



Enter and View Report

Chelmunds Court 3rd October 2018

<http://healthwatchsolihull.org.uk>

email: enquiries@healthwatchsolihull.org.uk

Freephone 0800 470 1518



Part of Healthwatch Solihull's remit is to carry out Enter and View visits. Healthwatch Solihull Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Solihull Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Solihull's safeguarding policy, the service Manager will be informed, and the visit will end. The Local Authority Safeguarding team will also be informed.

1. Provider Details:

Service Address: Chelmunds Court, 2 Pomeroy Way, Chelmsley Wood, B37 7WB

Manager (currently in the process of registering with the CQC): Jo Bennett

Service Type: Chelmunds Court is a Residential Care and Nursing home, located in North Solihull, which provides care for older people some of whom are living with dementia. Chelmunds Court is owned by and managed through Runwood Homes that including Chelmunds Court, are the owners of 73 Residential and Nursing homes across the UK and Ireland.

Resident Capacity: 73

Number of residents at date of Enter and View: 38

Date of Visit: 3rd October 2018

Authorised Representatives:

Natalie Travers

Nicola Standen

Jenny Marsh (Shadowing)

Acknowledgements

Healthwatch Solihull would like to thank the staff and residents for their co-operation during the visit.

Disclaimer

Please note that this report relates to findings observed during our visit made on Wednesday 3rd October 2018. The report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

Who we share the report with

This report and its findings will be shared with Chelmunds Court, the Care Quality Commission (CQC), Solihull MBC, Birmingham and Solihull Clinical Commissioning Group (CCG) and Healthwatch England. The report will also be published on the Healthwatch Solihull website (www.healthwatchsolihull.org.uk).

What is the purpose of our visit

Healthwatch Solihull visited Chelmunds Court on 3rd October 2018 between 10:30am and 2:30pm following recent local press coverage of Chelmunds Court in local papers and online and a subsequent review of the Care Quality Commission (CQC) reports of inspection visits to the home in June and August 2018.

An unannounced CQC inspection visit was carried out in June 2018. The CQC report states that this was the first inspection of the home since its opening in November 2017 and that the visit had been brought forward by the CQC due to concerns they had received from relatives, staff and other agencies (Source: CQC, June 2018). The CQC report identified Chelmunds Court as

'Inadequate' overall and 'Inadequate' in the areas of safety, effectiveness, caring, being responsive and being well-led. Areas of concern included (CQC, June 2018):

Safety

- People were not confident that some people who lived with dementia were safe. The management of risk was inconsistent.
- People's medicines were not managed in a safe way and people did not always receive medicines as prescribed.
- Low staffing levels meant people were at risk of harm and staff did not always have a good understanding of people's needs in order to provide safe care.
- Recruitment processes were not robust to ensure staff were safe to work.

Effectiveness

- People's care needs had not been assessed effectively.
- Staff had received some training; however this was not specific to people's needs. The provider had not carried out checks to ensure staff were competent in their roles.
- People were not supported to receive support and treatment with external healthcare professionals.
- People were supported with care they had consented to. Where the provider had recognised they were restricting people of their liberty, applications had been submitted to enable them to do this with the correct authorisations.

Caring:

- The service was not caring.
- People were not always supported in a dignified and respectful way.
- Staff did not always have time to spend with people and were task focused in their approach.

Responsiveness:

- The service was not responsive.
- People did not receive care that was in-line with their individual needs. People were not always supported with activities they enjoyed.
- Although individual complaints had been investigated, the provider had not managed the complaints they had received in a way which demonstrated they were listening and improving the service.

Well-led:

- The service was not well-led.
- People, relatives and staff had not been involved in the running of the service.
- The provider had not identified through their own systems and checks that people had been receiving poor quality care.
- The lack of effective checks put people at risk of unsafe care and treatment and potential risk of harm.
- The provider was not keeping us informed of incidents that they are required to inform us about.

This resulted in Chelmunds Court being placed in 'Special Measures'. This means that the CQC will keep the service under review and re-inspect after six months unless the CQC has cause to take action to cancel the registration within that six month period. In addition, no further people will be placed in the home during this period.

