

Abbeyfield Lancaster Society Limited(The) Chirnside House

Inspection report

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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

Chirnside House is a residential care home providing personal care to up to 30 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 19 people using the service.

Chirnside House is one large, adapted building over 2 floors with private bedrooms and many different communal areas, and garden areas outside.

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

The provider did not have governance systems in place to monitor the performance of the service.

The provider did not have robust recruitment systems in place to ensure all staff were fit and proper persons. There were systems in place that had gaps or were outdated.

The provider was being supported by a pharmacist to ensure best practice with medicines administration and some systems were new and not yet embedded.

We found the care demonstrated to be of good quality and feedback from almost all the people we talked with was very positive about everything in the home, stating the care was good, they felt safe, and the home was well managed.

The service was going beyond best practice with regards to infection prevention and control to ensure the safety of people.

The registered manager was transparent when seeking to learn lessons from events that happened in the home to improve the service and embraced a continuous learning approach.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (published 16 May 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection looked at the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this report. During the inspection the provider took appropriate action to address the shortfalls and mitigate risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chirnside House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 2 breaches and 1 recommendation during our inspection. One breach in relation to fit and proper persons employed and 1 breach regarding good governance. We also identified 1 recommendation regarding following best practice guidance with medication administration to embed the new systems. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chirnside 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors and 1 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 March 2023 and ended on 21 April 2023.

We visited the location on 28 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 relatives and 1 person about their experience of the care provided. We observed how staff interacted with people. We spoke with the registered manager, deputy manager and 3 members of the care team. We spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked for and received feedback regarding the performance of the managers, staff, and service from health professionals.

We looked around the home and reviewed a range of records. This included 5 people's care records and 3 people's medicine administration records. We observed medicines processes, spoke with staff, and looked at the governance arrangements for the safe handling of medicines. We looked at records related to recruitment and training for 4 staff. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider's recruitment policy and practices did not ensure staff were recruited safely. There were shortfalls in relation to employment histories and references for some staff. Gaps included incomplete employment histories, not asking all required questions under the regulations, not including reference evidence information, dates of employment not matching references received, and not all references where staff had worked for care providers in the past had been sought.
- The registered manager told us staff had received supervisions to support them to carry out their role. However, these were not documented. The registered manager stated they had done these verbally but would review this practice.
- There was no record of the induction agency staff members received when they were introduced to the service to demonstrate that they had received important information.

Systems had not been established to ensure safe staffing and recruitment. Although there was no harm to the people using the service, this placed people at risk of harm. This was a breach of Regulation 19 Fit and proper persons, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pre-employment checks had been completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed although there were some gaps in best practice with regards to medication administration. To reduce the risk the service had recently received support from a pharmacist to ensure their medication systems were robust. We noted staff had acted and improved their management of medicines from their action plan, although we found a few minor gaps in medication administration practices. These were addressed during the inspection and shared with the supporting pharmacist.
- We found transparency when there had been medication errors. One relative told us, "A month ago they [registered manager] called. A member of staff said that there has been an incident. This happened for the first time in 10 years as a one off, and it was dealt with in a professional manner."
- The relative told us staff arranged for the GP to visit and the mistake was investigated.

We recommend the provider follows best practice guidance in relation to medicine administration and embeds all recent changes to ensure the best support for medicines in the service.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. Staff were trained in safeguarding, knew when to report abuse.
- The provider had a safeguarding policy in place with procedures which included the registered manager reviewing the events and identifying lessons learned.
- Most people told us they felt safe in the home. One relative said, "Yes [relative] is safe at Chirnside [House]. It's because [relative] is safe. The organisation has always been robust. The caring is good and very welcoming. They have my total trust and that I do not give that easily." Another relative told us, "Yes, [relative] is safe at the care home, they keep me up to date if [relative] needs anything."
- There was a whistle-blowing policy in place and staff told us they understood what whistle-blowing procedures were should it be necessary for them to alert someone of any bad practices.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and actions taken to mitigate risks. Risk assessments identified support people needed to maintain their safety. These included risks associated with people's health and well-being such as risks from mobility needs.
- There was a robust admissions process with electronic software to ensure all aspects of a person's needs were discussed. We found this also included social isolation needs which enabled staff to support those at risk of isolation and loneliness.
- The registered manager ensured the property was safe by performing health and safety checks and following up actions. Plans were in place to respond to the risks such as fire, disasters, and infection outbreaks.
- There was an emergency plan in place, and it had been updated recently.

