Sanctuary Care Limited

Chadwell House Residential Care Home

Inspection report

372 Chadwell Heath Lane
Chadwell Heath
Romford
Essex
RM6 4YG

Tel: 02089838529
Website: www.sanctuary-care.co.uk/care-homes-east-and-south-east/chadwell-house-residential-care-home

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Chadwell House Residential Care Home is a care home providing personal and nursing care to up to 60 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 56 people using the services. The accommodation was arranged across 6 separate units. Most bedrooms have en-suite facilities. There is a large communal lounge and a garden.

People's experience of using this service and what we found
Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People and relatives were happy with staffing levels. The provider had a safe staff recruitment process in place. Staff understood how to protect and safeguard people.

People received their prescribed medicines in a safe way. The service uses electronic Medicines Administration Records (MAR) to record all administrations. Regular medicine audits were taking place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

The service had a complaints policy in place and staff were aware of how to support people should they wish to complain. The manager of the service was approachable and open, staff and people in their care felt supported.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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 Chadwell House Residential Care Home was good (published 06 November 2018).

Why we inspected
We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Chadwell House Residential Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about Chadwell House Residential Care Home, 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Chadwell House Residential 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 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 undertaken by 1 inspector, a bank inspector, 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
Chadwell House Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 24 July 2023 to help plan the inspection and inform our judgements.

During the inspection
We reviewed a range of records. This included 7 people's care plans and risk assessments. We reviewed 5 people's medicines administration records in detail. We also looked at 5 staff files, maintenance records, Deprivation of Liberty Safeguards authorisations records, and accidents and incidents records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 11 members of staff including the registered manager, deputy manager, 2 team leaders, 5 healthcare assistants, an administrator, and an activities person. We also spoke with 7 relatives about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse, such as policies and procedures for safeguarding people from abuse. We reviewed safeguarding notifications and alerts about the service. The registered manager raised alerts and records showed they complied with recommendations set out by local authority safeguarding teams.
- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider. One staff said, "It means reporting bad conduct in the workplace – it could be a care assistant, a team leader or manager, it could be anyone working here is doing something wrong or even something criminal. I would go to the registered manager or if I was concerned about the manager I can go to the area manager. I would keep going up a level in Sanctuary if the first manager I went to did not listen to me. I can go to the council or come to you at the Care Quality Commission."
- Relatives told us the home was safe. One relative said, "Yes, I feel [person] is very happy here, I can tell when I come in to visit [person], because [person] smiles a lot and does not say anything bad to me." Another relative told us, "Yes I do feel [person] is safe hear because they are good at what they do, nothing is too much trouble and the attitude is great.."

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- We found the risk assessments gave staff clear guidance on how best to support people in different situations, for example, the management of falls. This helped to ensure care and support was delivered in a safe way.
- Risks to people were reviewed to ensure people remain as safe as possible.
- Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

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 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 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).

● The provider met the requirements of the MCA. Decision specific mental capacity assessments had been carried out for people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held best interest's meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helped ensure the care and support provided by staff was in people's best interest.
● DoLS authorisation applications had been made to the relevant authority where it had been identified that people might be deprived of their liberty. The registered manager utilised a DoLS tracker to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.
● Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "We give people choices about their daily lives, if a resident is new we look at the assessments from their pre-admission and then we carry out our own assessments, we would also know from residents' records if they have appointed a family member or friend as their lasting power of attorney."

Staffing and recruitment
● Staffing levels were sufficient to meet people's needs. Staff told us there were enough staff to support people's needs. We observed there were sufficient numbers of staff on the day of our visit.
● Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting an interview, completing a Disclosure and Barring Service (DBS) check and obtaining references. The DBS helps to prevent unsuitable staff from working with vulnerable people.
● We reviewed the staff rota, which confirmed there were enough suitably experienced, skilled and qualified permanent staff deployed.
● Relatives told us there were enough staff. One relative said, "Yes, I do feel there is enough staff on duty, and they are very warm and friendly when you visit.

