Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Chandos Lodge Nursing Home

Blackpond Lane, Farnham Common, Slough, SL2 3ED

Tel: 01753643224

Date of Inspection: 18 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs S Hayat
Registered Manager	Mrs. Haleema Hayat
Overview of the service	Chandos Lodge is a nursing home located near Farnham Common in Buckinghamshire; it accommodates up to 31 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The people we spoke with expressed a high level of satisfaction with the care they received at Chandos Lodge. They told us staff were kind and friendly, and they had confidence in their abilities to do their job well. They said they were given choice in their daily activities, and full explanations prior to any support being provided. Care was always delivered in rooms, where privacy and dignity were maintained.

The nurse said that one member of staff was allocated to the lounge area to ensure people had their needs met whilst there. This staff member ensured people were comfortable, had drinks or nutritious snacks, and helped them with activities. Two people told us what a valuable service this gave to the people in the home.

We saw that the medications were stored and delivered safely, in accordance with good practice. Staff who gave medications were qualified and were trained to do so.

We read staff files and saw that good recruitment practices were in place. Their format and content ensured that staff had the knowledge and skills to meet the needs of people using the service.

The manager told us of checks undertaken to ensure the safety and quality of the home. They included care plan audits, medication checks and an infection control audit. These provided a monthly assurance scheme.

We examined staff and care records. We noted they were usually well written, and nearly always audited within the home's guidelines. We saw that storage of files was adequate.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit, we reviewed five care plans. We found they were detailed and informative. Each resident had a photograph on the file and a personalised care plan. We read that relatives had signed to say they were involved in the writing of some of these. The care plans and risk assessments were individualised, with the emphasis on the person's likes, dislikes and requirements. For example, one person had requested to have a ground floor room close to the day lounge, because she felt more comfortable in that environment. We spoke with this person, and she was delighted with her room which gave her privacy, but also allowed her to see what was going on around her, within the home.

During our visit, we observed staff members checking the oxygen, and the pressure care mattress in one person's room, and this was consistent with the documented care planning. We saw another member of staff spend time with someone who was distressed; the care given was comforting and appropriate to this person's needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments were specific to the person's requirements. These included oxygen safety, risk of falls due to poor mobility and nutritional eating plans for those with weight loss. The care plans and risk assessments were audited monthly. The provider might find it useful to note that although weights were recorded monthly as per care plan, on one occasion this information had not been transferred to the monthly check-sheet. This omission may it easy to misunderstand the available information.

We heard there was an activities programme for people who lived there, and observed one member of staff playing armchair skittles with a group of gentlemen. They told us they enjoyed this "because he (the member of staff) is so cheerful." We noted many small positive social interactions between the staff, including one lady who took comfort in "doll

therapy".

We spoke with four people who lived in the home. One lady told us "I do not really like to mix with other people as I am quiet, and enjoy my own company. The staff understand this, and they take time to come and chat with me. They are lovely, so kind." Two other people told us how much they valued the staff member who was based in the lounge area throughout the day. Another person told us he liked to "live upstairs as it was quieter." He told us the staff checked on him at regular intervals, and this made him feel safe. This demonstrated the home's approach to personalised care.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The staff nurse explained how medicines were obtained from the pharmacy. Upon delivery, two registered nurses unpacked these, and checked them against the stock control delivery sheet. This was to ensure that accurate records were kept, and any discrepancies immediately identified. If there was an error, there was a procedure in place to inform the pharmacy, and they would rectify the error at the next opportunity.

Medicines were prescribed and given to people appropriately. A 28 day supply was supplied for each person requiring medication. The prescriptions were written by the local General Practitioners' (GP) practice. These were delivered by the pharmacy in named blister packs, in accordance with the appropriate professional guidance. This method of delivery ensured the minimisation of medication errors. The blister packs were further sub-divided into colour-coded blocks, with each time of administration being a significantly different colour. For example, breakfast medications used a pink block, and lunchtime was a yellow block. This provided a safety feature of a visual cue to staff administering medication, and was in place to further minimise the risk of delivery of the wrong medication. Administration of medications was only given by trained nursing staff. This ensured good practice was maintained.

Medicines were safely administered. People told us that staff stayed with patients to ensure they had taken the medication they were given. Only after medication was taken was it signed for by the staff nurse. This ensured that accurate administration records were kept.

