Barchester Healthcare Homes Limited

Chester Court

Inspection report

Choppington Road
Bedlington
Northumberland
NE22 6LA

Tel: 01670820111
Website: www.barchester.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Chester Court is a care home that provides accommodation and personal care for a maximum of 41 people. At the time of the inspection there were 41 people living at the service, some of whom were living with a dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. 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 told us they felt safe and safeguarding procedures were in place which staff followed. Incidents of a safeguarding nature continued to be reported to the appropriate authorities and investigated. Staff understood their responsibility in safeguarding people and told us of the action they would take if they had concerns.

People and relatives spoke positively about the service. We saw positive relationships between staff and people. Staff treated people with compassion and kindness during their interactions. Staff we spoke with described ways in which they worked which demonstrated a caring attitude.

We found care plans were person-centred and consistent in the level of detail and information they contained. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. Staff knew people well and delivered personalised care to people. Risk assessments related to the delivery of care and the environment were up to date. Emergency plans were in place and health and safety checks in the environment were carried out to ensure it remained safe.

The administration and management of medicines continued to be safe.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The best interest's decision-making process had been consistently followed for people who lacked capacity to make certain decisions themselves.

The service was homely and had been personalised to meet the needs of people. Staff followed infection

control procedures and the home was clean, tidy and had no malodours.

People were offered a choice of meals. We received mixed feedback regarding the food available. People were offered an alternative meal if they did not like the choice on offer. The environment for dining was helpful in making the meal time experience pleasant for people. Records were available to highlight if people required a specific textured meal due to swallowing difficulties.

Safe recruitment procedures were followed during the employment of new staff. Staff told us they felt supported and had received regular supervisions and appraisals. Newly recruited staff received an induction and training the provider had deemed to be mandatory was completed by staff.

There were enough staff employed to safely meet the needs of people living at the home.

A range of checks and audits were carried out to monitor the quality of the service. Care records were complete and up to date, they were maintained to a good standard and stored securely so they remained confidential. Incidents were reflected upon and analysed. Where learning was identified systems were changed to reduce the risk of repeated incidents.

People, relatives, staff and professionals were positive about the leadership of the home and the registered manager. The provider was meeting legal requirements in relation to notifying CQC of events and displaying their current quality rating.

A visiting professional spoke of a positive working relationship and that staff knew the needs of people well. The home had good links with a local GP surgery. Relatives we spoke to said their family member received good care.

A complaints procedure was in place and people told us they knew how to complain. Systems were established to gain the views of people and their relatives.

Staff spoke passionately about providing holistic care for people. The home is currently part of a research study regarding hydration needs for people which is linked to current research.

A recognition scheme was in place to show staff they were valued. Staff told us they were happy working at the home and felt proud of what they had achieved. A number of staff had received awards for demonstrating good practice. This included staff winning national awards including one staff winning an award for innovations in wound care. Staff nominated a person living at the home for a gardening award for 'Bedlington in Bloom'. This was to recognise all their work in looking after the home's grounds.

Further information is in our detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Chester Court

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 was planned to check 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.

We commenced an unannounced comprehensive inspection on 24 October 2018. This meant that the provider and staff did not know we would be visiting. We made a further announced visit to the home on 1 November 2018 to complete the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection, we checked all the information which we had received about the service including statutory notifications which the provider had sent us. Statutory notifications contain information about certain events which the provider is legally obliged to report to us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch to gather their views about the service. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with nine people who used the service and two relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, deputy manager, two nurses, one care worker, the chef, one kitchen assistant and a house keeper.

We reviewed records relating to the care of six people. We looked at three staff personnel files, in addition to a range of records in relation to the safety and management of the service. We also spoke with one

healthcare professional who visited the home.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel safe and secure living here" and "Oh yes, I feel very safe here. The staff are more like a family in a way, they are all good and they do a difficult job." A relative told us, "It's definitely safe. I've had no concerns; the carers respond to any needs that [name of person] has."

Systems were in place to safeguard people from abuse. Staff understood their responsibilities in how to protect people. Staff had completed training and were able to describe the action they would take to protect people if they suspected any form of abuse.

Medicines continued to be well managed and they were administered by trained, competent staff. Medicines records were well completed and showed people had received their medicines as prescribed. Staff had access to the provider's medicines policy and patient information leaflets to guide their practice. Medicines were stored securely. Where possible people were supported to self-medicate.

