Chilton Care Homes Ltd

Chilton Croft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Chilton Croft Nursing Home is a residential service providing personal and nursing care for up to 32 people, some of whom are living with dementia, in one adapted building. At the time of our inspection there were 18 people using the service.

People's experience of using this service and what we found
Since our last inspection the acting manager has worked along with support of partner agencies to make improvements to the quality and safety at Chilton Croft. Further work was needed to ensure all staff had access to care and risk management plans which reflected people's current care needs.

We found some improvement in systems for auditing the quality and safety of the service. Further work was needed to ensure these included checks on all clinical equipment including suction machines.

Since the last inspection the registered manager had de-registered but remained a director. There had also been a number of changes in clinical leadership which did not ensure consistent, robust clinical oversight.

There were systems to ensure staff employed were suitable and had the skills and knowledge they needed. Staff told us they had received updated training and more regular supervision.

We received positive feedback from people and their relatives about the quality of care provided. We observed people being treated with respect and dignity. We recommended people's preferences as to the gender of staff allocated to support them with personal care be assessed and reflected in care plans.

People were better supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the provider had accessed systems of support through the local authority to better address their responsibilities under the Mental Capacity Act.

There were effective procedures for preventing and controlling infection.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 6 August 2022). There were breaches of regulation. At this inspection we found improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 6 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, and well-led which contain those requirements.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found ongoing breaches in relation to safe care and treatment and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Chilton Croft Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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
This inspection was carried out by 2 Inspectors 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
Chilton Croft is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Chilton Croft is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chilton Croft is also registered to provide personal care to people living in their own homes in the community. The provider told us this regulated activity was dormant.

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 not a registered manager in post.

Notice of inspection
This inspection was unannounced.

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 conducted care observations and a review of records including; staff training, staff recruitment records, care plans, incidents and audits. We spoke with 5 people who used the service and 3 relatives. We also spoke with the acting manager, clinical manager, HR manager, the nominated individual, nurse, activities coordinator and 6 care staff.

Requires Improvement

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 inadequate. 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 that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Since our last inspection and with the support of the local authority some improvements had been made to care and risk management plans. However, we found conflicting information in care plans located in the nurses office and those available to care staff located in people's rooms.
- We found care and risk management plans available to care staff were brief in detail. Not all had been updated to reflect current needs and some conflicted with the information available in nurses care planning records. For example, in relation to risk management plans for people at risk of choking, catheter and pressure wound care.
- Care plans for people at risk of choking where suction machines were in use did not provide guidance for staff as to how and when to use this equipment.
- We found two suction machines which had not been cleaned after use. There was no system of cleaning and maintenance checks in place to ensure suction machines were clean and remained in good working order when required. This put people at risk as this equipment may be needed in the event of an emergency.

- We found gaps in the recording of required support for people with a catheter in situ.
- The monitoring of repositioning records had improved with manager daily audits but further work was needed as we noted gaps of up to 7 hours where repositioning should have taken place every 3 hours. This continued to place people at risk of skin breakdown.
- There were no baths in the premises only showers. Not all care plans provided information as to people's choice as to days and times they would like support from staff to shower. A notice located in the nurses office listed the names of people requiring support with weekly showers, however, care records failed to evidence this support had always been provided.
- Further work was needed to ensure staff were provided with guidance as to people's oral health care. Care plans provided brief detail. We found the majority toothbrushes dry, a lack of toothpaste available and so were not assured people had been provided with daily oral care as required to maintain their health and wellbeing.
- Where people told us, they experienced pain when receiving personal care there was a lack of pain assessments with plans. For example, guidance for staff in the management of medicines prior to

commencing personal care.
● One person required regular support with daily arm exercises to maintain dexterity of movement following specialist guidance. There were no records maintained to evidence this support had been provided daily as required.

Further work was needed to assess, monitor and manage risks to service users' health and safety. This demonstrated a continued breach of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At our last inspection we identified concerns in relation to the management of fire safety including a lack of staff training in how to respond in the event of emergency. We alerted the fire service who carried out an inspection and made a number of recommendations. The acting manager confirmed all recommendations had been actioned.
● There were now detailed fire risk assessments, which covered all areas in the home. People had personal emergency evacuation Plans (PEEPs) readily available to staff in the event of emergency to ensure they would be supported in the event of a fire. These were specific to people and their needs.
● Accidents and incidents were documented and recorded as they occurred.

Using medicines safely
● We found not all creams and lotions had a date recorded when opened in line with best practice.
● We observed time specific medicines such as those for people diagnosed with Parkinson's were being administered on the day of our visit up to 45 minutes earlier than the scheduled time on administration(MAR) records.
● Where as and when required medicines (PRN) had been administered, reasons for administration was not always recorded by staff in line with the provider's policy.
● We carried out an audit of stock against MAR records and found these tallied. This indicated people had received their medicines as prescribed.
● Where people received their medicines covertly, hidden within food such as yogurts, required protocols had been followed.

Systems and processes to safeguard people from the risk of abuse
At our last inspection we found shortfalls in safeguarding processes which placed people at risk of harm and this demonstrated s a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement. The provider was no longer in breach of regulation 13.

