Barchester Healthcare Homes Limited

Cheverton Lodge

Inspection report

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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

Overall summary

Cheverton Lodge is a 52 bed nursing home which provides nursing and/or personal care for up to 46 older people and 6 young people with physical disabilities. Each person has their own bedroom and there are communal lounge and dining areas on each floor of the home.

This inspection took place on 10 and 18 December 2015 and was unannounced.

We also carried out a focused unannounced out of hours inspection on 5 October 2015 in response to whistleblowing concerns raised. At that visit we did not find that the concerns were substantiated.

At the time of our inspection a registered manager was employed at the service. 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.

At our last comprehensive inspection on 14 and 16 April 2015 the service was not meeting all of the regulations we

Summary of findings

looked at in respect of Regulation 18 (1) (Staffing) and Regulation 10 (2) (a) (Dignity and respect). At this inspection we found that the service had addressed the previous breaches of regulation.

The staff of the service had access to the organisational policy and procedure for protection of vulnerable adults from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and other authorities who also placed people at the service. Staff said that they had training about protecting people from abuse and this training had recently been updated, which we verified on training records. Staff were able to describe the action they would take if a concern arose.

We found there were the designated numbers of staff on each floor during our visits, and we saw that staff were able to spend time with people other than when only engaging in care tasks. Staff were regularly present in communal areas to identify and respond to immediate assistance that people required.

Risk assessments concerning falls and those associated with people's day to day included instructions for staff about how to minimise risks and were clear. Staff showed a detailed knowledge of the people they supported and their unique preferences about how care was provided.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home each week, but would also attend if needed outside of these times. People told us they felt that healthcare needs were dealt with well and we saw that staff supported people to make and attend medical appointments.

Everyone we spoke with who either used the service, relatives or other visitors, praised staff for their positive and caring attitudes. The care plans we looked at were based on people's personal needs and wishes and some miner matters needed attending to but overall care plans reflected the care and support that people required.

People's views were respected as was evident from conversations that we had with people using the service, relatives and staff. We saw that improved systems had been established to assist clear communication between staff at the home. They were updated of changes in the service and were able to feedback their views and opinions through staff handover and other meetings.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and sought people's feedback on how well the service performed and outlined any the areas of improvement that were necessary to maintain the quality of the service.

Summary of findings

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. Staff were available to respond to care requests from people in communal areas of the home. People's safety and any risks to that were identified and reviewed there was a greater degree consistency among the staff team about how to respond to all potential risks.

There were sufficient staffing resources available to meet people's needs.

Medicines were being handled and administered safely and appropriately.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support, and we found that people's care records were now held securely.

People were provided with a varied nutritious diet and had the opportunity to make choices about what they would like to eat and drink.

People's healthcare needs were being identified and were responded to appropriately in liaison with other healthcare professional's involvement as required.

Is the service caring?

Good

The service was caring. Staff were seen speaking with people in a respectful and dignified way. When staff were providing assistance this was always explained, and support was provided in an unhurried and dignified way.

Is the service responsive?

Good

The service was responsive. We found that people were actively engaged in activities and the recently appointed activities co-ordinator had expanded on the range of both internal and external activities considerably.

Changes to people's care and support needs were identified and action was taken to address these needs.

Is the service well-led?

Good

The service was well led. The provider had a system for monitoring the quality of care.

Surveys were carried out of people using the service, relatives and others. People using the service, relatives and other visitors, were usually very satisfied with the service provided. Where this was not the case the service took people's views seriously and took steps to make improvements in a timely way.

Cheverton Lodge

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.

This inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on Thursday 10 and Friday 18 December 2015. The inspection team comprised of two inspectors and an expert by experience that had experience of caring for a person who used care services.

Before the inspection, we looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams and the local specialist NHS trust nursing team.

During our inspection we also spoke with nine people using the service, four relatives who were visiting, eight members of staff (five care staff and one nurse, the activity coordinator and maintenance officer), the manager, the deputy manager and the area manager for the provider.

As part of this inspection we reviewed seven people's care plans. We looked at the training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring, audit information, maintenance, safety and fire safety records.

Good

Is the service safe?

Our findings

All of the people we spoke told us they felt safe. For example one person said "the staff here are very nice, they give us a smile and I think they like to spoil me." Another relative said they "Love it here, they have been here for four years. They really look after everyone here, they are all made to feel special and the home really wants people to be safe, happy and confident." Another person told us in detail about their experience before coming to the home and said that ever since they moved in they have felt secure and looked after.

