

Mr & Mrs S Hayat

# Chandos Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Chandos Lodge Nursing Home is a service registered to provide accommodation and personal or nursing care to older people. The service can provide accommodation and care to up to 31 people and there were 27 people living there at the time of the inspection.

People's experience of using this service:

People told us they were safe at the service. There were a sufficient number of staff to keep people safe. However, people were not always protected from risks around unsafe recruitment as there was not always evidence available the provider sought evidence of staff conduct prior to the staff working with adults at risk. People received their medicines in a timely manner and the medicines were stored safely. However, we found where people received their medicines covertly (in food or drink) the provider did not adhere to the good practice guidance therefore we could not be reassured medicines remained effective. Risks to people's well-being and individual conditions were assessed and recorded. Risks surrounding infection control were managed appropriately and the service was clean. Individual people's accidents and incidents were recorded but there was no overview to monitor the accidents for any trends and lessons learnt. Arrangements around planning for emergencies, such as in an event of evacuation needed improving.

People were supported to make their own choices and staff were aware of principles of the Mental Capacity Act. However, we found there was not always written evidence available that people's capacity to make specific decisions had been assessed. People were supported to access health professionals and any advice received was incorporated into the care planning process. People were encouraged to maintain a good diet and nutrition. Staff received ongoing training and told us they felt supported.

People continued to receive caring and kind support. We observed kind and caring interactions. Staff respected people's privacy, dignity and their individual needs including people's individual communication needs. People told us they built positive working relationships with the staff.

People received support that met their assessed needs. The feedback received from people, relatives as well as the records demonstrated people did not always receive meaningful activities in line with their choices, preferences and assessed needs. People knew how to raise any concerns, we saw complaints were managed in line with the policy. No people were receiving end of life support at the time of our inspection, people's end of life wishes where appropriate, had been recorded.

There was a registered manager in post who was supported by a team of staff. The provider's quality assurance processes were not always effective as they did not identify concerns we found during our inspection. This included the requirement to display the rating and to inform the Care Quality Commission about reportable occurrences. People and staff were involved and their views were sought. The team at

Chandos Lodge worked well in partnership with other agencies and the local social and health professionals.

At this inspection we found improvements were required as the evidence gathered for Safe, Effective, Responsive and Well-Led domains demonstrated the service met the Requires Improvement characteristics. We found three breaches of Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulations) 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We also made one recommendation to improve the quality and safety of the service.

Rating at last inspection:

Good (report published 15 April 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

## 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 effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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** ●

# Chandos Lodge Nursing 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 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.

#### Inspection team:

The inspection team consisted of one inspector, one inspection manager and an Expert by Experience. 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:

Chandos Lodge Nursing Home is a service registered to provide accommodation and personal or nursing care to older people. 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 and took place on 26 February 2019.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with six people and six relatives. We looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, office manager, one nurse, three care staff and the chef.

After the inspection we contacted five external health and social care professionals, including commissioners to obtain their views about the service.

# Is the service safe?

## Our findings

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

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.

Systems and processes:

- People told us they felt safe at the service. Comments included, "I always feel safe here" and "I know I have nothing to worry about".
- The provider had safeguarding and whistle blowing policies in place and staff were aware how to report, raise and escalate any safeguarding concerns. A member of staff said, "I can speak to the owner or to Care Quality Commission (CQC)". We found the provider did not always refer the safeguarding concerns to the local safeguarding team and we reported on this in well-led domain of this report.

Assessing risk, safety monitoring and management:

- Risks to people including any risk surrounding their individual needs were assessed and recorded. People's care files contained information detailing how to manage these risk, for example, when a person needed to be hoisted by two staff their care plan clearly stated the required support. We however found one person's care plans stated, "[Person] is epileptic and is prescribed anti-epileptic medicines". There was no specific risk assessment around epilepsy and no information about the length and type of seizures the person could experience. This meant there was no guidance for staff what to do in an event of the person having an epileptic seizure. We saw the accidents log reflected this person suffered two seizures in February 2019. The person could be at risk of harm and not receive appropriate support in an event of them having further seizures. We brought this to the attention of the senior staff who reassured us they were going to update the risk assessment.
- We found people were not always protected from a risk of harm in case of an emergency. There was a list of people's Personal Emergency Evacuation Plans (PEEP) kept in the file that was to be used as a 'grab file' in case there was an emergency. This meant this information would be used by emergency services such as a fire service should there was a need to evacuate people urgently. We found that the PEEP for the person that passed away was still in the file and two people's PEEPs were missing. This meant people could be at risk of delayed evacuation.

