Barchester Healthcare Homes Limited

South Chowdene

Inspection report

Chowdene Bank
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Gateshead
Tyne and Wear
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16 October 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 January and 1 February 2017 and rated the service Good. After that inspection we received concerns in relation to the safe management of medicines, inappropriate moving and assisting techniques, people being left unattended and not having their personal care needs met due to staff shortages. As a result we undertook a focused inspection on 16 October 2017 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Chowdene on our website at www.cqc.org.uk.

South Chowdene is registered to accommodate up to 42 older people who require nursing care. There were 35 people living at the home at the time of the inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff consistently told us people were safe living at South Chowdene.

Staff had a good understanding of safeguarding and the provider's whistle blowing procedure. They told us they had not needed to use the whistle blowing procedure but would not hesitate to do so if needed. Safeguarding concerns had been fully investigated in line with the local authority's safeguarding procedures.

There were sufficient staff on duty to meet people's needs. People and staff confirmed this was the case and we saw that staff answered call bells quickly. Staffing levels were monitored on a regular basis.

Staff supported people to mobilise in line with their assessed needs and using the correct equipment.

Medicines were managed appropriately. Staff were trained to administer people's medicines and accurate records were provided to confirm medicines were administered safely. Only trained staff whose competency had been assessed administered people's medicines.

Regular health and safety checks were carried out including checks of fire, gas and electrical safety. Where potential risks had been identified, a risk assessment was in place to minimise the risk. Procedures were in place to deal with emergency situations.

The provider had effective recruitment checks in place to help ensure new staff were suitable to work at the home. For example, requesting and receiving references and checks with the disclosure and barring service (DBS).

Incidents and accidents were logged, investigated and monitored. Records showed action had been taken to prevent the situation from happening again.

People, relatives and staff gave us positive feedback about the registered manager. They told us she was supportive, approachable and making improvements to the home.

The provider has a range of quality assurance checks to help maintain people's safety and wellbeing.

The registered manager had been proactive in submitting the required statutory notifications.

There were opportunities for staff to give feedback about the home through attending staff meetings or speaking to the registered manager directly.

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.

People, relatives and staff told us the home was safe and there were sufficient staff on duty to meet people's needs in a timely manner.

Staff had a good understanding of safeguarding and the provider's whistle blowing procedure including how to report concerns.

Medicines were managed appropriately.

Regular health and safety checks were carried out and emergency procedures were in place.

The provider had effective recruitment procedures.

Incidents and accidents were logged, investigated and monitored.

Is the service well-led?

Good

The service was well led.

People, relatives and staff gave us only positive feedback about the registered manager.

There was a structured approach to quality assurance.

The registered manager had been proactive in submitting statutory notifications to CQC.

There were opportunities for staff to provide feedback about the home.

South Chowdene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was prompted because we received anonymous information relating to people's safety. In particular, the information indicated potential concerns about staffing levels and unsafe management of medicines.

This inspection took place on 16 October 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service.

We spoke three people and three relatives. We also spoke with the registered manager, the deputy manager, a senior care worker, five care workers, the head chef and the administrator. We looked at medicines records for people using the service and recruitment records for five staff. We also looked at a range of other records related to the quality, management and safety of the service.

Good

Is the service safe?

Our findings

On 19 September, 29 September and 4 October 2017 we received anonymous information relating to the safety and wellbeing of people living at the home. In particular these alleged people did not receive their medicines safely, staff used inappropriate moving and assisting techniques when supporting people with mobilising, people were left unattended and people were not getting their personal care needs met due to staff shortages.

We discussed safety with people using the service and their relatives. They told us they had no concerns with safety and told us the home was a safe place to live. One person said, "I think this is the best care home in Gateshead. I never thought I would settle. I am very safe." Another person told us, "I can honestly say it's like home. I love where I am." One relative told us about a recent concern they had relating to a potential risk to their relative's safety. They told us they were extremely happy with how well the registered manager dealt with the situation. Another relative said, "Everything is in place (to keep people safe). I observed there are no tripping hazards. I would have the Queen in here."

Without exception, staff also confirmed they also had no concerns and confirmed they felt people were safe. One staff member commented, "Yes I think it is safe. The nurses and staff will do anything to keep people safe." Another staff member said, "Everybody is safe, we all would know what to do if they weren't. We know about safeguarding and to report. We do everything we can to make people as safe as possible." A third staff member told us, "Yes they [people] are safe. We keep an eye on people, we make sure they are alright."

Staff demonstrated they had a good understanding of safeguarding and were aware of their responsibilities to report concerns. The registered manager had made appropriate referrals to local authority safeguarding team and carried out investigations in line with the locally agreed safeguarding procedures.

