

Primroses Care Limited

Chadwell Home

Inspection report

124 Chadwell Heath Lane
Romford
RM6 4AE

Tel: 02037260435

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Chadwell Home is a residential care home providing personal care to three people with learning disabilities and/or mental health needs. The service can support up to three people. Each person has their own bedroom, and other facilities are shared. There is a bedroom for sleep-in staff on the third floor.

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

Medicines were not always managed in a way that was safe. Quality assurance and monitoring systems were not always effective in identifying shortfalls. Staff recruitment was not carried out in line with the provider's staff recruitment policy, and we have made a recommendation about this. Pre-admission assessments of people did not cover their needs related to equality and diversity issues, and we have made a recommendation about this

Systems were in place to protect people from the risk of abuse. Risk assessments for people set out how to mitigate the risks they faced. Checks had been carried out to help ensure the premises were safe. There were enough staff working at the service to meet people's needs. Accidents and incidents were reviewed so lessons could be learnt. Steps had been taken to reduce the risk of the spread of infection.

Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

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.

People told us staff were caring and that they were treated with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity issues through the care planning process, with the exception of pre-admission assessments, as previously mentioned in this summary.

Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, although the registered manager told us there had not been any complaints since the service became operational in April 2020. People had been unable to participate in some of their preferred community-based activities due to government restrictions related to Covid-19. However, they had been supported to engage in a variety of in-house activities.

People 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and the setting maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 November 2019 and this was the first inspection.

Why we inspected

We inspected this service because it had been operational for over a year without having an inspection and we wanted to check if the provider was operating in line with regulations.

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.

Enforcement

We have identified breaches in relation to the management of medicines and quality assurance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Chadwell 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

The inspection was carried out by one inspector.

Service and service type

Chadwell 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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. 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 with two people who used the service about their experience of the care provided. We spoke with three members of staff including the provider, registered manager, and senior support worker. We reviewed a range of records. This included three people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and two people's care records and a variety of policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. The provider used an electronic system for recording when medicines were administered and monitoring stock balances of medicines. The registered manager told us they began using this system on 17 May 2021. The electronic system was both not working properly, nor being properly used by staff who administered medicines.
- The stock balances recorded on the system showed there were negative stock balances in place for medicines of all people using the service, which was incorrect as we saw that stocks of the same medicines were in place. The registered manager told us they had reported this matter to the provider of the software system. However, they had not implemented alternative ways of checking stock balances to compensate for the faulty software.
- When staff administered a medicine, they recorded this on the electronic system. This showed in the form of a green or red tick. A green tick meant medicines had been administered correctly, whereas a red tick meant the medicine may not have been administered in line with prescribing instructions. The registered manager told us that a red tick from the day prior to our inspection was because the medicine had been administered late. However, we also saw nine further red ticks between 18 May 2021 and 9 June 2021. There was a space in the system to add a 'message' to explain what the issue was, but on all nine occasions this had not been completed, and the registered manager was unaware of why the ticks were red on those occasions. This meant people may not have received their medicines as prescribed, or there may have been an error with the recording of medicine's administered.
- The provider had a medicines policy which stated, "Auditing of medication is a part of the organisation's quality audit process. Auditing of all medication documentation, including medicine administration record sheets, is performed regularly and corrections implemented with immediate effect where any shortfalls are identified." The most recent medicines audit was carried out on the 6 June 2021 and did not identify any areas of concern, even though on this date there were several red ticks on medicines administration recording charts, without explanation.

We found no evidence that people had been harmed. However, medicines were not always managed in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely in a locked and designated medicines cabinet inside the office. Staff undertook medicines training, which included an assessment of their competence to do so.

Staffing and recruitment

- Robust pre-employment checks were not always carried out on prospective staff before they began working at the service. Checks included, criminal records checks, proof of identity, past employment history and proof of the right to work in the UK.
- However, the provider's staff recruitment policy stated prospective staff must provide, "A minimum of two references, one of which must be from their current or last previous employer." We found for one staff member there were two reference in place, but both of these were colleagues of their previous employment, not their actual employer or line manager. Another staff member had two references in place, but one did not include any details of what organisation it was from, was not signed and did not include details of what the applicant's position had been. Furthermore, all four references we saw did not contain proof of authenticity, for example, through a company stamp or headed letter. We discussed this with the registered manager who told us they would follow up on these references to seek further details.