Staffing and recruitment:

- There were sufficient staff to keep people safe. People did not need to wait long for support.
- Staff told us there was enough staff. One staff member said, "I think it's enough staff".
- People were not always protected from risks around unsafe recruitment as there was not always evidence available the provider sought evidence of staff conduct prior to the staff working with adults at risk. We looked at three staff recruitment files and we found; in one of them references have been received several

weeks after the employee's start date, in the second file the only reference received was not dated and was written in a foreign language. The third file contained two character references for the individual and both were received weeks after their employment start date. Additionally, we noted two character references had been requested despite the person's application form reflected they previously worked in two health and social care establishments. This practice was not in line with the provider's own recruitment policy that said, "In no circumstance proceed to offer a post to a candidate unless two satisfactory employer written references have been received for that candidate, if any issue, complete a (risk) assessment". There was no risk assessment on any of the files we viewed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulations) 2014.

Using medicines safely:

- People received medicines in a timely manner and medicines were stored safely and administered by competent staff.
- We found, however, when people had their medicines given covertly there was no evidence of a pharmacist's involvement. Covert is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example hidden in food or in a drink. The purpose of a pharmacist involvement is to ensure medicines can be put in certain food or drink and this would not affect its effectiveness. On one person's MAR file there was a handwritten note that stated: 'crush and put in yogurt' and another form that listed all eight of the person's prescribed medicines stating: 'mix with food, for staff in care home to decide'. There was no evidence to reflect it had been assessed as safe to mix these medicines with yoghurt. This was not in line with the good practice as per The National Institute for Health and Clinical Excellence (NICE) guidelines. This meant the service did not follow correct procedures when people's medicines were administered without their consent. People could be at risk of receiving medicines that were no longer effective because of being mixed with food. We raised this with the management who reassured they were going to contact the pharmacists to ensure the medicine were safe to be mixed with food.

Preventing and controlling infection:

- Staff were aware of and had an understanding of infection control guidelines. We saw staff used red bags that dissolve in the washing machine for any items affected by body fluids. Throughout our inspection visit we saw staff washing the floors of the communal areas and the bedrooms. The service was clean and free of any unpleasant odours.

Learning lessons when things go wrong:

- There was a system to record accidents and incidents, we saw appropriate action had been taken where necessary following an occurrence to an individual. For example, where people suffered a fall an observation had been commenced or the doctor had been asked for the review of the medicines.
- There was however no overview of accidents that would allow to monitor trends, patterns and encourage a reflection for lessons learnt. We asked the management how did they monitored the accidents and they said, "There isn't really an overview".



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance:

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff sought people's consent before delivering support.
- Staff knew the principles of the MCA. Comments from staff included, "We must ask (person), even if a person has dementia" and "Of course you offer choice and respect people's decisions".
- People's care files contained some information about people's abilities to make decisions however some capacity assessments we saw were not decision specific. For example, one person's capacity assessments stated the assessment was being done to assess 'making decisions regarding all activities of daily living'.
- The Mental Capacity Act 2005 Code of Practice had also not been followed where people received their medicines covertly. One person came to live at the service in January 2019, staff told us the person used to have their medicine given to them in food by family. The staff continued to administer medicine to the person covertly, there was however no decision specific capacity assessment for this. There was no evidence that as a part of the best interest process the pharmacist had been consulted to ensure that it was safe to administer the medicines covertly. This was not in line with national guidelines that state 'a best interests meeting should be attended by care home staff, relevant health professionals including the prescriber and pharmacist'.
- Where the registered manager had made Deprivation of Liberty Safeguards (DoLS) referrals for people that were deemed as unable to make a decision about their placement at the service, again no specific capacity assessments were in place.
- We raised this with the senior team and they reassured us they would ensure assessments were decision specific.

We recommend the provider refers to a national good practice guidance when formulating people's records surrounding their capacity and decision making.

