

Barchester Healthcare Homes Limited

South Chowdene

Inspection report

Chowdene Bank
Low Fell
Gateshead
Tyne and Wear
NE9 6JE

Date of inspection visit:
18 November 2019

Date of publication:
01 May 2020

Tel: 01914910861

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

South Chowdene is a residential care home providing nursing and personal care to up to 42 people aged 65 and over. Accommodation is provided in a purpose-built building over two floors. At the time of the inspection 35 people were living at the service.

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

People were at the heart of the service and their views were valued and listened to. One relative said, "All the residents are treated as a person, not a commodity. [Staff] have time to sit and talk and have a bit chat. The level of care is outstanding, not just good. It's like a true family here."

The registered manager was enthusiastic and committed to foster an open and transparent culture. The provider and registered manager had developed especially strong links with the local community and went above and beyond to ensure the home was as accessible as possible. Quality assurance was robust, involved people living at the home and used to learn lessons and drive improvement.

Staff were kind and treated people with dignity and respect. The registered manager and staff regularly went above and beyond to meet people's needs and preferences. People could participate in a diverse programme of meaningful activities, including regular opportunities to integrate with the local community. People received especially compassionate and dignified end of life care.

People, relatives and staff confirmed the home and service were safe. Staff felt confident to use the safeguarding and whistle blowing procedures, if needed. The registered manager ensured staffing levels were sufficient to meet people's needs. The provider followed safe recruitment practices when employing new staff. The home was clean and well maintained. Incidents and accidents were reviewed to identify learning and keep people safe.

Staff received good support and completed the training they needed. Staff supported people to have enough to eat and drink and to access healthcare services.

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

People's needs were assessed and the information used to develop personalised care plans. People could participate in a wide range of activities. Complaints were thoroughly investigated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

South Chowdene

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

South Chowdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, five relatives and a volunteer about their experience of the

care provided. We spoke with six members of staff including the regional manager, the registered manager, a nurse, care workers and the activity co-ordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed additional information the provider sent us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policies and procedures helped protect people from the risk of harm and abuse. People, relatives and staff told us they felt the home was safe. One relative said, "My [family member] is extremely safe. I'm involved in the decisions for them."
- Staff had a good understanding of the safeguarding and whistle blowing procedures. Staff told us they hadn't needed to use the whistle blowing procedure but were confident to do so.
- Previous safeguarding concerns had been referred to the local authority and fully investigated.

Assessing risk, safety monitoring and management

- The provider managed risk and safety effectively. Where potential risks had been identified, detailed assessments were carried out identifying the measures needed to minimise the impact on people.
- Personal emergency evacuation plans contained up-to-date information about the support people needed in an emergency.
- Staff knew how to support people when they were anxious or distressed.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People, relatives and staff confirmed this. People said, "There is always plenty of staff down here and if I need anyone I just ring my bell" and "I'm very safe as there are plenty of people [staff]. They do come straight away, as quickly as possible."
- There was a visible staff presence around the home; staff responded to people's requests for help and supervised communal areas.
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- The provider managed medicines safely. Staff kept accurate records to confirm which medicines people were given.
- People told us they received their medicines when they were due. One person commented, "Yes, I do get my tablets on time."

Preventing and controlling infection

- The home was clean, well-decorated and well-maintained.
- Staff followed the provider's infection control procedures and best practice guidance.

Learning lessons when things go wrong

- Staff kept accurate incident and accident records. These identified the action taken following an incident to help keep people safe.
- The provider analysed incidents and accidents to help identify trends and learn lessons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been thoroughly assessed. People and staff discussed social, religious and cultural preferences during the assessment.
- The service was delivered and operated in line with best practice models, guidance and the law.

