Sanders Senior Living Limited

Chalkwell Grange

Inspection report

Chalkwell Grange, 64 Leigh Road
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Date of inspection visit:
14 August 2023
15 August 2023
25 August 2023

Date of publication:
15 September 2023

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
Chalkwell Grange is a residential care home providing accommodation and personal care to up to 48 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection, there were 41 people living in the service.

People's experience of using this service and what we found
Medicines were not always managed safely. People did not always receive their medicines as prescribed as reconciliation of stock was inaccurate.

There was not always enough staff to meet the needs of people particularly on the first floor. This meant communal areas were not monitored effectively by staff.

Risk management was not always effective. Risks were identified, however controls in place were not followed effectively. Infection control processes were effective.

Governance systems and processes were in place. However, these did not always identify shortfalls effectively.

There were appropriate policies and systems in place to protect people from the risk of abuse. Safe recruitment systems were in place to ensure staff were suitable to work with people.

Staff were positive about the new manager at the service.

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

Rating at last inspection.
The last rating for this service was good (published 3 March 2023).

At our last inspection we recommended the provider seek independent advice and guidance to improve the service's medication practices. At this inspection we found the provider had not fully met this recommendation.

Why we inspected
We received concerns in relation to the management of medicines and risk management. As a result, 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. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement and Recommendations
We have identified breaches in relation to medicines management, staffing and governance 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 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.

Chalkwell Grange

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
The inspection was carried out by 2 inspectors and 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
Chalkwell Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chalkwell Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had applied to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on14 August 2023 and ended on 25 August 2023. We visited the service on 14 and 15 August 2023.

What we did before inspection
We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service about their experience of the care provided and 7 relatives. We also spoke with 10 members of staff including regional director and the manager. We observed the care provided and also 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 11 people's care records. A variety of records relating to the management of the service, including 2 staff recruitment files, audits, staff rotas and medicine records.

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

Using medicines safely

At our last inspection we recommended the provider seeks independent advice and guidance to improve the service's medicine practices. At this inspection the provider had not fully met this recommendation.

• Medicines were not always managed safely.
• An error was identified in medicines which required specific storage requirements. This meant we could not be assured that staff were administering medicines in line with prescribers' instructions. Due to the nature of these medicines, 2 staff were required to administer the medicines together and check the stock balance during every administration, the error identified meant we were not assured this was happening. We asked the manager to investigate this discrepancy.
• Medication administration records (MAR) and stock count records did not always align. This meant the provider could not be assured people were receiving their medicines correctly.
• During the inspection, on 2 occasions staff came to the medicine room with plastic pots to collect medicines for people, on 1 of these occasions this included high risk medicines. This could put people at risk of receiving the wrong medicines as staff would not have access to the person's name or the prescriber's instructions at the point of administration.
• At the previous inspection we identified people prescribed a specific medicated patch to be applied to their body, the site of application was not always recorded. At this inspection we again found a gap in recording on a rotation record. This meant there was a risk a patch could be reapplied in the same place and the lack of recording in relation to rotation could put people at risk of skin thinning and overdose in a short period of time. A medicine audit had been carried out and this omission in recording had not been identified by the auditor.

Assessing risk, safety monitoring and management
• Risks to people had been assessed and a risk rating identified. However, we found not all controls put in place had been recorded effectively. People at risk of hydration were recorded as needing their fluid intake monitored and a recommended target fluid intake was recorded. Fluid levels for 4 people we checked consistently did not meet the target specified within their care plans and there was no evidence of any action taken to address this.
• During the inspection 1 person became very distressed to the point they were at risk of harming themselves or others. Whilst an emotional support care plan was in place, this contained limited guidance for staff to follow in their interactions with this person.

The provider did not always have robust processes in place to manage medicines and risks to people effectively which was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Some aspects of the medicines recommendation from the previous inspection had been met. Medicines which must be taken 30 to 60 minutes before all other medication were now being administered as the prescriber's instructions.
• The manager told us there was 1 person who was at risk of choking, and we reviewed their care plan in relation to this risk. The person had been assessed by the speech and language therapist to ensure they received the correct food textures for their needs. The chef ensured the person's meal was provided as the assessment specified and staff knew the meal this person needed to ensure they were able to eat safely. A staff member told us, "Any risks are on our handset, and I can look this up at any time. We also have handover; I came in today and was told a new resident had come in and all about their needs."

Staffing and recruitment
• There was not always enough staff to meet people's needs. The manager told us they had reduced the staffing on the first floor to 3 care staff and 1 care team leader due to vacant beds.
• During our inspection 1 person became very distressed on the first floor and was shouting at others in the vicinity. Whilst staff did try to engage with this person their interactions were brief as they had people to support with breakfast and with personal care. This lack of staff presence meant the incident escalated.
• A staff member told us, "Three staff up here has been chaos today. Staff are helping with breakfast but had to keep coming away from breakfast to help staff assist with personal care. The senior is busy with medicines so 3 staff does not work up here." Another staff member said, "We have 5 people who require 2 staff and only 3 carers which makes it really difficult. This morning everyone needed the toilet and were waiting, and people wanted breakfast and we had to get a kitchen assistant up to help."
• There was mixed feedback from people and relatives in relation to staffing particularly at weekends.
• A relative told us, "It's the weekends mainly I worry about, like if an emergency happened, I'm not convinced there's enough staff to deal with one." Another relative said, "I believe staffing levels are not great here especially at weekends, like I came in on Saturday afternoon and there was this awful atmosphere, nothing going on plus there was a big argument between 2 other residents, so not nice for us all to see."
• Staffing levels were assessed using a dependency tool. This was used to calculate the number of staff required according to people's care and support needs. However, we were not assured this was effective as the person observed who was very emotionally distressed and needed more staff support was recently assessed as low dependency.