At our previous inspection on 14 and 16 April 2015, we found that at times staff were not always readily available to identify and respond to immediate assistance that people required in the communal areas of the home. The service was not meeting Regulation 18 (1) (Staffing).

Staff we spoke with at our focused unannounced inspection in October 2015 and during this inspection told us that there was a suitable number of staff. We looked at the staffing rota for the nights and early morning shifts for each day of this inspection. The staff that were rostered to be on duty were on duty in the numbers expected. At this inspection we found that staff were regularly available in communal areas to monitor people's needs.

We viewed four recruitment records for staff who had been employed by the home since our previous inspection. Each member of staff had the necessary background checks in place as well as verification of their identity and employment history.

The service had access to the organisational policy and procedure for protection of vulnerable adults from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and it was mostly this authority placing people at the service. The members of staff we spoke with said that they had training about protecting people who used the service from abuse and were able to describe the action they would take if a concern arose.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training when they started to work at the service, which was then followed up with periodic refresher training. Staff training records showed that this was happening and that staff that were due for refresher training had also been identified.

At the time of this inspection there were no safeguarding concerns, although we had received two whistleblowing alerts prior to this inspection. We found that where concerns had previously arisen that these were responded to appropriately. Action had been taken in response to the whistleblowing concerns and changes had been made to the frequency of staff communication and practical matters such as an increase in the collections of clinical waste.

On reviewing care plans, we found individual risk assessments for personal hygiene, mental health, tissue viability, moving and handling, falls and the use of bed rails had been carried out for each person. There were also care plans and risk assessments in place for people who required palliative care. Risk assessments were being reviewed each month.

Where people were identified as at risk of pressure ulcers we saw that detailed and clear information was provided to staff to minimise this risk. Clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream. Where a person developed a pressure ulcer, or was seen to be beginning to, care plans we looked at showed this had been responded to and included liaison with the local tissue viability nurse where this was necessary.

There were also turning charts, located in the person's room, documenting how often a person should be turned to help minimise the risk of pressure ulcers. These were up to date and staff were able to explain how often people needed to be turned and what manual handling techniques should be used for each individual. Where people were assessed as being at high risk of pressure sores, the Waterlow assessment was reviewed monthly. We did see one care plan where the risk assessment stated that a sliding sheet should be used when transferring the person but did not see any guidance with this. We raised this with the manager who said that staff had training on transfers along with the overall manual handling training which we confirmed.

People were supported with their medicines and these were stored safely. We observed a nurse as a part of their round of morning medicines administration. The nurse took the necessary time to carry this out safely and that all

Good

Is the service safe?

morning medicines had been given to people in good time. Medicines Administration Record charts (MAR) had been fully completed by nursing staff. These records showed that people had received all their medicines as prescribed.

The communal areas of the service were all clean and well maintained. There were appropriate records of health and safety checks of the building and the certificates and records were in place for gas, electrical and fire systems. Hoists and slings used to support people with transfers were regularly checked and these checks were up to date to support people's safety. The provider had emergency contingency plans for the service to implement should the need arise.

Good

Is the service effective?

Our findings

Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. Staff told us they received supervision every two months. Staff supervision records showed this was happening consistently, with nursing staff having more regular clinical supervision and practice observations.

Staff told us that training and support had improved. Staff attended regular training which included infection control, safeguarding adults, moving and handling and fire safety. All of the staff we spoke with at various levels of role and responsibilities told us that they had effective training.

The registered manager had recently introduced a "Stand up" meeting each morning. A member of staff from each care floor, the catering, housekeeping and maintenance department all attended. A care worker told us they felt these meetings were very helpful and it felt that people "now know what is happening at the home each day and not just in your own area of work."

Prior to the admission of people to the service, a detailed care needs assessment had been carried out. This meant that the manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs as soon as they started to use the service. People's care plans were detailed documents, which included details of health professionals involved in their care such as the GP and social worker.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005. Senior staff were also aware of the Deprivation of Liberty Safeguards. The care staff we spoke were able to tell us what these areas meant in terms of their day to day care and support for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 MCA. The application procedure is for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where Deprivation of Liberty Safeguards decisions had been approved, these were usually made for the use of bedrails and people whose physical condition prevented them from providing informed consent. The service had notified CQC accordingly.

