

Barchester Healthcare Homes Limited

Chalfont Lodge

Inspection report

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11 July 2019

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chalfont Lodge is a nursing home which is registered to provide support for up to 119 people. The service is divided into three units over two floors. The home is divided into three units and the Memory Lane community supporting people with dementia is divided into two sections. At the time of our inspection there were 102 people using the service.

We undertook an unannounced comprehensive inspection on 10 and 11 July 2019.

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

Although there were enough staff to meet peoples' basic needs, people and staff told us there were not enough staff to ensure staff were able to spend quality time with people.

We found medicines were not being managed in line with current best practice. Some people had not received their medicines due to lack of stock.

Risk assessments were mostly completed for people who needed support relating to malnutrition and mobility.

Quality audits were completed but did not capture issues we found in relation to medicines and risk assessments.

Care plans were not consistently person centred and there was a lack of detailed guidance within some people's care plans for staff to follow.

People had access to healthcare professionals when required.

Activities were provided for people to avoid social isolation and people had access to local community events.

We observed positive interactions between staff and people using the service. Staff received an induction when starting at the service and had regular training specific to their role.

A complaints procedure was in place. Formal complaints were responded to according to the provider's policy.

Accidents and incidents were reviewed, and action taken as required.

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.

The provider made applications to the local authority to protect the rights of people living in the home in line with the Mental Capacity Act 2005. DoLS applications were made for people who required them.

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

Rating at last inspection

The last rating for this service was requires improvement (published June 2018), at the last inspection we made a recommendation, but there were no breaches of the regulations. At this inspection we found improvements had not been made and there were breaches of the regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and good governance. You can see what action we have asked the provider to take at the end of this full 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always caring.

Details are in our caring findings below

Requires Improvement ●

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 ●

Chalfont Lodge

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.

Inspection team

The inspection was carried out by one inspector one assistant 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 service.

Service and service type

Chalfont Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in March 2018. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 11 people using the service and six relatives about their experience of the care provided. We contacted five relatives by telephone following our visit. We spoke with six members of staff including the registered manager. 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 reviewed a range of records including each person's medication administration record (MAR), six people's care plans and records relating to their care plans. In addition, we reviewed a range of records relating to the way the service is run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were told by the local authority about concerns that had been raised to them. This was in relation to unsafe levels of staffing. This investigation is ongoing and will not be referred to further in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The system for ordering medicine was not effective to ensure people received their medicine as the prescriber intended.
- We found some people had not received their medicine due to lack of stock. For example, medicines to treat urinary spasms was not available on 10 July 2019, a medicine to treat constipation was not available on 9 and 10 July 2019, a medicine for treating depression was not available for four days from 24 June until 27 June 2019 and a cholesterol reducing medicine was not available for two days 24 and 25 June 2019. This meant people were at risk of further complications due to not receiving their medicine regularly. Some of these medicines such as the antidepressant may cause unpleasant side effects if it is stopped abruptly.
- In addition, when we visited one person in their room we saw two containers of medicines left on the person's bedside table. We asked the person about this and they told us, "Oh yes they (staff) just leave them there. I take them when I am ready." However, there was no self-administration risk assessment for the person and staff told us they (staff) administer the person's medicines. We saw the person's medicine chart had been signed as administered at the time it was given when this was not the case. Furthermore, the person told us they were on strong pain relief due to their condition. This would be a significant risk to the person if their medicine was not taken with the specified time between doses.
- In addition, this practice presented a risk to other people if they entered into the person's room and mistakenly ingested them. We discussed our findings with the registered manager who said they will look into this.

The provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments were completed for people who needed support relating to malnutrition and mobility. However, for people with more complex risks these were not in place. For example, one person experienced frequent seizures and did not have a risk assessment in place to guide staff what to do in the event of a seizure occurring.
- In addition, we did not see that the person had any input from professionals to manage the seizures or if the person had been diagnosed with epilepsy. We discussed this with the care practitioner who confirmed there was no risk assessment or care plan in place for the management of seizures. Not having these measures in place may potentially put the person at risk of harm.

- There was a lack of detailed guidance within people's risk assessments for staff to follow.

Failure to assess the risks to people's health and safety places them at risk from harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider sent notifications to the relevant authorities when safeguarding concerns occurred.
- Staff had completed safeguarding adults training. They told us they knew how to report concerns about people's safety.
- We saw safeguarding information displayed in the service for staff and people to contact if they had concerns. We viewed the services safeguarding policy. A relative told us they thought their family member was safe living at Chalfont Lodge.

Staffing and recruitment

We had made a recommendation during our last inspection relating to the provider's dependency tool. We found during this inspection the same tool was used to determine people's care and support needs.

- One person told us she felt safe until about a year ago but does not feel safe now as there are not enough staff. They told us "Sometimes you can't see any staff around anywhere. They are all busy in people's rooms." Another person reported she needs supervision to make a cup of tea or take a shower and it is hard for her to find someone to do this and has told the registered manager they need more staff. They commented, "They have been so short of staff the last few weeks, especially today... Three of the carers [on this unit] today are from another home."
- We asked the person how the staff shortage today had affected her. They told us they had received breakfast at half past ten instead of nine o' clock. Her Parkinson's medicines which were due at half past eight came at nine o' clock and they were still waiting at quarter past two for their nebuliser which was due at half past 12.

