

Colleycare Limited

The Chadwick

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?

Good 

Summary of findings

Overall summary

About the service

The Chadwick is a care home providing accommodation for up to 67 people older people, some of whom are living with dementia. At the time of the inspection there were 47 people living at the home.

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

At the last inspection, the service was failing to ensure people's safety was promoted, did not have effective governance systems and did not comply with duty of candour or send the required notifications. As a result, there were found to be multiple breaches of regulations and the home was put into special measures. At this inspection we found that the required improvements had been completed and systems implemented to address the shortfalls had been effective.

People felt safe and told us the staff were kind and friendly. Relatives felt the staff team were very good and the new registered manager had made a difference to the home. People's safety and welfare was monitored. If an incident or concern arose, the management team identified and resolved it. Incident, events and unexplained injuries were recorded and investigated. Where needed, incidents were reported appropriately.

People were treated with dignity and respect. People and staff had developed positive relationships and staff knew people well. Care plans were detailed, giving staff the appropriate information to meet people's needs.

Records were reviewed to help ensure people's needs had been met. Staffing was monitored and call bells audited to ensure staffing numbers were effective. Some people living on the first floor told us they thought more staff were needed as at times they had to wait, and activities were not frequent enough. However, they said staff worked hard and were always helpful.

Staff felt they had enough training and support to do their role and found the leadership of the management team to be good. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of COVID-19. Staff worked safely in relation to COVID-19.

The recruitment process was robust, including all required checks to help ensure staff employed were fit to work in a care setting. Medicines were now managed safely and these were checked through an audit system.

Governance systems needed to monitor and identify concerns had been developed and these had been effective as the number of incidents since the last inspection had reduced.

Rating at last inspection

The last rating for this service was Inadequate (published 28 February 2020) and there were multiple breaches of regulation. The provider sent us an action plan stating how they would make the required improvements. We imposed a condition on the service meaning that they could not admit new people to the home without our permission.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 January 2020 and 06 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection, to show what they would do and by when, to improve governance, safe care and treatment, duty of candour, notifications of other incidents and safeguarding service users from abuse and improper treatment.

We undertook this focused inspection to check they 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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Chadwick on our website at www.cqc.org.uk.

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.

Requires Improvement ●

Is the service well-led?

The service was Well Led.

Good ●

The Chadwick

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

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 undertaken by two 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

The Chadwick 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 who was 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 five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

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 did not request a 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. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with seven members of staff, the registered manager and operations manager. We spoke with eight people who used the service and received feedback from 11 relatives. We spoke with a visiting health care professional. We contacted the local authority for their feedback.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection we found that the rating has improved 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

● At the last inspection, the provider failed to ensure people were protected from the 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.

There was enough improvement and the provider was no longer in breach of regulation 12.

- People told us they felt safe. Relatives also told us they felt people were safe. One relative said, "Carers and care is the best and biggest asset the home has, people who are working there are genuinely positive and care for all residents." Another relative said, "I can assure you she is in the safest place she has ever been."
- Staff told us that the registered manager was regularly around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. A visiting health professional said, "When I have come, staff have been helpful, I have seen that they are kind, staff will help me if [person] does not want my help, the staff know the person so calms them down."
- However, we noted that the hairdresser supported people to mobilise and transfer. We raised this with the registered manager who told us they were not supposed to do this. They had not received training and were not aware of people's individual risks. The registered manager told us they would address this straight away.
- Staff told us they had attended fire training and fire drills. They felt confident in what to do in the event of a fire. Records showed that staff had attended fire drills.
- However, some staff were not clear on how they would evacuate someone who may be dependent on staff for mobilising and cared for in bed. The registered manager told us this was in people's personal emergency evacuation plans (PEEPS). However, staff were not fully aware of these. We discussed this with the registered manager as an area to address.
- Where people had a history of falls, we saw that there were actions taken to help reduce the risk of a reoccurrence. We noted that falls had reduced significantly since the last inspection. At the last inspection there were 37 falls in January 2020. In November 2020 falls in the home had reduced to 13. This demonstrated that action taken was more effective.
- Pressure care was managed safely, there were no pressure ulcers at the time of the inspection. Records showed that people were supported to reposition, cream was applied and pressure relieving equipment was

in place and checked.