There was not enough staff on duty to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they were recruiting and had new staff who were about to start.
• Some people and relatives' comments were positive about staffing. One person told us, "I cannot fault staff, some are better than others and I do not have to wait very long for them to come." A relative said, "There has been quite a lot of staff changes and agency staff at weekends, it has settled down a bit and I think they are trying to get on top of it." Another relative said, "I come here most weekends. I've not really noticed any difference in staff levels, no lack of staff in my opinion."
• Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing 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.

Systems and processes to safeguard people from the risk of abuse
• Staff had received safeguarding training and had guidance about what to do if they had concerns about people's safety. Staff were clear about issues that could constitute abuse and were confident about action they would take if they judged that anyone was at risk of abuse. A staff member told us, "I would go straight to the manager, then to head office and then to CQC if I needed to."
• People and relatives told us they or their family member were safe at Chalkwell Grange. One person told us, "I get loads of teas and coffees here so yes, I'm quite content. I get visitors each week too, so I feel safe here and secure. I wouldn't be at home." A relative said, "[Person] is happy and feels safe in their room and now we've got them a land line phone which really helps with their hearing because its loud. That was their idea here. "

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. Whilst an overview was in place it was noted staff had only sent renewals in a few days before authorisations expired which meant new application had to be sent. The manager told us they would now be diarising expiry dates to ensure they are acted upon at least 4 weeks before authorisations expire.

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
• There were no restrictions on visiting at Chalkwell Grange.

Learning lessons when things go wrong
• The manager had identified concerns which had not been appropriately reported and these were reported retrospectively.
• An analysis of all accidents and incidents including falls that had occurred at the service to identify triggers or patterns and prevent recurrence was completed by the manager.

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

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

- The provider had failed to implement systems and use them effectively to monitor and improve the quality and safety of care provision in the service.
- Checks and audits undertaken had failed to identify the shortfalls we found at this inspection in relation to medicines management, risk, staffing and dependency tools.
- Medicines audits had failed to identify shortfalls found during the inspection which included a recommendation from a previous inspection. A service improvement plan was in place which had identified shortfalls in medicines from June 2023 and recommended a full audit. The pharmacist provider was present during our inspection completing this audit, however an audit completed by the service in July 2023 only spot checked 4 medicines to be reconciled. This meant we were not assured actions were being taken in a timely way.
- The dependency level for 1 person who had been very distressed during our visit had been recorded as low even though there had been other incidents of distress recorded in relation to this person. This meant we were not assured dependency scoring was accurate.
- There was not a registered manager in post, however an interim manager was working in the service who had only been in post since June 2023. They had submitted an application to register.

Systems were not robust enough to demonstrate the quality and safety of services were effectively managed. 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

- There were positive comments from people, their relatives, and staff during this inspection. One person told us, "I think of my carers as friends now." A relative said, "I was initially worried about moving [person] here but it's been terrific, very positive for us."
- A staff member told us, "Compared to what it was it seems happier, the mood has lifted here. In general staff seem a lot happier." Another staff member said, "Apart from staffing levels it is a lovely home, and everyone is friendly."
- The atmosphere on the ground floor was very positive with people in the café involved in activities. A group of people were observed to take a daily walk to the shops with wellbeing staff to get daily papers or items they needed for themselves.

• Whilst people told us there were things available to do, some people would have liked to go out into the community more. One person told us, "We're all local so know what's around here but we don't tend to use things outside. Like we used to go to a café near the sea wall and would like to go again if we could, it's only 3 or 4 minutes drive from here." A relative said, "It would be nice if they could get residents out a bit more, like trips, we've even offered to drive the minibus and be trained up."

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
• There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding. The manager submitted incidents identified during this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• During our inspection we identified that more engagement was needed with people on the first floor.
• Meetings were held with people relatives and staff. A relative told us, "I feel I'm informed about how [person] is doing as I come every week at least once. I attend the relative's meetings, there is usually about 10 of us."
• Equality and diversity training was provided for staff.
• Staff told us that whilst there were staff meetings, supervision meetings were not always very frequent. A staff member told us, "We have staff meetings, I do think they listen. Supervision is not very often but I do feel supported, there is someone to go to." Another staff member said, "I feel confident to talk up. As I need to be a voice for other people who do not have a voice about their care."
• Staff were positive about the new manager and deputy manager at the service.

Continuous learning and improving care; Working in partnership with others
• The service worked together with health and social care professionals to ensure people received support to meet their needs.
• The provider had recognised additional support was required in relation to working with people with dementia. The organisation's lead in this area was doing some additional work with individual people and staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always have robust processes in place to manage medicines and risks to people effectively which was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate the quality and safety of services were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not enough staff on duty to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.