Supporting people to eat and drink enough to maintain a balanced diet:

- People spoke positively about the food at the service. The comments included, "The cook is the best", "She makes good food", "I really like the meals" and "I look forward to lunch".
- People's care plans contained information about people's nutritional needs and their likes and dislikes.
- The kitchen staff were aware of people's dietary needs. The information held by kitchen staff clearly showed people's food dislikes, preferences, where people needed diabetic or fortified (high in calories) diet.
- The lunch service we observed was a positive experience. People said if they did not like what was on the menu the chef would make them something else. One person said, "The cook is very good to me and every day, no matter what, she always does me a lovely salad which is something I love".
- On the day of the visit the menu reflected there was a choice of chicken casserole or omelette but at lunch time we saw people were served poached salmon, potatoes and vegetables. When we did query this we were informed that chef made the decision to cook this as it was a "house favourite". There was a lack of appreciation how the change of regular menu could affect the routine of people living with dementia and related conditions. People had only access to a written, rolling menu and there was no provision for them to make a pictorial choice. We raised these issues with the management who reassured us they were going to address this in due course.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before people came to live at the service. The assessments had been carried out by the nursing staff to ensure people's need could be met.
- We saw evidence where people required care the support provided met their needs and achieved good outcomes. For example, one person had been admitted to the service with a pressure area and the records showed this had been successfully healed under the care and treatment of the nurses at the service.

Staff support: induction, training, skills and experience:

- Staff received ongoing training and the office manager told us they were in a process of updating the training matrix. One staff member said, "Very good training, regular refreshers".
- Staff told us they were well supported and that the senior team were approachable. One staff member said, "I feel well supported in my job".

Adapting service, design, decoration to meet people's needs:

- There was a choice of communal areas and enclosed garden for people to use.
- People were able to personalise their bedrooms and we saw some people had personal items of importance to them. Some other bedrooms however had been painted in quite bold, vibrant colours and were not particularly personalised. One person told us, "I really do not like the colour of my walls at all".

Supporting people to live healthier lives, access healthcare services and staff working with other agencies to provide consistent, effective, timely care:

- People had access to healthcare professionals, this included GP and Speech and Language Therapists (SALT).

- One relative told us staff promptly alerted them when the person was not well. The relative was able to attend and the doctor was requested to assess the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were caring. One person told us, "The staff are really nice and look after me."
- Our observations reflected staff built meaningful relationships with people. We saw positive, light banter and the atmosphere at the service was friendly. The staff knew people's needs and at times, they could pre-empt these needs. For example, we saw a member of staff saying a person: "I know it's a little bit earlier than usual but would you like your hot chocolate now"? This showed the staff knew and respected the person's preferred routine and habits.
- Staff told us they felt the team was caring. Comments from staff included: "I love working here", "I care so much for the residents" and "I come in sometimes on day off just to sit and spend time with them (with people)".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- People's individual communication need were reflected in their care plans. The provider had policies in place that highlighted the team's commitment to treating people fairly and equally.
- Staff knew people's needs well which allowed them to maintain good communication even when people's communication abilities were limited. A member of staff told us, "When one person is deaf we stay in front of them (when communicating) and talk clearly".
- People were encouraged to maintain family relationships and staff knew what was important to people. We observed a member of staff asking a person, "Will your family be coming today".
- Staff ensured people were asked how they felt to ensure they were content and able to express any needs. A member of staff was observed to ask one person, "How are you today, do you feel ok?"

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected. We saw staff knocked on people's bedroom doors and waited to be allowed access. A member of staff told us, "We close door and curtains when we deliver personal care".
- People's personal files were kept securely and staff used individual logins to access electronic records. Staff had appreciation of confidentiality. A member of staff told us, "We don't speak about people in public areas".
- People's independence was promoted and staff were aware of its importance. A member of staff told us, "If someone can walk you don't put them in a wheelchair".