Using medicines safely
● Medicines were managed safely.
● Guidance was in place for medicines that was administered when needed to ensure these medicines were given safely.
● Medicines were stored and were administered by trained staff who had their competency assessed to ensure they could continue to administer medicines safely. One staff said, "I give out medicines, I have to do yearly online medication courses and yearly competency tests."
● We observed staff give medicines to people. The staff were polite, gained permission and then gave people their medicines. They signed electronically for each medicine on the MAR after giving it.
● The home used electronic medicines administration records (MARs). We reviewed MARs and saw evidence that people received their medicines as prescribed, and 'when required' (known as PRN medicines) were given as needed.
● The provider had a system to audit medicines records and follow up any gaps or mistakes in the records.

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 supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the current guidance. There were no restrictions on visiting times in the home.

Learning lessons when things go wrong
● Incidents or accidents in the home were reported to help learn lessons. The provider had a policy for staff to follow should things go wrong,
● The management team reviewed incidents and took action to keep people safe. They undertook an analysis of incidents and accidents each month to identify trends and put in place measures to prevent re-occurrence in future. For example, reviewing specific risks to people and referring them for additional support from external professionals
● The registered manager told us learning from any incident, accident or complaint was shared and discussed with the staff in team meetings.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- People and relatives told us they were happy with the home and said the staff and management team were friendly and welcoming. One relative said, "Yes, the registered manager keeps in touch with me about any concerns, and I know I can always speak to someone." Another relative said, "The registered manager is often visible around and you can always speak with her. No complaints whatever."

- People told us staff were compassionate and caring towards them. We looked at written compliments about the home from people and relatives. Comment included, "Chadwell House has very welcoming staff. They are very kind to not just each other, but the residents as well. They project the ideal example of how to look after the elderly and how to communicate with them. They have helped me not only to know how to treat the elderly in a professional environment, but in a casual one as well."
- Staff felt supported and encouraged by the registered manager to perform well and told us there was an open-door policy so they could approach the management team with any issues. A staff member said, "Since the new registered manager came, she is very hands on and has turned things around, she is easy to talk to, she gives us lots of support, I think this is the best leadership we have had since I started working here."

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

- Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
- We found the registered manager was open and transparent with people and relatives when things went wrong and notified and liaised with the local safeguarding authority and CQC regarding concerns of abuse.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.

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

● The provider and registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
● The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
● The provider had a robust system to monitor, assess and drive improvements to their service. These audits included medicine management audits, health and safety audits, premises and equipment audits, infection control audits, staff dependency tools and incident and accidents. Where actions had been identified this informed an action plan. Recent premises and equipment audits had identified few minor repairs were needed. This is currently being completed by the maintenance team.
● Staff told us they were clear about their roles and responsibilities. They commented how they enjoyed the induction and training programme and how much they learned, despite having previous experience of health and social care work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were engaged with the home. The registered manager ensured they were kept informed and updated on any changes in the home and with regard to complaints. Newsletters, emails and communication presentations were regularly produced and distributed to relatives as a way of keeping them updated and promoting the home.
● The registered manager also held meetings for people and separate meetings for relatives so they could ask questions or voice any feedback. Items discussed included activities, entertainment and food menus and minutes of the meetings showed people's feedback was being noted and listened to.
● Staff meetings were used by the management team to share important information and discuss any issues. Topics included safeguarding concerns, recruitment updates and plans for forthcoming events such as birthday parties. The management team also reminded staff of their professional responsibilities to ensure people received a good standard of care. One staff member said, "We are asked for our opinions during supervision and at meetings, the meetings can get quite lively but in a friendly sense and the registered manager encourages us to say what we think. I always feel listened to."
● People's equality characteristics were considered and recorded in their care plans. The culture and values in the home meant that equality, diversity and inclusion was promoted and people's cultural and religious needs were respected.

Continuous learning and improving care
● The provider had effective procedures in place regarding reporting and learning from when things went wrong.
● The registered manager and deputy manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as falls, infection or skin tear. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.
● The provider's senior management team also maintained oversight of the service. They regularly visited the home and completed their own audits.

Working in partnership with others
● The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists

specific to certain conditions/needs.