Care plans were being reviewed with people using the service, including family members, and each person had an advanced care plan in place for end of life care. This stated the person's wishes in terms of being admitted to hospital and whether they wanted to be resuscitated. In We most cases people had Do Not Attempt Resuscitation (DNAR) orders in their care plans if they had stated they did not to be resuscitated in their advanced care plan. One person's DNAR was not clearly written. The registered manager told us this would be clarified with the person and their family as soon as possible.

People were positive and highly complementary about the standard of meals and the choices available. One person told us "it's the first home I have lived in, I like it here, the food is fine and I don't have to cook it. My family are also content." A relative was visiting to join in their loved one's birthday celebration and was invited to stay for lunch. They told us they could stay for lunch when they visited at any time and not just on special occasions.

There were menus clearly displayed on notice boards and on each table in the dining room. Before being served, each person was shown the menu and asked what they would like. We were told that people using the service had asked if there was an award they could nominate the chef and other catering staff for, which the manager was looking into. Mealtimes were all unhurried and people were given ample time to enjoy their meal without being rushed to finish. The atmosphere at each meal was relaxed and jovial. Where people required help to eat, and in particular where people ate in their room, staff assistance was readily available if people needed this help.

Good

Is the service effective?

Nutritionist advice was available from the local health care services when required and the service had sought this advice when assessments and advice were thought by care staff to be needed.

People were supported to maintain good health. A person using the service told us that "staff come with me to appointments and they take notes. That is really good as it means in case I forget something the staff will be able to tell me." We saw records of healthcare appointments such as, dentists, GP, opticians and chiropodists. Staff were aware of how to refer people to external healthcare providers if necessary. Where people refused to attend appointments, this was recorded and responded to.

A visiting healthcare professional told us that "there has been a lot of changes [in the home]. The atmosphere here is lovely. Staff were knowledgeable about the people they work with and the nurses are great." The person also told us that they provide continence training for staff three to four times a year and also provide out of hours training for night staff. The registered manager confirmed this was accurate and we saw dates for training being arranged during our inspection.

Nurses were on duty at the service 24 hours and a local GP visited the home each week, but also attended if needed outside of these times. Staff told us they felt that healthcare needs were met effectively. Staff supported people to make and attend medical appointments, for example at hospital. The home provided an escort to go with people if their relatives were unable to attend.

Good

Is the service caring?

Our findings

On the first day of this inspection it was someone's birthday. We saw that staff made it a special event, involving people who lived at the home and the person's family. One person told us, "They are so lovely here." Two pupils from a local school also came specifically to wish the person happy birthday which their visiting relative thought was a very kind thing to do.

A visitor told us that their relative had been living at the home for a few months and they "get sad sometimes at not remembering" and then went on to say that staff were patient with them. Another person told us "I am very happy here, the staff are brilliant. I can't find any faults and I could not have ended up anywhere better."

There was a steady stream of visitors to the home on each day of our inspection. Relatives and other visitors were always seen to be greeted warmly by staff. People told us this was nothing out of the ordinary.

With people's permission we looked at 15 peoples bedrooms. All rooms were personalised according to people's wishes. There were family photos, ornaments and pictures. Staff told us that people could choose the colour of their rooms and bed linen that was provided.

We spoke with members of the care staff team about how they sought the views and wishes of people who used the service. All of the staff we spoke with described people in caring and compassionate terms and clearly knew the people they cared for. People's histories were known by staff, as too were people's preferences in how they were cared for. We found this in conversations we had with staff and by observing how they approached and interacted with people. Care plans described people's cultural heritage as well as whether or not people chose to adhere to a religious faith.

Interactions observed demonstrated that staff were gentle and considerate when attending to people's needs. For example, at a lunch time we saw a care worker discreetly assisting someone without making it seems too intrusive. They spoke with the person quietly to explain what they were doing and why, as well as providing support in a dignified way. We saw other examples of people being approached in this way throughout our inspection.

The atmosphere at the home, not least as it was approaching Christmas at the time of this inspection, was busy but not so much so that people felt that it was too noisy or intrusive. We observed many conversations and interactions, not just about the upcoming festive season but also about what people were doing and general chat. We found that staff, when not providing care to people in their room, made themselves available to engage with people and this added to the feeling or warmth at the home which people told us they experienced.

The provider had a system called, 'resident of the day'. A specific person was focused on each day, and on the first day of our visit this was the person who was celebrating their birthday. Staff reviewed their care plans, activity plans and risk assessments. Kitchen staff spoke with the person to find out what foods they would enjoy. Maintenance spoke to the person about any issues with their room.

Good

Is the service responsive?