- At the last inspection the infection control and fire safety procedures in the laundry room were not effective. At this inspection we found the laundry room to be well organised and no concerns were found. The laundry assistant was able to explain safe working practice.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found that systems to monitor, report and investigate unexplained injuries were not robust. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was enough improvement made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection we found that systems in place recorded unexplained injuries and a member of the management team completed an investigation. Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff were aware of what signs of abuse to look out for and how to report any concerns they had within the home. They were confident that the registered manager would act on any concerns raised. One staff member said, "I would report any concerns to my senior carer, I could also go to the assistant manager, CQC, the council or the police." However, not all staff were clear on how to report concerns outside of the organisation.

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.

Using medicines safely

- At the last inspection we found that medicines were not always managed safely. At this inspection we found that systems in place to promote safe management of medicines were effective.
- Records were accurately maintained for medicines and they were stored securely.
- Medicine audits were completed, and staff training was carried out.
- A sample of medicines checked showed that the quantities matched the records.

Staffing and recruitment

- People told us the staff were around when they needed them. One person said, "The staff are very good, if I press the call button they come." Relatives did not raise any concerns about staffing. However, one relative said, "On occasion I thought they could do with few more staff but overall I don't notice that somebody is missing."
- Staff told us that in general, staffing levels had improved and they had time to spend with people. One staff member from the ground floor told us that during the afternoon they encouraged people to get

involved with activities. A staff member from the first floor said, "I think we are ok with staffing, although having more would be nice. It is demanding because of people who need hoisting. In the morning some people have to wait, and they do not like it. There are times where I have to explain to people that I am supporting someone else. If the problem is urgent, we would call someone from downstairs."

- Some people living on the first floor felt staffing sometimes impacted quality time but told us staff were kind and tried their best. One person said, "I had to wait over an hour for help to go to the toilet." Another person said, "The staff work hard running around, we do not do much here, there are supposed to be people here for activities. Someone came to do a quiz but asked four questions and then left."
- On the ground floor, staff were around and were responding to people's requests when needed. However, on the first floor, we observed staff being task focused and this is due to the volume of work they had to complete. The management team were developing staff to ensure their approach was person centred and not task led.
- We reviewed the dependency assessment tool which showed staffing levels reflected people's needs. We noted that falls and other areas of risk had reduced which indicated staffing levels met people's needs. We also reviewed the staffing rota to check that staff were deployed in accordance with the dependency tool.
- Call bells were monitored to check they were responded to promptly.
- Staff told us training and supervisions were ongoing. The training and supervision matrix showed that progress was being made.
- The recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting.

Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of. For example, the call bell response times were audited, and the findings were shared with staff at meetings, discussing expectations and what was acceptable.
- At the last inspection there were concerns about people's fluid intakes and reoccurring urinary infections. Following the inspection, the registered manager implemented fluid audits and planned care checks for senior staff twice in a day. We found this was being recorded appropriately at this inspection.
- One relative said, "They monitor [person's] fluids intake because of frequent infections, not sure how you make a person drink if they refuse it...but carers are doing everything possible to encourage them. It's all written in their care plan , I have seen it."
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

