

Chilton Care Homes Ltd

Chilton Croft Nursing Home

Inspection report

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Suffolk
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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

Chilton Croft Nursing Home is a residential service and provides personal and nursing care to older people in Sudbury. The service can support up to 32 people and there were 28 people in residence when we inspected.

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

The service supports people with dementia and other complex needs. Where incidents had occurred between individuals, they had not always been reported as required and sufficient scrutiny applied.

Staff responded to people in an intuitive and caring way however the systems in place to mitigate risks did not always work effectively.

The service did not have a formal mechanism for reviewing staffing levels to ensure that the numbers of staff reflected people's changing needs. Some changes had been made to staffing levels prior to our visit and the number of staff on the day were adequate, although the roster needed greater clarity about how staff were deployed. A review of night staff is due to take place in conjunction with the fire safety inspection.

Management responsibilities were not always clear. Some audits were undertaken to check on quality but there were gaps and governance was not embedded.

There were systems in place to manage infection control. The service was clean and comfortable and there were no unpleasant odours. All staff undertook COVID-19 tests in line with the government guidance in order to protect the people they cared for. Visits by relatives had been facilitated to the service which was welcomed by staff and people using the service. The infection control policy was not up to date, but the registered manager assured us that this would be addressed as a matter of urgency.

The registered manager had ensured that all staff and people living in the service had the information they needed about vaccines to ensure that they could make informed decisions and there was a high take up of the vaccine.

People were supported by a kind and friendly staff team who knew them well. There was a clear process in place to check staff suitability before they started work.

People had good access to healthcare and regular surgeries were held at the service. Medicines were managed in a safe way.

The meals looked appetising and staff ensured that people had the support they needed.

The registered manager was visible within the service and knew each person well. Staff told us that they were well supported by the management team and proud of the fact that they had managed to keep the

home free from COVID-19.

A consultant had been commissioned to assist the management team develop processes to drive improvements.

For more details, please find 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 Good (published 29 August 2018)

Why we inspected

We received concerns in relation to staffing and the management of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. 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 Nursing Home 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.
Details are in our safe 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 ●

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 Care Act 2014.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Chilton Croft Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Chilton Croft Nursing Home is also registered to operate a domiciliary care agency from this location, but this service was not being provided and is currently dormant.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke to eight members of staff, including the registered manager. We used observation to gather evidence of people's experiences of the service and spoke with five relatives about the care their loved one received.

We reviewed three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including staffing rosters and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the 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 Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes did not work effectively to ensure that people were adequately protected.
- The service supported people living with dementia and other complex needs. Some people exhibited distressed behaviours and incidents had taken place which had not been identified as safeguarding and referred to the Local Authority, as required.
- Where people had sustained injuries such as bruising, there had been insufficient scrutiny and investigation into the cause. Information was not collated and reviewed to identify patterns.
- Staff had received training on safeguarding and those we spoke to told us they would report any concerns to the home's management.
- The registered manager acknowledged the shortfalls in reporting and told us they intended to strengthen the processes, including updating their policy and providing additional safeguarding training.
- Relatives spoke highly of the service and told us that their loved ones were well cared for. We observed that people responded positively to staff and interactions were warm and caring.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always managed effectively to reduce the risks of harm and governance systems did not identify shortfalls.
- Staff intuitively supported people with complex needs and we observed staff intervening to reassure people and reduce their anxiety. However, there was not a clear risk management approach and the guidance for staff on how to support people safely was not always clear.
- There was a limited use of systems to record and report safety concerns and near misses. Accident and incidents were logged and reviewed by a senior member of staff, but it was not always clear what action had been taken.
- Incidents had occurred where staff had been subject to injuries, but these were not always documented in line with Health and Safety guidance. We spoke to staff about this and a member of staff told us that these were incidents seen as, "Part of the job."
- The registered manager told us that they had planned to address the areas identified which included improved recording and guidance as well as debriefing sessions after incidents. They were working with the local authority on reviewing people's needs and interventions to ensure that people's rights were protected, and any interventions used were the least restrictive.
- There were standard tools in place to calculate risks to people such as those arising from skin integrity and nutrition. Records showed that people at risk of skin damage were not always repositioned at the intervals specified and we observed that people spent significant periods sitting in the communal areas without mobilising. People for example did not move to the dining room for their meals or move to another area to

undertake activities.