The person also reported this morning her call bell was stuck down the side of her mattress and she was shouting for help for 20 minutes to get attention. Yesterday morning she was ringing the bell and calling for pain medicine but no one came. They also reported they had asked to sit out for a short while a couple of days ago but there were insufficient staff to support her to do so.

- Staffing numbers were assessed in accordance with the provider's dependency tool. However, although people's basic needs were met, we observed and were told staff did not spend quality time with people.
- One person told us, "People have to wait, wait to get to the toilet" another person commented "It's got worse, there is lack of staff, its debilitating for me, also there is a language barrier. We relayed the person's comments to the registered manager during our feedback and they commented they were aware the person was not always happy with certain staff and that it was being addressed.
- Staff files we saw showed that appropriate records including checks from the disclosure and barring service (DBS) were in place. This meant staff were recruited safely.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We saw these were used when staff supported people with personal care.
- The service was cleaned to high standards and free from odour. We saw domestic staff engaged in cleaning duties throughout our inspection.

Learning lessons when things go wrong

- The registered manager was quick to respond to any concerns raised and feedback given. Accidents and incidents were recorded, and information was used to make improvements. For example, people who repeatedly fell were referred to the relevant healthcare professional to assess the reason for this and to determine if they had any further support needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were carried out prior to people moving into the service. However, full information on ensuring specific needs were met in line with best practice guidance was not available. For example, we saw people with specific medical conditions, such as epilepsy did not always have detailed guidance for staff on how to effectively manage the conditions. This meant staff did not have the guidance to enable care to be appropriate and person centred according to individual needs.
- Further information about this can be found in the safe and responsive sections of this report.

Staff support: induction, training, skills and experience

- We received mixed views about the training staff received. One person told us, "They (staff) are not up to scratch some of them don't even know my condition. If certain staff are working I will stay in bed." We noted the person had high needs and had to be supported in a specific way to prevent them suffering pain and skin damage.
- The person went on to tell us they had a tear of their skin because staff did not apply skin creams properly which resulted in them having to stay in bed for two months. They said, "The impact is huge." We discussed this with the registered manager who told us they would investigate this. However, comments from relatives were staff seemed trained and... "Knew what they were doing." One relative said "The regular girls I have are 100% but any new ones that come in do not know what they are doing. I have to tell them what to do."
- We saw the training matrix which confirmed staff had received regular training in areas such as basic life support, fire moving and handling and infection control. We were told new staff had an induction and worked alongside experienced staff when they first joined the service. Records we viewed confirmed this. Staff told us the induction helped prepare them for the role.
- Staff mostly told us they felt supported by the registered manager and the nursing team and confirmed they had supervisions on a regular basis. We viewed the supervision matrix which confirmed this.
- However, one member of staff told us they had started working for the service in 2017 and have had four different managers in that time. They said, "I am not really comfortable with all the changes of management. If I had a problem I did not know who to talk to. They went on to say... "I think it has got better now and the nurses are really supportive."

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

- We observed the lunchtime experience for people on the units. We saw staff offering a choice of options for people. Staff supported people with their food who required this.

- People at risk of malnutrition had nutritionally enhanced foods and their weight was monitored.
- People we spoke with confirmed they were offered enough to eat and drink throughout the day.
- People in their bedrooms had access to drinks and had jugs of water available.

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

- Staff did not consistently support people to see healthcare professionals to ensure they received the support they required. We saw a referral had not been made to specialist healthcare professionals relating to the management of one person's seizures. However, we were told the GP had been involved in the planning of care for the person who had experienced a seizure after being admitted to the home. In addition, we were told the GP had prescribed rectal medication in the event of a seizure.
- We saw people had support from dentists, chiropodists and opticians as required.

- Adapting service, design, decoration to meet people's needs
- The service was well designed with a café in the main reception area for people to meet up with friends and families.
- Gardens were well kept and provided additional space for people.
- Units were developed to ensure they were suitable for people living with dementia to promote their independence.
- People's bedrooms were personalised and reflected people's choices and preferences.

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.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation by the local authority had been applied for. The service considered the least restrictive options.
- Staff told us they gained people's consent to receive care and support. We saw people were consulted about the way they wanted to spend their day.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated and is now requires improvement. This meant people did not always feel well supported cared for and treated with dignity and respect.

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

- We observed people were treated with kindness and respect. The atmosphere was relaxed between people and staff. Staff engaged in friendly conversation whilst undertaking tasks. However, we observed staff did not spend quality time with people outside of completing tasks to meet basic care needs. One relative told us the regular staff were good but new staff did not know what they are doing. This meant that staff did not always know what people's preferences were and support was inconsistent, and task focused.