As part of being in 'special measures' providers are required to submit an action plan to the CQC, undertake regular checks regarding the quality and safety of the service and provide monthly reports to the CQC. Following the inspection in June, the CQC received further concerns relating to 'people not being given their medicines when they needed them, further management changes and the risks associated with people's care were not managed safely which had placed people at risk' (CQC report, August, 2018:2). As a result, the provider was re-inspected in August, 2018 and whilst the provider was deemed to have made some improvements since the June inspection the service was again rated inadequate in the areas of safety and being well-led.

This Enter and View visit provides an opportunity for the provider to tell us about any changes that have been implemented and an opportunity for us to observe first-hand the day to day operation of the Service.

What we did

On arrival we asked for the Manager and discussed the purpose of our visit and how the visit would be conducted. On the day of our visit, the Regional Operations Manager for Runwood Homes was also visiting Chelmunds Court. During our visit Authorised Representatives talked with the Manager and Regional Operations Manager, staff members including Nursing and Care staff, and an Activity Coordinator, a resident and a relative of a resident. The visit was unescorted and at no time during the visit did we enter residents' private rooms.

What is the purpose of this report

This report will detail a range of recommendations based on the findings of our Enter and View visit and it is anticipated that these recommendations will contribute to improving service delivery within the service and in turn service experience for residents living at Chelmunds Court.

2. Observations

Observations of the Building

Chelmunds Court, located in the Chelmunds Cross area of Chelmsley Wood, is a two storey 'new-build' Residential and Nursing care establishment for older people that opened in November 2017. Of the current residents, 17 reside on the ground floor and 21 on the first floor. The ground floor provides general care and the second floor provides Nursing care. Chelmunds Court also has a large basement area that houses the kitchen, laundry and other maintenance rooms. The basement is not accessible to residents.

The main entrance, located to the front of the building, leads into a lobby area staffed by a Receptionist. The Manager's office is also located in a room just off the lobby area. The lobby area contains notice boards with information for visitors including information on a 'Dementia Awareness Course' and a signing in and out book for visitors. 'Review Us' and 'comments and commendations' leaflets and a box to post the leaflets are also located in this area. We further observed a hygiene rating certificate of 5 in the lobby area.

The building itself is newly built, clean and pleasantly decorated with a 'homely' feel. Each floor of the building is circular with a number of lounges, dining areas, bathrooms, 'sluice rooms' and residents' bedrooms located along both sides of the corridors. All sluice rooms are locked, and access is through a key code pad. All furniture appeared to be in good condition, the chairs were comfortable and both the communal and private areas were clean, tidy and clutter free. All of the bedrooms in Chelmunds Court are single rooms with en-suite facilities and all rooms have a buzzer and pull-cord system. Some residents depending on need, also have 'sensor mats'. We observed that a number of the residents' bedroom doors were ajar both when residents were in their rooms and when the rooms were empty. We asked the Manager if there were any requirements for leaving residents' bedroom doors open and we were told that residents could choose to leave doors open or closed. There is lift access throughout the building.

The ground floor of Chelmunds Court encloses an extensive courtyard and garden area with both planted and grassed areas that are well-maintained. A number of residents' bedrooms have French-Doors that face into the courtyard and garden area. There are also seating areas and tables located around the garden. The weather on the day of our visit was changeable and we did not observe any residents using the garden area at the time of our visit.

General Observations

We observed that staff wore colour-coded uniforms with senior care staff wearing burgundy, care staff wearing purple, nursing staff in navy blue and domestic staff in green.

We were told by the Manager and staff that some residents are on 'one to one' 15 minute observations where each observation is documented and written in their personal file. During our visit we observed staff undertaking 'one to one' observations and recording these in the Residents' notes. We were told by the member of staff undertaking the observations that these notes form part of the staff handover between shifts and in the Resident's care plan.

We observed care staff giving residents choice over drinks, staff asked residents if they would like tea or coffee, and offered alternatives where residents wanted something different. We observed care staff supporting residents with mobility issues from their rooms to the lounge area.

During our visit we observed a resident becoming upset, the staff member sat down and offered emotional support as well as distraction techniques to comfort the resident.

When walking around the top floor we observed staff respecting resident's dignity and respect and making sure doors were closed when undertaking personal care. We also observed staff supporting residents who were able to use the toilet themselves to the bathroom, and waiting outside the closed door for them.