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 Inadequate. At this inspection the rating has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection we found that staff morale was low, and the management team did not engage with people or staff. Since the last inspection there has been a change of manager. Staff feedback about the new registered manager was positive.
- The management had worked on addressing the areas of concern in the home and learned from previous concerns. Systems had been put in place to reduce the risk of reoccurrences. This included a senior staff training and mentoring group to help develop the skills and confidence of the senior care staff.
- People and their relatives told us they were happy with the care they received. One relative said, "In the start my relative would often have infections , so they introduced regular small drinks, and crash mattress by their bed just in case. Seems they know what they need more than us. Their condition improved, they still occasionally have an infection, but staff learned how to recognise the first signs and they act, call the GP and let me know the outcome. It feels I can trust them, they will do the right thing for my relative."
- Another relative said, "My relative is in early stages of dementia and staff noticed and made a referral to the mental health team. I am so happy they initiated this. Staff are coping well and they are full understanding about their outbursts, on a few occasions I was present and felt I ought to apologise to staff for how [person] behaved, but they would just wave their hand and say we know [person], we understand, so this tells me they know my relative better than us."
- We saw that throughout the visit people were treated with dignity and respect. Staff spoke kindly to people and had positive relationships with them. People were heard laughing and joking with staff.
- People were offered choices, staff took time in explaining things and tried to get them involved in activities that were going on. Activities were staggered to allow for social distancing and separating of people on different units.
- There was a log of any complaints and a record of responding and monitoring these. Relatives told us complaints were responded to. One relative said, "I raised the complaint and they accepted it was a mistake and because of that my relative now has a key worker who talks to me every week, sometimes more than that. It makes a difference, I feel more confident this will not happen again."
- People's feedback was recorded at team meetings and an action plan was put in place to ensure this was followed up. Some people told us they felt that their views had not been acted upon but did not share any examples. Meetings notes showed examples of actions being taken. For example, where a person had

requested to be part of menu planning, this had happened.

- Staff told us that the registered manager was always available and responsive to issues. They felt confident to go to them with any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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 the registered manager did not adhere to the duty of candour as they had failed to be open, honest, and apologise to people when things went wrong. This was a breach of Regulation 20 [Duty of Candour]. At this inspection we found that the registered manager was keeping people and their relatives informed about events and incidents in the home. They were reporting to the appropriate agencies.

There was enough improvement made at this inspection and the provider was no longer in breach of regulation 20.

- Relatives told us that the home had supported people to keep in contact with them during the COVID-19 pandemic. They had also started a social media page. One relative said, "We also could see any new event on home's [social media] page so it was lovely to see my relative at a dress up party organised by the home, it really made me cry, they seemed to be having the time of their life with all the attention, they were dressed as a spy."
- Relatives told us that they felt the management team were open and shared information with them. Some relatives felt that communication during the pandemic could be improved, mainly if they were unable to visit.
- Two relatives said they would like the re-introduction of meetings and letters by post where they were not able to use technology to help support communication. They also felt they would like to be more involved in care plans. One relative said, "I would like to be involved and attend even virtual meetings . I also would like to be more informed about care plans and all this entails, I think I put a few suggestions in comments box while we were able to come inside-it was about lack of cushions in the lounge-they took all on board and next week it was delivered, they were very good that time."
- Relatives were positive about the new registered manager and the management team. One relative said, "I really like the way the manager of this home runs this place, seems she is active and very much hands on dealing with any issues. She has a good heart and a will to help. Deputy is also very good and I cannot thank her enough for looking after my relative so well and myself and our family on the whole."

At the last inspection quality assurance systems were not used effectively. This was a breach of Regulation 17[Good Governance]. At this inspection we found that some systems were now in place and monitoring was being used regularly and identifying any issues.

There was enough improvement made at this inspection and the provider was no longer in breach of Regulation 17.

- There was a service improvement plan. This included all areas identified as a concern at the last inspection. We saw that good progress had been made in addressing these areas.
- There were audits across all key areas of the home. For example, infections, falls, care plans, fire safety and medicines. Where any shortfalls were found, an action plan was developed. We found these to be effective as there were fewer shortfalls found and no breaches identified as part of the inspection.
- Staffing was kept under review. Analysis of audits and events in the home helped inform the management team if staffing levels met people's needs.

- Care plans included clear information to help guide staff. The electronic system flagged when reviews were due and also if any planned care needs were not recorded as being completed. Staff all knew people well, including their likes and dislikes, even if they did not normally work with them.
- The registered manager provided guidance and support for staff. Staff told us that they found them approachable.

Working in partnership with others

- At the last inspection the provider had failed to notify us of reportable events. This was a breach of regulation 18 (Notification of other Incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the provider sent the required statutory notifications to us relating to events in the home.

There was enough improvement made at this inspection and the provider was no longer in breach of breach of regulation 18.

- The registered manager was in contact with the local authority and engaged with CQC to support the inspection and help identify any shortfalls.
- During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.
- The management team was open to feedback and wanted to use this to improve and develop the service further.