Staff had been made aware of the provider's whistle blowing procedure. Staff we spoke with told us they had not needed to use it whilst working at the home but would not hesitate to do so if required. One staff member told us, "I have not used it [whistle blowing procedure], I would definitely use it (if needed)." Another staff member commented, "I would use it if I needed to."

People and staff confirmed there were usually sufficient staff to meet people's needs in a timely manner. One person said, "The staff respond to me quickly. They work so hard." Another person commented, "If you press the buzzer they are there like a shot." One staff member commented, "Staffing levels are good, they are improving. We are definitely able to meet needs. If people need help we can see to them straightaway." Another staff member told us, "There are usually enough staff. We can see to people quickly."

We noted during our visit to the home that staff answered call bells quickly. We also saw there was a visible staff presence around the home throughout our time there.

We saw staff used the appropriate equipment at all times when assisting people to mobilise. This was done with consideration to the person by allowing sufficient time so as not to rush them. Staff explained what

they were doing and offered reassurance to people. One relative commented, "I am here more now, the way they handle the residents is really good."

The registered manager confirmed that usual staffing levels during the day were five or six care staff plus two qualified nurses. In addition various ancillary staff were on-site providing kitchen, domestic and maintenance duties. On a night time this reduced to three care staff and a qualified nurse, with the registered manager and deputy manager on-call. We reviewed rotas which reflected these staffing levels. The provider used a bespoke dependency tool called DICE to monitor staffing levels. We viewed this tool which showed the actual staff deployed was in excess of the levels recommended in the tool. People's dependency levels were reviewed regularly and used to update the staffing tool.

We found medicines were managed safely. Only trained staff whose competency had been assessed administered people's medicines. Medicines records we viewed relating to the administration of medicines were mostly accurate. We found one incidence where a medicine was not signed for. This had only just occurred the evening before we visited so records had not yet been audited. We provided the details to the registered manager and asked them to investigate this omission. Audits were carried out regularly to help identify any issues relating to medicines and to ensure action was taken where required. The anonymous information we received suggested medicines were left for people to take themselves. When we first arrived at the home we carried out a walk around and found no evidence of this.

The provider carried out health and safety checks to help keep the premises and equipment safe for people to use. This included checks of fire, gas and electrical safety as well as specialist equipment such as hoists and slings. Records we viewed confirmed checks were up to date. Where appropriate, risk assessments were in place to minimise the impact of any potential hazards. The provider also had procedures to help ensure people continued to receive care in emergency situations.

There were effective recruitment procedures in place to help ensure new staff were suitable to work at the home. This included completing a range of pre-employment checks before new staff started working at the service. For example, requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Incidents and accidents were logged and investigated. The registered manager kept accurate records of accidents including details of any action taken to keep people safe. Action taken included offering reassurance, medical assistance and increased monitoring.

Good

Is the service well-led?

Our findings

The rating for the well-led key question following the last inspection was 'Requires Improvement.' This was because we applied a 'limiter' to the rating because the home did not have a registered manager. Since our last inspection the acting manager had taken up the role permanently and was now registered with CQC. The registered manager was fulfilling the requirement to submit statutory notification to CQC and notifiable incidents in the home.

People, relatives and staff all confirmed they felt the home was well-led. They said they found the registered manager supportive and approachable. People commented: "[Registered manager] is marvellous. She did a lot for me. She comes to talk to you and lets you know the situation"; and, "[Registered manager] is lovely, she was a nurse here. When the job became vacant she got it."

Relatives commented: "I love [registered manager]. She is full of ideas, a buzzing person, enthusiastic. She gives things a go and puts things in place. I can talk to her"; and, "[Registered manager] is approachable and caring."

Staff comments included: "I think she is a really nice manager, definitely 100% approachable"; "[Registered manager] is good. She is motivated to improve the home. She is approachable, she will help you with anything. She is very understanding, I have no concerns with management"; and, "I feel well supported [registered manager] and [deputy manager] are both really helpful and will help you out. They are understanding."

There were still regular opportunities for staff to share their views and suggestions about the home. For example, through attending staff meetings and daily handover meetings. Staff also confirmed they could speak to the registered manager at any time of they needed to.

The provider still operated a range of systems to check people received a good standard of care. For example, audits and checks of medicines administration systems, care plans, health and safety, housekeeping and infection control. The provider also monitored each specific incidents relating to people's safety. For example, skin damage, hospital admissions, safeguarding referrals, weight loss and accidents. This included gathering information about what action had been taken in each case to keep people safe, such as providing any specialist equipment needed and referrals to health professionals.