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

- People told us they would raise any concerns with staff if they needed to.
- Records indicated that relatives and people had been involved in the care planning process.
- People were encouraged to make decisions about their day to day routines and express their personal preferences
- One relative told us they had seen their family member's care plan and staff involved them if there were any changes.
- We saw care plans were reviewed regularly. However, the reviews did not always correspond to the current support needs.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and specialist cutlery was used to support people to eat independently.
- One relative we spoke with told us... "The level of care.... I couldn't wish for more they even put perfume on her."
- We saw bedroom doors were closed when staff were attending to people's personal care needs.
- People were supported to maintain relationships with those close to them. Families were able to visit without restriction.
- Important information about people was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good at this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were not consistently person centred and were not always reflective of people's current needs.
- One person's care plan indicated staff needed to check on them on an hourly basis to make sure they were safe. The registered manager informed us the person no longer required this support, but the care plan had not been reviewed or updated to reflect this. This meant staff would not be sure what support was required causing inconsistencies in care.
- Another care plan we viewed referred to two members of staff to reposition a person. However, on the second day of our inspection we saw only one member of staff carried out this task. We spoke with the member of staff and they told us they were able to do this alone because... "[Person] only needed his legs moving". However, the chart had been completed to say the person had been 'repositioned' rather than only having their legs moved. We noted the person was at high risk of pressure damage and required complete repositioning every four hours to protect their skin from damage.

Records were not accurate complete and contemporaneous in relation to care delivery. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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.

- Care plans did not indicate if information which was shared with people was made available in formats which met their communication needs in line with the Accessible Information Standard. We saw where people had communication needs such as visual or hearing loss care plans did not identify how these should be met.
- However, we saw large print displayed in communal areas relating to information about the home.

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

- People were encouraged to take part in social activities when they occurred and took part in planning the activity programme. Trips out were arranged to lunch or shopping. Local groups came to visit the home to support activities such as church services and music.
- We saw a family fun day had been organised for people and their families, the fun day included races such

as an egg and spoon race.

- The service invited members of the local community who care for someone at the home to attend a falls prevention workshop to discuss the importance of falls prevention and how best to avoid incidents.
- A music therapist worked three days each week running groups or individual sessions. There was also a physiotherapist who encouraged people to be active and have access to team and sports games. This meant people were actively encouraged to interact with the wider community to avoid social isolation.

Improving care quality in response to complaints or concerns

- People were given a complaints procedure to follow in the event of any complaints. Where the service had received a complaint, this had been investigated and dealt with appropriately.
- One relative told us they had complained about their family member's wheelchair always being dirty. They went on to say since the complaint ... "Things had improved."

Another relative told us... "I kicked up a stink when [family member] was not being looked after to my standards." We asked the relative if this had resolved things they told us "I get better treatment because I am a moaner." They went on to say, "At the present all's well let's hope it stays that way." The relative also told us the new registered manager was very understanding and there were no issues now.

End of life care and support

The provider had a policy in place for supporting people with end of life care. People were able to make decisions about their preferences during the end of their life. This included Do Not Attempt Resuscitation (DNAR) orders.

- The service worked with healthcare professionals including palliative teams to provide a dignified death. Staff were aware of national good practice guidelines of end of life care. At the time of our inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

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

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

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

- This service has been rated as requires improvement for four consecutive inspections. In two of those inspections the service has been found to be in breach of regulations. The provider has not ensured that the service makes improvements and sustains them. Required improvements had not been made since the previous inspection in 2018 in relation to staffing levels and good governance.
- The provider had not implemented the recommendations made by CQC in the previous inspection and had not ensured that changes in people's needs were effectively communicated to staff.
- Governance systems in place had failed to identify a number of issues we picked up during our inspection in relation to medicine management, risk management and person-centred care planning. The systems failed to ensure risks to the health and safety of people using the service had been mitigated. Effective systems were not in place to assess, monitor and improve the quality and safety of the service.

The provider did not effectively operate systems to ensure compliance with the regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- The registered manager had been in post for approximately one year. They met with senior staff on a regular basis to review the running of the service and all were committed to driving improvements. They were receptive to our comments and feedback during our inspection and had a clear improvement plan which included empowering staff to join them on a journey of improvement.
- Staff and relatives, we spoke with told us things had improved since the registered manager took over.
- One relative told us... "I was not happy over the last two years but its more settled now the staff are more understanding."
- Staff were clear about their roles and responsibilities. One member of staff told us "We have an allocation sheet, so we know what we are doing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had an open-door policy and people and staff came with any issues directly to them.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent as required.

- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; Continuous learning and improving care
- Regular staff meetings took place to ensure information was shared. Staff told us they had input into the way the service was run.
- Heads of department meetings were held each day to ensure all staff knew what was going on throughout the home.
- The provider sought people's views on aspects of the service. Newsletters were distributed to ensure communication was shared.
- Residents meetings enabled views and issues to be shared and a response given to any issues raised.
- There were strong links with the local community. Local groups visited the service on a regular basis.
- Staff received regular supervisions and appraisals and had the opportunity for additional training.

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 provider did not operate the proper and safe systems of medicines management.</p> <p>The provider did not assess the risks of service users who were receiving care and treatment, using the service</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes did not enable the provider to identify where quality and safety were being compromised.</p> <p>Records were not accurate complete and contemporaneous in relation to care delivery.</p>