Appropriate arrangements were in place in relation to the recording of medicine. We saw that there were recording codes in place to demonstrate instances where, for example, a medication had been omitted because the person was not in the home, or did not require the medication at that time. We noted there were personalised assessments for "as required" medications, for example, painkillers.

Out of date medications were collected by the pharmacy for the correct disposal, and records were kept of this to ensure a robust audit process.

The staff told us there was a clear policy in place for the recording of a medication error. This included informing the GP, patient, relatives and home manager as soon as the error was detected. Any treatment advised by the doctor would be carried out and recorded. The error would be recorded in the person's care notes and the home incident book. This information would also be relayed to other staff at staff meetings in order for learning to take place.

Staff training was carried out by the Pharmacy service and records of this training kept within staff files. This demonstrated that the home ensured people were kept safe, and medication administered to them by competent staff, with the appropriate skills and knowledge.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People told us that they felt safe and well-cared for by staff. They said that staff were kind and caring, and "knew what they were doing."

We checked six staff files, and noted that appropriate checks were undertaken before staff began work. Each file contained a completed application form, with no unexplained gaps. There was a certificate from the Criminal Records Bureau (CRB), and there was confirmation of professional registration for trained staff. This ensured that people were looked after by appropriately recruited staff.

The files also contained a contract of employment and job description, so the staff member knew exactly what they were employed to do. Supervision notes were recorded on a regular basis, and appraisals were logged at approximately one year intervals. This ensured the manager was overseeing the ongoing development of the staff.

We spoke with four staff members. They told us they felt supported in their roles, and if they were unsure of anything, they felt able to approach the nurse in charge, or the manager, to ask for clarification. This meant that people were looked after by staff who felt enabled to carry out their job correctly and efficiently. There were effective recruitment and selection processes in place

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. This was done both formally and informally, by the use of meetings, questionnaires, and daily conversations.

The provider took account of complaints and comments to improve the service.The manager said that questionnaires were sent on an annual basis, and we read the prepared copy being sent out that day. We saw there was a suggestions box in the hall. Although it was empty, we heard from the manager that heaters in some of the rooms had been reported as not working properly, so these had been replaced at the earliest opportunity. This demonstrated that the home listened to comments made, and acted upon them to improve the service.

People were made aware of the complaints system. The home had a complaints procedure displayed in the entrance hall and also in people's rooms. People told us they had not had any reason to make a complaint, but were clear how they could do so. One person said "I would talk to the manager, and the problem would get sorted; I have no worries about that." Another person said "I can only think of good things to say; I have not made any complaint in the time I have been here." This demonstrated there was a robust complaints procedure, and that people were aware of it.

We read a monthly newsletter sent out to GP's, Social Services, and families of people who lived in the home. It was a bright and informative document, reflecting how the home was run, activities for the summer, and improvements to be made.

The manager described the weekly and monthly checks and audits that took place. These included regular meetings and a tour of the entire home, to look at all aspects of the building, and of care given. We read minutes of these meetings. We saw that actions had been appropriately minuted and reviewed; this ensured that points of progress had been made, and planned improvements clearly documented. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

Other checks were undertaken to ensure the safety and quality of the home. These included care plan audits, medication and record checks, infection control audits and staff training files checks. Care plans demonstrated that decisions about care and treatment were made by the appropriate staff at the appropriate level. This ensured that the delivery of care was appropriately organised. Audit procedures were in place to check nursing compliance with the decisions documented.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The provider might find it useful to note that the provision of record keeping was uneven. This was particularly noticeable with some of the nursing documentation. Most records were appropriately audited, but one check had not been recorded in a robust manner. For example, weights were recorded monthly. Although the weights had been taken and recorded within the care plan, this information for one patient had not been tracked on to the monthly audit sheet. This meant that, at first sight, it looked as if the information was not in place.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. These records were maintained in an efficient manner by the office manager. This ensured that the provider could locate and retrieve staff information quickly and accurately. The provider might find it useful to note that the daily handover sheet had pencilled-in additions, rather than a new sheet being printed. This could lead to the possibility of inaccurate information being added in error.

Records were kept securely and could be usually be located promptly when needed. This was particularly evident with staff records, where the records could immediately be identified.The provider might find it useful to note that care records were stored less well whilst documentation was taking place. For example, they were located in the correct environment, but not always in the correct order. This meant that whilst the information was in its' own folder, one folder was misplaced within the records rack. This had the potential for clinical information to be stored incorrectly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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