

Primroses Care Limited

# Chadwell Home

## Inspection report

124 Chadwell Heath Lane  
Romford  
RM6 4AE

Tel: 02037260435

Date of inspection visit:  
09 November 2022

Date of publication:  
07 December 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chadwell Home is a residential care home providing personal care to up to 3 people. The service provides support to adults with learning disabilities and those with mental health needs. At the time of our inspection there were 3 people using the service. The care home is an ordinary house on a residential street.

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

People and relatives told us they were happy with the service and the care provided. One relative told us, "I would rate it [the care home] as very good. I would say 10 out of 10."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People lived in an ordinary house that was in a residential area. People were supported in a way that was safe. They received medicines from staff who had undertaken training about this. The provider worked with other agencies to help provide the right support for people.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Care was person-centred and promoted people's dignity, privacy and human rights. People were able to make choices over their daily lives and staff treated people in a dignified and respectful way.

**Right Culture:** There was an open and positive culture at the service. Staff and people interacted well together. The management of the service sought to promote an inclusive and empowering atmosphere, where the views of people were sought.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires improvement [published 2 August 2021].

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1 July 2021. 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.

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. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chadwell Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Chadwell 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Chadwell Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chadwell Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who used the service. We also spoke with 2 relatives of people by telephone. We spoke with 2 staff; the registered manager and senior support worker. We observed how staff interacted with people. We reviewed care records relating to 2 people and 3 people's medicines records. We looked at staff recruitment records and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed in a way that was safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection, the provider had recently begun using an electronic recording system to record when medicines were given. At that time, the registered manager told us they did not fully understand how the system worked, and we found several instances where it was unclear if medicines had been administered correctly or not. Since then, the provider had reverted to using paper medicines administration records, and we found these had been completed accurately and were up to date.
- People told us they received appropriate support with medicines, and staff had undertaken training about how to administer medicines safely.
- Medicines audits were carried out by the registered manager. Records were kept of medicines held in stock. We checked several of these and found one was inaccurate. This was for paracetamol. An error had been made in counting the amount in stock, but no error had been made in administering the medicine. This was a recent error that could have been picked up during the next medicines audit.

### Staffing and recruitment

At the last inspection we made a recommendation about the provider obtaining appropriate and verifiable employment references for new staff. The provider has made sufficient improvements in relation to this, and appropriate references were obtained for prospective staff.

- The provider had effective systems in place to help ensure suitable staff were recruited. Various pre-employment checks were carried out on staff, including employment references, proof of identification and criminal records checks.
- Staff told us at times it was busy, and an extra member of staff would be helpful, especially in relation to supporting people to access the community. However, staff also said they had enough time to ensure people were supported in a way that was safe, and people said there were enough staff. One person replied, "Yeah" when asked if there were enough staff. Another person told us, "They [staff] come when I call them." A relative said, "Yes, there are enough staff." Staffing levels were agreed in conjunction with the local authority

who funded the care.

We recommend the provider reviews their current staffing levels to see if there are times when more staff would better enable the service to meet people's assessed needs.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse. The provider had a safeguarding adult's policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report suspected abuse. One member of staff told us, "If somebody is being abused we have to contact (named local authority) social services."
- The registered manager told us there had not been any allegations of abuse at the service since our last inspection, and we did not find any evidence to contradict this.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments covered risks including self-harm, personal care, falls and mental health.
- Risk assessments were subject to review. The latest versions were stored electronically, and not all staff knew how to access them. We discussed this with the registered manager who told us they would address this.
- People and relatives told us they felt safe using the service. One relative told us, "Yes, [person] is safe. They look after them well." Another relative said, "Where [person] was before, they were not looking after them and they had to go to hospital. Now they [current care service] look after them properly, eating and everything. I can see the difference when I visit." The same relative also said, "Yes, [person] is safe here. There is no problem."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us the service was kept clean. One relative told us, "It's all nice and clean."

#### Visiting in care homes

- Arrangements for visiting the care home were in line with the government guidance at the time of inspection. There were no restrictions on visitors to the service.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents which stated accidents and incidents should be reviewed to identify any learning from them. We saw that the policy had been followed and accidents were reviewed by the provider.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection the provider had failed to operate effective systems to review and monitor the quality and safety of care provided at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found quality assurance and monitoring systems were not always effective. For example, they had failed to identify shortfalls with medicines management that we found during our inspection. At this inspection we found this issue had been addressed.
- Audits were carried out to monitor various things including medicines management, the safety of the environment and infection prevention and control measures.
- Risk assessments were subject to review to help ensure they reflected people's needs as they changed over time. The provider had recently started recording risk assessments electronically. However, not all staff were aware of how to access the most up to date version of the risk assessments that were stored electronically. We discussed this with the registered manager who told us they would address this. After the inspection they sent us confirmation that this had been discussed with the provider and all staff had been made aware of how to access the most up to date versions of risk assessments.

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

- There was a positive culture at the service which was person centred and inclusive. Staff spoke positively of the leadership at the service. One member of staff said of the provider, "They are ok, when we have any problems we go and talk to them and they try to address the issue, especially if a resident has some issues." A relative told us, "I am satisfied this is a good service. They are very helpful." They added, "It's very good, a nice and friendly atmosphere."
- There was a person-centred approach to care which helped to achieve good outcomes for people. People were able to make choices about their care, so it reflected what mattered to them, and this was reflected in risk assessments and care plans.
- People told us they liked the service. One person said, "I like the staff." Another person said, "I feel happy here." A relative told us, "Staff are very good. [Person] says they look after them well here."

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

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring. There was also a complaints procedure in place which provided a system in which to raise and address concerns, although the registered manager told us there had not been any complaints received since the previous inspection.
- A relative said, "I talk with [registered manager], they are helpful. They keep me updated, if there is anything, they will call me."

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

- There was a registered manager in place who was supported in the running of the service by a senior support worker. Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- The provider engaged with people who used the service, relatives and staff. Surveys were carried out with relatives. This was done annually, and we saw the most recent survey contained positive feedback about the service.
- People's and staff equality characteristics were considered. For example, equality and diversity issues were covered in people's risk assessments and care plans. Staff recruitment was done in line with good practice in relation to equality and diversity.
- Meetings were held for both staff and people to enable them to express their views about the service. We saw people's meetings included discussions about menus and activities, while staff meetings covered maintenance of the premises, issues relating to people and the general running of the service.
- The provider worked with other organisations to help develop best practice and share knowledge. For example, the provider was a member of a training organisation who provided training and advice on topics relevant to social care. The registered manager attended a local health forum which discussed issues such as COVID-19.