Observations During Lunch Time

As our visit took place from 10:30am until 2:30pm we had the opportunity to observe interaction between staff and residents during lunch time. Lunch was served in dining areas on both of the floors and we spent some time observing interaction in each of the dining areas. In the interests of residents' privacy and dignity we sat a little away from the dining area in a position where we could still observe interaction but not be obtrusive whilst residents were having lunch.

We noted that two lunch options are offered each day and we observed staff showing different options to some residents to assist them with making a choice of lunch option. Staff supported residents into the dining area and we observed staff asking residents where they would like to sit for lunch. We observed staff sitting and also eating lunch with the residents and we were told this is what happens every day. Staff appeared to be familiar with residents' food preferences and we observed staff supporting residents throughout lunch time and we heard staff encouraging residents to eat. We further observed family members who were visiting at that time, sitting at the table and supporting family members with eating. We later asked the Manager about visiting times and she informed us that currently there is an open-door policy for visiting relatives.

We observed a resident being asked by a member of staff if they would like a banana, the resident appeared unable to understand what they were being asked, the carer then brought over a banana and used it as a visual aid to ask again if the resident would like one, the resident then nodded and the carer was observed helping the resident to peel the banana.

Lunches were transported to the dining areas on trolleys and we observed both catering and care staff offering a choice of food options to residents and observed staff demonstrating an understanding of residents' food preferences. We observed both kitchen and care staff approaching residents to have a chat during lunch time, and asking residents how their day was so far, one resident expressed they were 'not liking' one member of staff talking around her during lunch. The member of staff picked up on this and moved herself away from the resident. Staff told us that where it is needed, residents' food and fluid intake is monitored and recorded on daily charts. We observed staff recording information about food and fluid intake on daily charts.

We observed one resident asking to use the toilet and noted that the resident was assisted straight away. The toilet was located a short distance from the dining area and we observed the staff member escorting the resident to the toilet, closing the door and waiting outside until the resident was ready.

3. Discussions with Registered Care Home Manager

As part of our preparation for the Enter and View visit to Chelmunds Court we undertook a desktop review of the latest CQC inspection reports. The areas of concern identified in the CQC inspections in June and August are discussed earlier in this report. During our visit we provided an opportunity for the Manager to tell us about the actions being undertaken to address those areas of concern.

Leadership and management

Under the Health and Social Care Act (2008) there is a requirement for all care home managers to register with the CQC as a 'Registered Manager'. This is important as the Registered Manager is the person who has legal responsibility for meeting the requirements in the Act and associated regulations. On day of visit spoke with the Manager who had been in post for 5 weeks and was currently in the process of registering with the CQC. The Manager, and the Regional Operations Manager, told us that they accept the findings of the CQC reports and have been working hard to implement a number of changes to address the concerns identified in the CQC reports.

The Manager told us that they have previous experience in 'turning around' care homes that had been identified as in need of improvement. We were also informed that Runwood Homes has a very good support infrastructure and that Chelmunds Court is receiving wider management and support through this infrastructure. This includes:

- Support from Runwood Home's Regional Manager who is currently spending one day a week at Chelmunds Court;
- Compliance support from the Quality Director;
- Once a week compliance audits with the Regional Director;
- Support with recruitment from Runwood Homes Recruitment manager who has a background in working in care homes.

The Manager further informed us that they are working closely with both the Local Authority and the local CCG in implementing change. As part of this, the Manager told us that some of the concerns that initiated the CQC inspection in August were related to the behaviours of a resident. The Manager informed us that they are currently now working closely with the Local Authority to look for alternative placements for two residents, who have Mental Health Act 117 placements, where it has been recognised that due to their care needs, Chelmunds Court is not an appropriate placement. The Manager further told us that they are working with the Local Authority and the CCG to look at the commissioning process in the longer term.