● In response to a number of safeguarding allegations investigations involving the local authority and police were still ongoing.
● Staff had recently been provided with safeguarding refresher training.
● The acting manager was proactive in working to improve the culture of the service and raise staff awareness of how to identify and report safeguarding concerns. Staff told us, "The acting manager is very good, things are much better now. We have safeguarding training and she is on top of things. We talk about safeguarding more now, at our meetings." And, "Staff are more confident to speak up now than they were before. Things that concern us are now taken seriously and not brushed under the carpet."
● We noted from a review of staff meeting minutes, safeguarding was now regularly discussed with staff to raise awareness of reporting protocols in place.

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)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● People were better supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the provider had accessed systems of support through the local authority to better address their responsibilities under the Mental Capacity Act.
● Care plans did not record people's preferences as to the gender of staff allocated to support them with personal care. One person told us, "I don't like male staff washing me but it still happens sometimes."

We recommend care plans record people's preferences as to gender of staff allocated to support them with personal care.

Staffing and recruitment
At our last inspection we found the provider had failed to ensure there were sufficient numbers of staff suitably trained and deployed in the service. This placed people at risk of harm and was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made, and the service was no longer in breach of regulation 18.

● At the time of our inspection there were sufficient staff available to meet people's needs.
● As an outcome of the last inspection, staffing numbers had been increased in line with dependency needs, to maintain people's safety.
● People told us, "I would say the majority of the time staff respond to my call bell promptly, just occasional nights when they take longer to come." And, "It's rare that I have to wait. I think things have improved with staff more available."
● Staff told us, "It is quite different here now, we definitely have more staff and more time with the residents to chat and do activities with them, I do think the manager is doing a good job." And, "It has improved a lot, care in general has improved, there are fewer residents and we have more staff, it is more person centred care with time to chat. Some of the staff who needed to go have gone, it is a much nicer place to work."
● Required pre-employment checks were in place to ensure staff were suitable to work within a care environment. This included the completion of Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The acting manager told us with support from the local authority and partner agencies training had been provided to staff in relation to record keeping, pressure wound management, care planning, nutrition and safeguarding.

Preventing and controlling infection

● At our last inspection we were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
● Since our last inspection a system of infection prevention control (IPC) audits had been instigated and carried out monthly.
● We found the service free from offensive odours. People and their relatives were positive about the cleanliness of the environment.
● Further work was needed to ensure light pull cords were replaced as these were found to be dirty and posed a risk of cross contamination.
● We found bedside bumpers in need of need of replacement due to perished/cracked surfaces which posed a risk of harbouring bacteria. These shortfalls had not been identified in provider audits.
● Throughout the inspection we observed staff wearing face masks.

Visiting in care homes
● There were no restrictions on visiting. We observed relatives visiting throughout the inspection.

Requires Improvement

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 inadequate. 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.

At our last two inspections in May 2021 and June 2022 the provider had failed to demonstrate safety was effectively mitigated and lessons were learned to prevent future incidents and assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection with the support of the local authority and a care quality consultant improvements had been made. However, further improvement was needed and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been significant changes to the leadership structure. The changes did not provide for stable, robust management with consistent, effective clinical oversight of the service. This did not ensure sustained improvement of the service.
- Since our last inspection there had been a change in manager. The previous registered manager had de-registered but remained a director.
- The service did not have a manager registered with CQC as legally required. The acting manager had applied to register with CQC but had since withdrawn their application. A new manager has been recruited and was due to start in February 2023.
- Three clinical leads had been appointed within the last 8 months and all had now left.
- Following our last inspection, the provider had employed a consultant who had worked alongside the acting manager to improve the quality of audits and care planning systems. In January 2023 the consultant informed CQC they no longer worked for the provider.
- Audits of care plans were now carried monthly which highlighted actions needed but did not always evidence outcomes such as; if and when actions had been completed.
- Further work was needed to ensure staff had access to up to date care and risk management plans and a system of checks in place for all clinical equipment including suction machines.
- Prior to and during our inspection relatives expressed concerns to us that despite repeated requests to the provider they had not all received copies of contracts. This they told us did not provide transparency as to a breakdown of what fees paid covered.

The lack of consistent leadership structure and clinical oversight demonstrated a continued breach of 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff spoke positively about the acting manager. Comments included, "The manager is very nice, very caring. Things are much better with her running the place. It is a much nicer place to work." And, "The home is more organised. We have less residents and so we have more time for people."
● Since our last inspection improvements had been made to quality and safety systems. This meant there was more robust auditing of; fire safety, first aid and manager daily audits where they assessed the environment and monitored the quality of care.

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
● At the last inspection we were concerned that the registered manager at the time did not follow their duty of candour and notify authorities of significant events, such as safeguarding incidents.
● The new acting manager demonstrated their understanding of their legal responsibilities. Their response to complaints and working with other agencies demonstrated an openness and transparency when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Since our last inspection there was now a system in place to gather people's views regarding the quality of care provided. The majority of people responded positively in their feedback. However, it was not always evident what action had been taken in response to relative's concerns expressed with clear outcomes recorded.
● The acting manager understood the need to be open with people when things went wrong. We saw evidence of investigating incidents and identifying lessons to be learnt from complaints. Outcome of complaints showed actions taken to with apologies for mistakes and identifying actions to be taken to prevent it happening again.

Working in partnership with others; Continuous learning and improving care
● The provider was aware that improvements were needed to be made at the service following local authority audits which identified similar shortfalls to those we found at the last two inspections.
● Feedback we received from partner agencies demonstrated the acting manager had worked with them to make some of the improvements needed.
● The acting manager told us, "I have learnt so much from the local authority, they have helped us with staff training and writing care plans. I couldn't have done it without them. I know we are not yet where we need to be."