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs were assessed and outlined in people's care plans. There was a "resident of the day" scheme, which aimed that people's care plans as well as their holistic needs would be reviewed on a certain day each month, this however had not always been promptly followed.
- People's relatives told us they could visit whenever they wanted to and were always made welcome, offered tea and greeted with a smile by staff.
- It was apparent people's needs such as ensuring people had suitable meals, personal hygiene needs were met and continence care were adequately met.
- We however found there was not always evidence available that people's individual preferences, hobbies and interests were explored in order to ensure meaningful social stimulation. For example, we were informed by the management the activities were run by staff and were; "at 11 (am) and 2 (pm) daily". This set approach showed there was a lack of personalised consideration toward people's individual needs and preferences.
- On the day of our inspection we observed a group activity run by an external entertainment that involved singing and tambourine playing. One member of staff was observed to dance with one person. One person told us, "I love the man coming to sing and I think it always makes everyone feel good for the rest of the day – music makes you happy". We were however informed this entertainment was only run three times per month.
- There was no evidence available to reflect that one to one activities had been organised for those people that remained in their bedrooms. Staff told us they gave hand massages or spent time with them but this could not be evidenced by the recording system.
- The fact that the activities needed more of a personalised approach was confirmed by people's relatives. One relative said, "[Person] is left in bed asleep a lot and there is no activity co-ordinator which is not good. No one seems to come and talk to them or involve [person] in anyway". Another relative told us, "[Person] used to like gardening but the home does not have anything like that for them to do".

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint, no one we spoke with had any issues to raise. People told us they would speak "to the nurse in charge or the lady that owns the home" if they had any issues to raise. They were able to point out which members of staff they were talking about.
- There was a system to manage complaints and the complaints log reflected two complaints had been received since our last inspection, these had been investigated and responded to.

End of life care and support:

- No people received end of life care at the time of our inspection.
- People's care files gave details around people's end of life wishes.
- A relative of a person that recently passed away told us staff showed care and compassion and the team supported them and had respected the end of life wishes of the person. They told us that when the person was nearing the end of life, the management made arrangement for them to stay at the service. They had a recliner chair in the person's bedroom and privacy. They added, "Staff had been very understanding and I felt they were like family".

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found the management at the service were not always clear of their responsibilities, good practice guidance and the regulations they needed to be compliant with.
- The provider's own quality assurance systems were not fully effective and not always promptly followed. For example, the provider's own medicine audits failed to identify issues around management of medicines that had been given to people covertly (hidden in food). We saw the copy of the medicine audits dated 25 January 2019 and 8 February 2019 and neither identified any areas for improvements or actions needed.
- Although the medicine audit was meant to be carried out weekly, it had not been completed on three occasions within the last four weeks prior to our inspection.
- The provider's own quality assurance systems failed to identify a number of concerns we found. This included issues around unsafe recruitments and unsafe arrangements in case of an emergency such as evacuation, that we reported on in Safe domain of this report. There was also no evidence that the provider's quality assurance systems identified the concerns we found around the lack of people's decision specific capacity assessments. We reported on this in Effective domain of our report.
- We found the provider failed to recognise they failed to comply with requirements of displaying the rating awarded on their last inspection.
- When we raised these concerns with the registered manager, they acknowledged these issues and told us, "We have a system but it's not been followed".

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulations) 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's opinions were sought and people had various opportunities to contribute to the running of the service. However, there was a lack of evidence that an effective, responsive action was implemented to address the areas of improvement has been identified. For example, we saw that the feedback following both surveys carried out in July 2017 and January 2018 was that the activities needed improving. There was no further survey carried out to check if the action initially had been taken was effective and we found the provision of activities still needed improving.
- Staff told us they felt involved and they were encouraged to attend team meetings and handovers.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager and their team aimed to provide a good service to people. A staff member told us, "We are told to treat the residents like we would want a member of our own family treated".
- People, relatives and staff felt the service was open and transparent. A staff member said, "I can always talk to the manager or senior on duty".
- The registered manager and their team were very responsive to our feedback and demonstrated an open and reactive approach and were keen to address the issues we found going forward. They recognized as an independent service not being subject to layers of internal auditing the inspection process was an opportunity to improve. One of the management team staff told us, "I am happy you're here, it helps me to learn".

Working in partnership with others:

- The staff worked with a number of external parties, including local health and social professionals.
- We however found the registered manager did not always fulfil their responsibility of ensuring the required notification had been submitted to the Care Quality Commission (CQC). We identified there was a reportable incident occurred three weeks prior to our inspection and no notification had been submitted. This incident had not also been reported to the local safeguarding team. The registered manager commented they "told staff" to submit these, however accepted they did not follow up to ensure this had been done.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.



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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents  <b>The provider did not ensure statutory notifications had been submitted when required.</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  <b>The provider did not ensure their quality assurance processes remained effective.</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  <b>The provider did not ensure staff were of a good character prior to them working with adults at risk.</b>