Staff support: induction, training, skills and experience

- Staff received good support and accessed the training they needed. One staff member commented, "I get good support. I am all up-to-date on training, they are open to any training."
- Training, supervisions and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have enough to eat and drink.
- People and relatives gave positive feedback about meals. One person said, "The food is home cooked, well balanced and an alternative is always offered."
- Meals were adapted to meet people's dietary needs and preferences, such as providing a pureed diet for one person with a specific health condition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care services when needed; this included GPs and community nurses.
- Care records summarised important information, to be shared with professionals when people accessed other services.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to meet people's needs. This included themed areas suitable for people living with dementia and good signage to help people orientate about the home.
- People could personalise their rooms to suit their individual preferences.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff followed the requirements of the MCA. The registered manager ensured DoLS authorisations were up-to-date for people requiring one.
- Staff knew how to support people with making daily living choices and decisions. This included using visual strategies to support people with making choices, such as showing them items of clothing to choose from.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and staff were caring and considerate. People and relatives told us, "I can't fault any of the care" and "It is definitely good care, five star. They couldn't have done more for [family member]."
- The provider regularly received written compliments about the good care provided at the home.
- People were supported to meet their religious needs. One person told us, "The priest and vicar come in. I would recommend here. We are well looked after and everyone talks to you."
- Staff had a good knowledge of people's preferences. People said staff made time to socialise and have a chat. One person told us, "if you need anything they are there. They chat to me about things in general. They chat to me more if I`m feeling a bit down."

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's communication needs; they used this knowledge to support people with making choices.
- Relatives advocated on behalf of some people and staff kept them updated on any changes. One relative said, "The care is 100%. If there is a problem they ring me at home."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People commented, "They look after me and everyone is very nice" and "The care is 100%. They shower and shave [family member]. They clean [family member's] teeth."
- Staff supported and encouraged people to be as independent as possible. They adapted their practice to promote independence with each person. One person said, "I do and I am encouraged to do as much as possible. Some things I can't do as I can't bend but they [the carers] are really good."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has increased to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service excelled at developing an inclusive ethos and culture so people felt able to speak openly and discuss their needs in a supportive way. This had evolved through partnership working with local groups so that people felt empowered to speak up about their individual circumstances.
- Care plans were detailed and personalised. Staff developed them with input from people, based on what was important for each person.
- Equality and diversity issues were explored with sensitivity during initial assessments. One person commented, "They look after me and everyone is very nice. I`m involved in my care plan, but that was a few months ago so is probably due a review soon."
- The home held an all-inclusive community event in parallel with the Newcastle Pride Festival. People and visitors participated in rainbow cake decorating and banner making to encourage group interaction and discussion. The registered manager said, "Bringing staff and members of the community together to make a difference to our existing and prospective residents is what this event is all about."
- Staff regularly went above and beyond to ensure people's needs, preferences and choices were met. Staff patiently supported one person, who was admitted as an emergency admission, to improve their health, wellbeing and mobility. Staff spent time building a trusting relationship which enabled the person to improve their diet, socialise with other residents and access counselling to deal with their situation. The person commented, "I thought I was coming here to die, but I had come here to live and I had not done that for a very long time."
- Staff tirelessly supported another person, through exercise, to regain some of their lost mobility. The person could now walk along the corridor and access the local community with relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a dynamic and creative activities programme. Activities were wide ranging and tailored to people's individual preferences. There was a focus on wellbeing, socialisation and enhancing the already excellent links the home had with the local community. A health professional commented, "I was taken aback by the extra-curricular activities the carers went lengths to provide. Not because they have to, but because they care about making a difference to the resident's lives."
- People praised the activity co-ordinator for their enthusiasm. They commented, "[The activity co-ordinator] is very good, she is excellent. She puts her heart and soul into it."
- The provider had developed excellent links with the local community to enable people to develop social relationships. Staff also supported people to spend quality time with their relatives.

- Activities included intergenerational yoga, where people gained great pleasure and enhanced wellbeing from spending time with mothers and babies. People commented about how much they loved and valued these opportunities. The registered manager described how spending time with the mothers and babies had a positive effect on people's wellbeing and encouraged them to be more active and participate in the gentle exercises.
- Technology was used extensively to enhance people's wellbeing and promote their independence. Some rooms had been equipped with technology which enabled people who were usually nursed in bed to still have some control over their lives. One person commented, "I have my entire room set up [with technology] and my goodness it is great."