We recommend the provider follows best practice and their own policy with regard to staff recruitment and the obtaining of employment references.

- There were enough staff working at the service to support people in a safe way. People and staff both told us staffing levels were sufficient. We observed staff were able to support people in a relaxed and unhurried manner during our inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had an safeguarding adults policy in place, which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Allegations of abuse had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any suspicious of abuse. One member of staff told us, "I would have to report it, I would tell (the provider)." People told us they felt safe. One person replied, "Yes" when asked if they felt safe living at the service.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks.
- Assessments were person-centred, based around the risks of individuals. They covered various risks, including self-neglect, self-harm, nutrition and hydration and skin integrity. Assessments were subject to regular review. This meant they were able to reflect the risks people faced as they changed over time.
- Various checks were carried out on the premises to help ensure they were safe and fit for use. These included checks related to gas, electrics and fire safety.

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

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents. This stated that all accidents and incidents were to be reviewed monthly and action taken to prevent re-occurrences.
- The registered manager told us there had only been one significant incident since the service became operational in April 2020. This had been recorded and action had been taken to reduce the likelihood of a similar incident occurring again in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us they carried out an assessment of people's needs before they moved into the service. They said this was to determine what the person's needs were, and whether or not the service was able to meet those needs. This included a consideration of how the needs of a new person would impact on those already living at the service.
- Records showed assessments were carried out, which included speaking with the person about their needs. Assessments covered needs related to personal care, health conditions, mobility and medicines. However, assessments did not cover needs related to equality and diversity. We discussed this with the registered manager who told us they would amend the assessment process so that those areas were covered.

We recommend that the provider follows best practice in relation to equality and diversity when carrying out pre-admission assessments of people's needs.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills to help them in their role. Staff undertook regular training in a range of relevant topics. These included safeguarding adults, autism awareness, behaviours that challenge, equality, diversity and human rights, food safety and infection control.
- New staff had an induction training programme, which included completing the Care Certificate. This is a nationally recognised training programme for staff who are new to working in the care sector.
- Staff had regular one to one supervision with a senior member of staff. This provided them with the opportunity to raise issues of importance to them. Records showed supervision included discussions about training, the needs of people using the service and teamwork.

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

- People were supported to eat a nutritious and balanced diet. People planned the weekly menu at a meeting, and two choices were available for each meal, including a vegetarian option. The menu reflected people's food preferences in relation to religion and culture.
- People told us they choose what they ate and that they enjoyed the food. One person told us, "I like the food here. I like lamb chops, they cook that sometimes."

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

- The provider worked with other agencies to meet people's health care needs. Records showed people had

access to healthcare professionals, including GPs, nurses, psychiatrists and the community mental health team.

- People's oral health needs were met. Oral health was covered in care plans, and people had access to dental care.
- People were supported to live healthy lifestyles. Health Action Plans were in place for people. These provided guidance about how to support people to be healthy, for example, through diet and exercise. Throughout national lockdowns, people had still been supported to go out to exercise, in line with government guidance.