Risks were identified and where possible minimised. These included environmental risks and any risks due to the health and support needs of the person. On day one of the inspection we saw some maintenance checks for the hoists were out of date. We shared this feedback with the registered manager who immediately implemented a risk assessment on their use. The appropriate checks for the hoists had been completed by day two of our inspection. Risk assessments were updated for people when a change in need was identified. The registered manager reviewed accidents or incidents to identify if any lessons could be learned and improvement actions taken.

Personal Emergency Evacuation Plans (PEEPs) were in place. A PEEP is a plan that provides staff with information about the levels of support a person would require if they needed to be evacuated in an emergency. We found these records were detailed and reflected the needs of people. Various maintenance checks of the environment were completed including fire safety checks, electrical installation and gas checks to ensure the safety of the building.

The home continued to be clean, homely and had no malodours. Infection control procedures were in place which minimised risks to people. Personal protective equipment was available throughout the home for staff use to limit the spread of infection.

Safe recruitment procedures had been maintained. These included checking staff identity and character through written references and a Disclosure and Barring Service (DBS) check. DBS checks can prevent unsuitable people from working with vulnerable people.

There were enough staff employed to meet the needs of people safely. A visiting professional told us, "The home have a static staff team who get to know their residents really well."

Good

Is the service effective?

Our findings

People continued to receive effective care. One person told us "Care staff here are very good at their job. I wouldn't have stayed if they weren't and more to the point my family wouldn't have let me."

Staff told us they received regular training and supervision. One staff member said, "We get a refresher day every year which covers all mandatory training. If you haven't done something before you get longer training sessions. We get on-line training too." Staff who administered medicines had undertaken practical competency assessments. Newly recruited staff received a comprehensive induction programme which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles. Supervisions and appraisals were carried out regularly in conjunction with the provider's policy. A second staff member told us, "Supervision is on-going. We discuss any concerns that come up then everyone gets a supervision on it so everyone in the home is aware of it."

A visiting professional said "I have no concerns regarding the quality of care. If they [staff] need anything they ask for it but a lot if the time they manage things appropriately themselves."

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We confirmed the service was working within the principles of the MCA.

Care continued to be planned to meet people's needs. Comprehensive assessments were completed and staff had person-centred information about what was important to each individual person. Staff knew people well and communicated effectively with both people using the service and other staff. Daily staff handovers enabled key information to be shared between staff teams. Care plans and risk assessments were updated and reviewed on a rolling programme. Referrals were made to other health professionals when required to make sure people received effective care and treatment.

People's nutritional needs continued to be met. Staff had worked with people's GPs and dieticians to support people who needed it. We received mixed feedback from people regarding the dining experience. Comments from people included, "The food here is very good, my favourite is chips and egg" and "The food is alright, it can be a bit repetitive at times but you can understand that because of the amount of people here." People with swallowing difficulties were assessed by the relevant healthcare professional and

received the correct consistency diet. A pureed option was available for people who required this consistency of food. This meal choice did not look appetising. We saw one person with a pureed meal did not eat very much of their first course, although other people receiving this diet ate their meal. We shared this information with the registered manager during the inspection who advised us they would review this. Information about people's likes, dislikes or specialised diets was shared with the kitchen staff.

The home was adapted for people living with dementia. Pictorial signage had been used to help people to visualise certain rooms and items, if they were no longer able to understand the written word. People's bedrooms were personalised with their own furniture and familiar belongings to help them feel at home.

Good

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were caring. Comments included, "I was ill and couldn't go home and the staff helped me to adjust to that. I would recommend that if people need to come into care that they come here" and "Staff are very friendly. If you want anything from the shops they will get it for you. The staff are caring."

People looked clean and tidy and were well cared for. We observed staff treating people with dignity and working in ways which protected their privacy. Staff told us of ways they worked which demonstrated a respectful and caring attitude.

Relatives we spoke with told us how happy they were with the care their relative was receiving. Comments included, "I think it's a good home. A sign of a good home is that relatives can visit any time. I would give this place five stars, they pamper [name of relative]. They will go up to [name of relative] and say what a lovely smile they have. They really put themselves out and work together as a team" and "On the whole I think the staff are caring…it's just the way they talk to [name of relative], they explain what they are doing and why they are doing it."