Our findings

A visitor told us that they were very pleased with the way the service cared about their relative and a person using the service told us how relieved they were that the home attended to their needs, even when these changed.

A new full time activities coordinator had been appointed to the home in October 2015. In the relatively short time that the activities coordinator had been in post, a lot of links had been made the local community. For example, local schools, community groups and people who could provide services to people at the home such as music and movement, massage therapy and visiting performers. The activities coordinator told us about plans to make further links and to ensure that everyone had an activities plan. One person told us eagerly about how they enjoyed the now weekly opportunity to visit places of interest.

In the morning of our second day of this inspection people gathered to listen to a local musical performer in one of the two large lounges. People who wanted to take part in this type of group activity were not restricted to only doing so if it happened on the floor where they lived but moved about the home to take part if they wanted to. As our inspection took place in the run up to Christmas a lot of activities such as singing performances by local primary school children, a pantomime held at the home and a Christmas party had all either taken place or were about to.

People told us that they knew about activities that took place. Where people found it difficult to leave their room for activities, and specifically for people who were bedbound, they were visited for one to one time by the activities coordinator. Other people were asked if they went out of the home regularly and a number of comments were made to us praising how this happened far more frequently. A new maintenance worker had also been recently employed and this person also drove the home's minibus which made the issue of transport to activities far easier than it had been at the time of our previous inspection.

People's care plans provided evidence of effective joint working with health and social care professionals. We found a small number of areas which needed clarifying with some of the care plans we viewed. We raised this with the registered manager who assured us that this would be addressed. We found that staff were proactive in seeking input from professionals such as the tissue viability nurse and dietician to ensure people received care that was responsive to their needs, and changes to care needs were identified and acted upon.

People's individual care plans included information about life history, cultural and religious heritage, daily activities and communication. The activity coordinator had made links with a local primary and secondary school. With people's individual agreement pupils from the secondary school were commencing life history work with people who wished to take part so that their life story could be recorded. The positive relationships that were being developed through this were commented upon by the activity co-ordinator and in one instance pupils had come specifically to spend time with someone on their birthday rather than as a part of their usual visiting times.

We asked people about whether or not they knew how to complain and if they felt confident that they would be listened to. People felt confident they could complain although most, with two exceptions, had never felt the need to. We looked at the complaints that the home had received since our previous comprehensive inspection in April 2015. We found that very few comments of concern were made and often comments were received praising the quality of care and the overall service provided. The provider had a clear complaints and comments system which was reviewed by the registered manager and the service provider. The comments book in the reception area of the home had highly positive feedback about the home and staff.

Good

Is the service well-led?

Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff felt comfortable to approach the registered manager and senior staff. One, who had started working at the home shortly before our previous inspection told us "my induction was very detailed and I felt that I had got to know about what is expected of me." Another member of staff told us "I am really proud of how we work here, it is a team and I think we do work very well together and talk to each other."

At our previous comprehensive inspection in April 2015 we found that care plan files had been left in a lounge. We also found that the nursing station on the second floor was left unattended and the cupboard in which people's care plan records were kept was left unlocked with the door open. This did not safeguard people's personal and confidential information which was in breach of Regulation 10 (2) (a) (Dignity and respect). At this inspection we found that people's records were stored safely. Care records were not left out in communal areas and staff were seen locking the door to the nursing stations when no member of staff was present in these offices.

We found that there was increasingly positive evidence of clear communication between the staff team and the managers of the service. People's views were respected and people felt listened to as was evident from conversations that we had with people and those that we observed. Staff told us that there were meetings, which we confirmed, where staff had the opportunity to discuss care at the home and other topics. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views and opinions through daily staff handover meetings and the more recently introduced "stand up" morning meetings across representatives of all staff regardless of their role at the home.

The provider had a system for monitoring the quality of care. The home was required to submit regular monitoring reports to the provider about the day to day operation of the service. Surveys were carried out by an independent survey company on behalf of the provider. The most recent published survey was in in December 2014 and this showed that the vast majority of people using the service and relatives had a marked degree of satisfaction with how the service was run. Views from stakeholders were also gathered. This was on a continuing basis as other professionals, for example the local NHS trust nursing team, social workers and the local authority had regular contact with the service. The 2015 survey was currently underway.

The provider kept the performance of the service under regular review and to learn from areas for improvement that were identified, We found that the service received reports after each of these monthly reviews were carried out and the registered manager was required to report on action to be taken from the findings. We found this was happening and was followed up at subsequent performance reviews. We found that the systems were providing the opportunity for the provider to monitor the service.