Safety

Healthwatch Solihull, Enterprise Centre, 1 Hedingham Grove, Chelmunds Cross, Solihull, B37 7TP, Freephone 0800 470 1518,
enquiries@healthwatchsolihull.org.uk www.healthwatchsolihull.co.uk

During their inspection in June and August 2018, the CQC identified that medicine management within Chelmunds Court was unsafe and placed people living in the home at risk. Following the CQC inspections, the manager told us that they have undertaken a review of medication and have implemented the following:

- Contracting a full-time private Pharmacist who along with the Clinical Lead and Deputy Manager, have been reviewing and refining medication cycles;
- Medication action plans that have looked at all areas of medication;
- A review of the refusal of medication by residents for example, if a resident refuses medication twice, the capacity of the residents is reviewed;
- Weekly audits of medication;
- The introduction of peer to peer checking of medication given to residents;
- The introduction of safety sheets that include details on medication for staff handovers;
- Senior care and clinical staff leave a Managers report each day that includes information on medication.

During our visit we further had the opportunity to observe medication administration, we observed a nurse asking a resident if they were happy to take their medication, and the resident agreed. The nurse appeared patient whilst the resident was taking their medication and waited until all medication had been taken before moving on. We also observed the medication trolley in the corridors and it was kept locked.

Responsiveness

The responsiveness of the service was also identified as 'Inadequate' (Source: CQC, June 2018). Issues identified included that the care needs of residents were not always addressed and that there were limited activities for residents.

Care planning

The Manager told us that all residents have a person-centred care plan and that there are plans for these to be reviewed on a six monthly basis. Care plans are currently in the process of being reviewed and the Manager told us that she had written to all residents' family members to introduce herself and invite them along to a care plan review. The Manager told us that residents would also be involved in the planned care plan review where they have capacity to do so and in instances where residents may not have capacity, or family members to contribute, a best interest approach will be taken in identifying residents' preferences and care needs. The Manager told us that many of the residents have 'Life History' books and information from these are included in the care plan. Care plans in addition to personal care needs and preferences, document food preferences, interests and information about activities residents like to participate in. Information contained in the care plan is then shared where appropriate with staff for example, food preferences are shared with the home's cooks and interests and activity preferences are shared with the Home's Activity Coordinators. The Manager further told us that where possible information contained in care plans is used to 'match' members of staff with residents based on their preferences and personalities. Key information is also recorded on 'All about me' sheets and a 'forget me not' sheet that some residents have on their door. We observed some residents door's having a 'forget me not' sheet on, we were told these are used to prompt staff to go in to individual rooms and check on residents and have a chat, as some residents prefer to stay in their rooms.

Activities

We were told by the manager that the home has 2 activities coordinators, we observed an activities board which the manager said was currently not correct and the home are working to produce a more varied activity calendar and advertise them around the home.

During our visit we were able to observe an activity in the lounge area, staff and residents were singing and residents appeared to be enjoying the activity.

During our visit we spoke with one of the homes activities coordinators, who told us they were very happy in their position after moving from care to activities within the home. We were told about many activities the residents can take part in such as crafts, singing and games. The home also does a ladies club and gents club, we were told residents individual preferences are considered and activities staff will sit and speak with residents about what they would like to do.

Staff also arrange specific activities for celebrations and events. We were told all residents receive a birthday cake and families are invited in for their residents' birthdays for a celebration. We were also told that the home is currently trying to engage more with the local community such as local schools so the home would be able to offer more things for residents to do.

4. Resident Experiences and Observations

As discussed throughout this report, on the whole we observed staff treating residents with dignity and respect. Staff were polite and encouraging with residents and we observed staff offering residents choices and treating residents with dignity and respect when providing personal care and meeting residents other care needs. When being shown around the building by the Manager, we observed the Manager having conversations with residents and observed the Manager making a personal connection with the residents she spoke with. The manager also introduced us to residents as we were being shown around and explained the purpose of our visit to residents.

During our visit, we spoke with one resident who told us that they enjoyed living at Chelmunds Court. The resident who had been at the home for around 6 months told us that "the new manager is gorgeous, she listens, and she will go beyond to help". The resident told us that family are welcome to visit anytime and that their family had always felt accommodated when visiting. The resident told us that they feel able to ask for things, including food and drink between meal times, as well as any help with personal care. The resident told us that they had always felt able to ask care staff for a bed bath and that staff would always be along to help. If staff were not able to support the resident with a bed bath straight away, the resident informed us that a staff member would always come back to support the resident with a bed bath later in the day.

In terms of meeting the health-related needs of residents, the Manager told us that each resident has their own GP and that should Care Staff need to contact the GP, families are informed of this.