Throughout the inspection we observed positive interactions between people and staff. Staff were seen to be sensitive and respectful and they treated people with compassion and kindness at all times. Staff knew people very well and had a good understanding of the support each individual required. Comments from staff included "I enjoy being with the residents. It makes you feel all warm and fuzzy inside when people tell you they've missed you and are pleased to see you" and "People are treated with dignity & respect and involved in decisions about their care."

A visiting professional told us, "The residents always look nice. I am here at least once per week, sometimes more if I receive a phone call that they [staff] need anything else. Staff are caring, I've never had to raise any safeguarding concerns."

At the time of the inspection no one required support from an advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to support people to access advocacy services, if this was needed.

People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Staff had attended equality and diversity training. Care plans were developed to reflect what was important to the person and to meet any social or cultural needs.

Good

Is the service responsive?

Our findings

The service remained responsive to people's needs. Relatives told us they were involved in planning care for their family member and their views were considered. This helped to ensure people's care was personalised to their needs. One person's relative said, "I'm really happy with the home. I can't fault it, I'm pleased [name of relative] is here."

The care plans we reviewed continued to be person-centred and contained information which reflected people's needs. Care plans were regularly reviewed, updated and contained detailed instructions to guide staff about how to support people appropriately. Corresponding risk assessments were available for each care plan.

The provider had a complaints procedure in place. The records we viewed were not recent but they showed that complaints were dealt with recorded and investigated in a timely manner. The registered manager could not locate the complaint records for 2018 during the inspection. People and their relatives told us they had not made any complaints and were confident if they needed to make a complaint, this would be investigated.

End of life care plans were in place for people. Care plans recorded people's wishes and what was important to them for their end of life care. Appropriate records were in place for people including Emergency Healthcare Plans and Do Not Attempt Cardiopulmonary Resuscitation plans. Staff told us they had sufficient end of life care training. Comments included, "Initially I found it difficult to discuss this with people. Training with the Macmillan nurses was arranged and I now have these difficult conversations with people in a sensitive way" and "People need to be respected, I have stayed all day to be with a person and their family until they passed away."

Meaningful activities were available to people. An activity coordinator was in post and the registered manager told us of plans to improve what was currently available. The registered manager told us funding had been secured to recruit a second activity coordinator and this would enable activities to be available to people seven days per week. Links were established with the local community and entertainment sessions were planned. The staff at the service had access to a shared minibus to enable people to go on trips within the local community.

Effective communication systems were in place. Information was available to people in different formats such as large print to meet individuals needs. Handover meetings were held at each shift change to exchange important information between staff. Technology was used in the home to meet people's care needs. Some people were supported to use web-based programmes to maintain face to face contact with relatives who are unable to visit in person.

A call bell system was in place for people to summon assistance from staff. We observed times when call bells were ringing for a few minutes without being responded to. One staff member told us, "Sometimes staff cannot always be responsive to people as quickly as they would like due to staff being busy supporting

other people."

Good

Is the service well-led?

Our findings

The service remains well led. The registered manager had been in post for several years and was supported in the day to day running of the home by the deputy manager. One person living at the home told us, "The manager and deputy are both good and will do anything for you." The registered manager had a clear vision of how they wanted the service to operate. They understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

Staff we spoke with spoke highly of the registered manager. All of the staff we spoke with told us they felt well supported and told us they enjoyed working at the home. Comments included, "We have a manager who has an open-door policy" and "I like [name of registered manager], they are very approachable and there when you need them. That is one of the reasons I asked to transfer to this home." A visiting professional said, "I think it's a really good home. They've got an excellent manager."

Records were robust and established systems were in place to support the day to day running of the home. Various audit documents were completed internally to monitor service provision. For example, audits were completed to monitor quality of care plans, medicines management and health and safety. An action plan was recorded for any changes that were required which was reviewed monthly.

Accidents and incidents were recorded and analysed by the registered manager. When incidents occurred, they were discussed at clinical governance meetings to determine if any trends could be identified. If learning opportunities were identified practice was changed to reduce the risk of repeated incidents.

Surveys were used to seek the views of people living at the service and their relatives. In addition to this resident and relative meetings were regularly held where people had the opportunity to share their views.

Systems were in place to show staff they were valued. A celebrating success profit share scheme was run by the provider. Staff received an additional payment which was dependant of the company meeting its financial targets. Staff were nominated for awards in recognition of good work. This included two members of staff winning national awards and being invited to Downing Street and Buckingham Palace to receive their award. Another member of staff won a 'Carer of the year' award. Staff told us how proud they were of their colleagues who had won these awards.