure there were enough staff to meet people's needs safely.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● 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.

● 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.

● 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Regular analysis of accidents and incidents that had occurred ensured that any trends were identified by the registered manager. Types of accidents and incidents that had occurred, such as unwitnessed falls, were taken into consideration to determine what action needed to be taken. As a result, relevant measures were introduced, such as additional training for staff.

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

- Systems were in place to assess, monitor and improve the service and reduce risks. These were mostly, but not always, effectively operated. Whilst audits and checks were made on a variety of areas relating to the care people received and the premises, audits had not identified issues relating to the management of medicines or catheter care. This meant the provider failed to ensure their quality assurance processes remained effective.
- Following our inspection, we requested additional information regarding management of medicines. The requested information has been provided to us after the deadline set by us for the provider.
- The provider did not have a system that would ensure the team was aware of the principles of best practice. Even when the provider's policies reflected best practice guidance, staff did not always follow this.

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

- Staff understood their roles and responsibilities and there were clear lines of delegation. Staff told us who they would report any concerns to on a day-to-day basis. The registered manager provided feedback to staff on their performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff felt the manager was open and approachable. One person said, "The manager is fine. I have no issues and I didn't have to raise any complaints with them."
- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- The registered manager and staff understood the concept of person-centred care and had created a culture that enabled staff to deliver care in this way.

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 registered manager understood duty of candour, working openly and honestly with people when things went wrong.

● Statutory notifications had been submitted to CQC as required. Statutory Notifications are changes, events or incidents that providers must tell us about.
● The manager shared information appropriately with other relevant professionals to ensure people receive the care and support they require.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Plans to support families with visiting in line with government guidelines were in place. One person's relative gave positive feedback on how they were supported by staff to keep in touch with their loved ones during the pandemic following restrictions.
● Staff were asked for their input into the running of the service through regular staff meetings. We saw evidence that during staff meetings discussed topics included staffing levels, training supervision, visitation arrangements and feedback following the last internal audit. Staff told us they were able to contribute to the agenda of team meetings.
● People and their relatives told us they were always listened to by the provider. One person's relative told us, "I was able to raise my concerns and they have done anything they could to help me to resolve the issue."

Working in partnership with others; Continuous learning and improving care
● The provider was working with other professionals to improve the safety of the premises. An external health and safety consultant completed health and safety action plan for the service. As a result, the service arranged for a review with asbestos specialists regarding monitoring the condition of asbestos.
● There were good relationships with local health and social care professionals who were involved in the care provided to people using the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure proper and safe management of medicines. The provider failed to ensure that the equipment used by the service provider for providing care and treatment to a service user is safe for such use and is used in a safe way. The provider failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain securely 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.