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

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

- Staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place or applied for to deprive a person of their liberty.
- Where people did not have capacity with regards to some decisions the staff were working within the principles of the MCA.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager was taking a strong protective approach to COVID-19 in the service. This meant people visiting the home had to wear face masks, gloves, and aprons, and provide negative lateral flow tests to be seen upon entry. The registered manager was aware this was beyond government guidance but wanted to keep everyone safe. The impact this had on people in the home was small, mainly because their visitors would sometimes not be happy with this approach.

Learning lessons when things go wrong

- The registered manager kept records of notifications to CQC and the local authority when relevant events took place. This showed transparency and the reporting and management of events.
- The registered manager had good record-keeping regarding falls. Each incident was recorded, and people had risk assessments in the person's files and when falls happened, clear information regarding the fall and any changes from lessons learned recorded. Actions were clear and care plans were updated afterwards.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had policies and documents in place but there was no system to inform the registered manager about any changes made.
- Some policies shown at inspection referenced outdated legislation and did not include current relevant legislation.
- There were no checks on the performance of the registered manager's practice by the provider to drive improvements and ensure knowledge in all areas.
- There was no system in place for the provider to have overall knowledge of the quality and safety of the home.
- There was no support system in place for the registered manager to help them improve on any gaps in knowledge or practice.

Systems had not been established to ensure good governance. Although there was no harm to the people using the service, this was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed all the actions from the gaps noted were being addressed. The registered manager sent us evidence of the checks they are putting in place and had started an action plan to address the concerns found on inspection.

- A new staff file audit template has been created to perform checks on staff files.
- The Nominated Individual was keen to repair the gaps and implement checks on the registered manager.
- Meetings with registered managers in the local area had been restarted to add support to the registered manager.

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

- People received person centred care. Care documentation included information about people's needs and histories.
- All relatives told us the home was well run. One relative told us, "[Manager] knows how to manage the care home well and [manager] runs the care home very well, [manager] is clear in her communications with the relatives."
- Relatives were involved in the support of their family member. One relative told us, "I am very happy with

the service, I feel I'm involved as much as I can be, my views are very much taken on board, they are always communicating with me."

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

- When things went wrong the registered manager was open and transparent. The registered manager disclosed to people and their relatives when the staff had made mistakes and offered an apology.
- We talked with the registered manager regarding duty of candour, and they understood their responsibilities.

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

- People were listened to regarding the home and changes they would like. The registered manager ensured there were meetings attended by the people using their service. The meetings were beneficial and brought about some changes. Some relatives would attend at times. Some relatives didn't know they happened. One relative told us, "I have never been to a meeting. I have seen the minutes, and I assumed that things would change as they are the type of care home to change things." Another relative told us, "I have not attended any residents meeting or seen the minutes. I'm not sure if I have been invited to any of the resident meetings."
- The provider had sent surveys to the people and their relatives. Not everyone could remember receiving a survey, although we saw evidence of the responses for many people. The provider had conducted a special survey during COVID-19 pandemic lockdown to measure the satisfaction of people living in the home. The registered manager then reviewed the responses and made changes.
- The registered manager had a survey given to agency staff members to complete to let them know of any good and bad practices they had encountered while working in the home. This was a very good way to capture experiences and views of care professionals who aren't in the home all the time.

Continuous learning and improving care

- The health and safety of the service was monitored, and people were safe as the deputy manager performed walk around checks across the whole of the service and these were recorded and actions taken as a result of the findings..
- During the inspection the management team took appropriate actions to address the shortfalls we identified.

Working in partnership with others

- The registered manager and staff worked in partnership with others such as relatives, external professionals and the local authority. All relatives except for one relative were very positive about the care in the home and felt they were listened to with regards to the care of their relative.
- We asked external healthcare professionals regarding the service, staff, and registered manager. One professional told us, "Really good, really caring staff. I don't think I have had anything negative said to me. I wouldn't hesitate to have my mum here."
- A visiting GP told us he was very complementary regarding the care in the home, and he would have no hesitation putting a family member in the home.
- The infection prevention team was positive in their response stating that they had no concerns and that the registered manager had been a good communicator when they had previous outbreaks.

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 17 HSCA RA Regulations 2014 Good governance There was limited assurance the provider had good oversight of the service. 17(1)(2)(a)(b)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service was not always safe. There was limited assurance that staff were recruited safely. 19(1)(2)(3)