During our visit we spoke to a visiting relative, who told us they were happy with the home. They told us that staff issues seemed to be improving as before they had noticed that staff didn't seem to know residents very well, and the home had too many agency staff. They also told us they had noticed positive changes since the new management had started and felt comfortable that the home was improving.

5. Staffing and Staff Experiences

We asked the Manager about staffing levels and were informed that there are a number of vacancies across all staffing groups at present and that Chelmunds Court is currently undertaking a recruitment drive with the support of the Recruitment Manager from Runwood Homes. This has resulted in a number of staff being appointed who are awaiting clearances and that there are further interviews planned. In the meantime we were told, current vacancies are filled by agency staff. In the interests of continuity agency staff are block booked and that the agency through which agency staff are sourced has recently changed.

The Manager told us that "the key to success is teamwork" and that one of the biggest challenges they had encountered was around staffing and resistance to change from some staff members who have recently chosen to leave and that some staff had recently been dismissed. We asked the Manager what their plans were for retaining staff going forward. We were told that it is important to have clear and visible leadership in which there are clear boundaries, expectations and support for staff. The Manager told us that feedback from staff has indicated that they like the current management structure and clear leadership. The Manager and the Regional Manager are also looking to introduce rewards and recognition for staff for example, one member of staff had been working at the service for a year so the Regional manager wrote to her personally.

During our visit we found staff to be friendly and welcoming and we were offered drinks and food during the time we were at Chelmunds Court. As discussed earlier in this report staff appeared to know the residents they worked with including their likes, dislikes and care needs. A staff member told us that the home operates a 'key worker' system and that staff have responsibility for an allocated number of residents.

When speaking with staff they told us that they have seen significant changes since the new manager had been in post and that the changes implemented have been to the benefit of residents. Staff told us that they felt supported by management and that the manager is a visible presence in the home.

We sat and spoke with one staff member who told us that the home had undergone many changes since opening and that the new management have really made a difference to the home. Staff told us they felt unappreciated before and it was hard getting up and coming to work. We were told that the new management are much more present around the home and staff feel they can approach them where as previously they had gone weeks without meeting a manager. The staff member told us they now felt valued and they were thanked for doing overtime. They told us how important they felt it was to feel appreciated by management as this retains staff, which positively impacts the residents who are then able to see the same faces every day and it gives residents and staff the chance to get to know each other well.

We asked about training received by staff and were told that all staff undergo an induction and each staff member receives a mix of mandatory and additional training and that training is monitored through a 'matrix' which flags up training attendance. Training is provided through external training providers and internally for example, staff receive specialist dementia training from Runwood Home's Dementia provider. Staff told us that they are supported to undertake care qualifications related to their roles.

On the day of our visit the manager told us that the home was using agency staff every day to ensure the home had a safe amount of staff. The home had 4 nurses and 19 care assistants on their payroll. We were told that the home had several people undergoing recruitment checks, the management were hopeful that soon the home would have more permanent staff.

6. Recommendations and Follow-Up Actions

- While we support the care home inviting carers and family members to review individual care plans, we encourage that this partnership is continued moving forward and that care plans continue to be reviewed and have regular input from carers residents and family members alike.
- In terms of addressing staff shortage, we feel it is important that the care home sets clear timeframes for recruiting staff so that there are consistent and regular staff members providing care for residents. For transparency it is also important that the care home informs relevant parties i.e. local authorities in advance should there be any problems in meeting or maintaining staff retention.
- As highlighted in the report staff felt valued and supported and it is clear that this level of support is needed to continue to increasing staff morale. We would hope that on a follow up visit we would see a change in staff morale and a happier consistent team working in the home.
- After speaking to a member of staff we feel that it is important that an effective engagement strategy is developed to help re-engage with local communities to help with its development of community activities.
- For better communication, for example around choices, that visual aids/easy read documents are used to help residents make informed decisions.

We thank the provider for their support during our visit and we look forward to working with the Care Home and Trust in the future.



Healthwatch Solihull

Enterprise Centre,
1 Hedingham Grove
Chelmunds Cross
Chelmsley Wood
Solihull
B37 7TP

<http://healthwatchsolihull.org.uk>

email: enquiries@healthwatchsolihull.org.uk

Freephone 0800 470 1518

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