- The registered manager told us that they would assist people to use some of the other communal areas within the service and would strengthen auditing.
- Moving and handling risk assessments were in place and we observed staff assisting people to mobilise in a calm and respectful way.
- Records showed that checks were completed on the building to ensure that it was well maintained. Maintenance checks were undertaken on equipment such as hoists. Fire equipment was checked to ensure that it was working effectively, and people had personal evacuation plans in place to guide emergency services in the event of a fire.

Staffing and recruitment

- There was no formal system in place to ensure that the service had enough staff to keep people safe and meet their needs.
- The registered manager told us they calculated staffing levels using feedback from staff and observations. They did not have a dependency scoring system which looked at people's needs and the impact on staffing, but told us that they were exploring this.
- Some people had been assessed as requiring additional support and this had been commissioned by the Local Authority, but staff were not always clear who required this. The registered manager told us that moving forward the deployment of staff would be clearly documented on the staffing rota.
- At the request of the Local Authority the numbers of staff had recently been increased at night. We observed that a significant number of people who lived in the service required two staff for mobilising and questioned the staffing levels at night. The registered manager told us they had commissioned a fire safety inspection and were reviewing their risk assessment and the outcome of this would inform the staffing numbers.
- On the day of our inspection we observed that staff were available in the communal areas and responsive to people's needs. People for example, received the help they needed at mealtimes and staff intervened to assist people who were trying to mobilise.
- The staff team was stable, and people were supported by staff who knew them well.
- Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff. The registration of nursing staff was checked with the Nursing and Midwifery Council.

Using medicines safely

- Medicines were satisfactorily managed. There were systems in place for the ordering, administration and monitoring of people's medicines.
- The temperature of the medication storage room was monitored, and the medicine trolleys were well organised. Medicine administration charts were in place and were well maintained.
- Where people had been prescribed as required medicines there were protocols in place to guide staff on when these medicines should be administered. We checked a sample of medicines against the records and saw that they tallied. Staff completed daily stock checks to check that people were receiving their medicines as prescribed.
- There were clear processes in place for the management of controlled drugs.

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.
- The provider's infection prevention and control policy was not up to date and did not reflect the government guidance on COVID-19. The registered manager told us that the policy was supplemented by staff meetings and training and they were aware that they needed to update the policy as a matter of urgency. Staff spoken with were clear about the process and infection control procedures
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach

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 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; Continuous learning and improving care

- There was a registered manager in post who was also a director of the company who owned Chilton Croft Nursing Home. The registered manager was supported by a management team including a clinical lead and general manager.
- Responsibilities were not always clear and while the service had some systems in place to oversee quality, these were not extensive or fully effective.
- There were some audits on infection control and medicines but the audits on the environment and care plans had not been recently completed. There were no night audits available to show what checks had been completed on safety and staffing at night. The shortfalls, we observed and those documented in the safe section of this report had not been identified.
- Records and data management were not used in an effective way to identify themes and drive improvements. For example, data was not collected on key indicators such as moisture lesions, urinary tract infections and falls to be analysed and used as part of a governance system.
- Notifications had not always been sent to the Commission to inform us of incidents and accidents as required.

The shortfalls in governance are a breach of regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The registered manager and clinical lead responded in a positive way to the findings of the inspection and told us that they would do all possible to put things right. They acknowledged the impact of the pandemic and while they did not have an outbreak of COVID-19, management staff told us they had been providing care and not working on a supernumerary basis. This impacted on their ability to oversee care delivery.
- A consultant had been commissioned to assist the management team develop processes to drive improvements. The registered manager told us that they were also working with the Local Authority to review people's needs .
- A new garden room was in the process of being built in the garden of the home and it was planned that this would be used by people for activities.

- The providers website was not currently up to date and reflective of the service currently provided and the registered manager told us that they would update this.
- Registered providers are required to display their ratings on the website, and we found that while the rating could be accessed it was not conspicuous and the registered manager told us that they would immediately address this.

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

- The registered manager was visible and known to residents, relatives and staff. We observed warm interactions between them and the people living in the service. All those who we spoke to told us that they were approachable.
- Relatives told us that the service had communicated well with them during the pandemic and kept them informed about their relatives changing needs. They described the staff as kind and caring.
- Staff were motivated and had been very flexible in how they had worked during the pandemic. They were proud of the fact that they had managed to keep the home free from COVID-19. They spoke positively of the people they supported and told us that they would be happy for a loved one to be cared for at the service.
- There were systems in place to engage with people and staff and ascertain their views. Questionnaires had previously been sent out to relatives, but this had not been undertaken during the pandemic, but the registered manager told us these would be reinstated.

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 17 HSCA RA Regulations 2014 Good governance The systems in place to oversee quality were not effective as they had not identified shortfalls