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

- The premises were suitable to meet people's needs. The premises were clean and well maintained, with a good standard of décor throughout. People had access to the garden and were seen to be using this during the inspection.
- The design and adaptation of the building was suitable to meet people's needs, and people were able to access all communal areas.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations were in place for some people. Where this was the case, the provider adhered to any conditions of the authorisation and had notified the Care Quality Commission of the authorisation, in line with their legal responsibility to do so.
- People were supported to make choices over their daily lives where they had the capacity to do so. Where they lacked capacity, mental capacity assessments were carried out to determine this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and that they liked the staff. One person told us, "Staff are OK, I am happy." Another person said, "People (staff) are pleasant, I like it here", adding that staff were, "Kind and friendly."
- People's needs were met in relation to diversity and equality issues, after being identified through the care planning process. As mentioned in the effective section, food provided reflected people's culture and religion. One person told us they wanted to visit a place of worship when Covid restrictions ended and the registered manager was able to show the work they had done in preparation for this.
- Care plans included information relating to equality and diversity, and covered culture, religion and relationships.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions. People told us they were able to make decisions about their daily lives. One person said, "I dress myself, I choose my own clothes." Staff understood the importance of supporting people to make their own decisions. For example, a staff member said, when providing support with personal care, "I give (person) the choice of a shower or bed wash. I ask (person) which clothes they like, but advise on what's appropriate for the weather."
- Care plans included information about supporting people to develop daily living skills and to be involved with the day to day activities within the house, such as cooking, cleaning and laundry. One person told us, "I help them (staff), with washing clothes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were aware of how to support people in a way that promoted their privacy. A staff member told us, "First of all I knock on the door." When giving personal care the same staff member said, "I start with the top (half of the person to wash) and cover the bottom."
- Each person had their own bedrooms which included ensuite facilities of toilet, shower and hand basin. This helped to promote their privacy. Bedrooms contained personal possessions such as televisions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which set out people's needs and provided guidance about how to meet them. Plans covered needs related to personal care, mobility, social and leisure activities, relationships, eating and drinking and daily living.
- Care plans were person centred, based around the needs of the individual, and staff had a good understanding of people's individual support needs. Plans were subject to regular review, which meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Care plans included information about how to meet people's communication needs.
- All of the people using the service at the time of inspection were able to communicate using spoken English. All but one person was able to read English. The registered manager told us for the other person, they read any relevant documents to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to government imposed restrictions related to Covid-19, people had not been able to engage in community based activities as much as they would have liked to. Similarly, restrictions had been imposed upon how much contact they had with family and friends. However, the provider had made alternative arrangements.
- People had been supported to go out to take regular exercise, but otherwise, most activities had been based within the home over the past year. These activities included film nights, board games, yoga and other exercises and parties to celebrate various religious festivals.
- The provider had followed government guidance about visitors to the service and was now allowing visits to happen. One person told us, "My (relative) come to visit me." When visiting was not allowed, people were supported to maintain contact with family by electronic means.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints

and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any complaints received since the service became operational, and we saw no evidence to contradict this.

- People told us they knew who they could complain to and that they thought complaints would be responded to. However, they said they had not had to make any complaints as yet.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- Quality assurance and monitoring systems were in place, however, these were not always effective. Various audits were carried out, including audits of medicines and staff recruitment records. These audits had failed to identify the shortfalls we found during the inspection. Quality assurance systems had also failed to identify that pre-admission assessments did not cover needs related to equality and diversity.
- Monthly staff meetings and monthly service user meetings were held. These gave relevant people the opportunity to feedback on the running of the service and to help drive improvements. We checked all the service user meeting minutes going back to January 2021 and found the minutes were all exactly the same, except for the date which changed each month. We found the same thing with the staff meeting minutes going back to March 2021. This meant the likelihood was they were not a true and accurate record of what was discussed, and so potential learning opportunities may have been missed.

We found no evidence that people had been harmed. However quality assurance and monitoring systems were not always effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had an open and inclusive culture. The registered manager told us their door was always open to people and staff who wanted to talk, and we observed them interacting openly with people during the inspection.
- Staff spoke positively about the management at the service. One staff member said, "(The provider) is very supportive. When I tell them about something, they always take action. If I don't know something, they educate 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

- The provider had systems in place to be open and honest with people when things went wrong. Accidents and incidents were reviewed to see how further such incidents could be prevented from re-occurring. A complaints procedure was in place to address concerns raised by relevant persons.

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

- There was a registered manager in place and a clear management structure. Staff were aware of who their line manager was. Where staff were related to one of the managers, they were line managed by another manager to prevent conflicts of interest occurring.
- The registered manager was aware of regulatory requirements, for example in relation to notifying CQC of significant incidents or having appropriate insurance cover in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out annual surveys to gain feedback from people who used the service and their relatives. This asked for feedback on various issues including how staff behave, if people were happy with the support provided and with their bedrooms. Completed surveys contained very positive feedback overall.
- People's and staff's equality characteristics were considered. For example, care plans included information about people's needs related to equality and diversity, while staff recruitment followed good practice in this specific regard.
- The provider worked with other agencies to gain knowledge and share best practice. For example, they worked with local authorities and Skills for Care. Skills for Care provides support, guidance and training within the care sector.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care was provided in a way that was safe for service users, because arrangements were not in place for the proper and safe management of medicines. Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to implement and operate effective systems to assess, monitor and improve the quality and safety of the service in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)</p>