End of life care and support

- The registered manager and staff regularly went the extra mile to ensure people have especially compassionate and dignified care at the end of their life.
- Relatives praised the excellent care their family members had received at the end of their life. One relative commented, "They make me welcome and go out of their way to get to know you ... they loved my [family member]."
- The registered manager and staff team had received many compliments about the care, compassion and kindness shown to people at the end of their lives. Staff were described as 'amazing' and praised for the dignity with which they treated people.
- Staff ensured people had access to additional support to help them through their grief of losing a loved one.
- Support plans sensitively recorded people's end of life and spiritual wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be made available in different formats to suit people's communication needs, such as easy read versions of important information.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to ensure complaints were fully investigated and the findings used to improve the service.
- People and relatives knew how to raise concerns if required.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of the care provided at the home, which meant they received personalised care. People's and relative's comments reflected this person-centred approach. One relative said, "All the residents are treated as a person, not a commodity. [Staff] have time to sit and talk and have a bit chat. The level of care is outstanding, not just good. It's like a true family here."
- The registered manager was motivated to create an open and transparent culture. They identified staff struggled with approaching people about issues such as sexuality. The registered manager and staff developed partnerships with LGBTQ groups to promote diversity within the home. This enabled staff to feel especially valued and highly motivated.
- People, relatives, the registered manager and staff had jointly developed a bespoke mission statement for South Chowdene. This reflected the registered manager's vision to promote high-quality, personalised care which enabled people to be themselves.
- People, relatives, staff and health professionals consistently gave especially positive feedback about the registered manager's leadership and the positive impact this had on everyone. One relative commented, "[Registered manager] is excellent and very compassionate and caring. She supports the family as well, she is informative with medical, welfare. She understands the full spectrum."
- The provider recognised staff excellence; staff were nominated for employee of the month. A volunteer was awarded volunteer of the year at a care awards ceremony.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 staff team was dynamic and highly flexible to ensure people received personalised care. The registered manager adopted a 'whole home approach' whereby staff were trained and competent to carry out various roles.
- The home had a registered manager. They were proactive in notifying the CQC of significant events at the home.
- Staff completed duty of candour summary reports following a root cause analysis of incidents. This showed how staff had communicated with interested parties and identified actions to prevent the situation from happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home had very strong links with the local community, these were constantly being developed to offer people many opportunities to be involved in their local area.
- Staff worked with other organisations to promote positive outcomes for people. Following the closure of a local day centre, staff opened a dementia café in the home to prevent people in the community from becoming isolated and offer opportunities to socialise and meet new people. People from the local community visited the home every week to spend time with the residents, have a nutritious meal and participate in events and open days.
- Staff were enthusiastic about the community links and the positive impact on people. One staff member commented, "We are very much involved in the community. We do the dementia café on a Thursday. It is their little lifeline [people who attend from the community], they stay for lunch. I feel proud that we do it."
- People, relatives and staff were empowered to give feedback; their views were valued and acted on. The provider operated a 'You said, we did' system to publicise how these views had been considered and improvements made.
- The registered manager implemented innovative ways to ensure accessible ways were available for people and others to share their feedback. A staff survey was implemented as this was not currently available and meetings were planned in the evening to allow relatives a greater opportunity to attend.
- People were actively involved in the running of the home. One person acted as a residents' ambassador to help ensure people's views were considered and then reflected in all aspects of the home. They commented, "I go to all of the meetings as I'm the Resident Ambassador. We discuss any complaints, but we have none." Easy read and pictorial newsletters were used to communicate with people and staff.

Continuous learning and improving care

- The registered manager and staff strived to continually improve the home for the benefit of people. Projects were ongoing or planned to introduce more technology to promote independence and developing a sensory garden with a local gardening group.
- The registered manager was proactive about sharing learning and promoting best practice. They had had a lead role within the organisation to share best practice across other Barchester homes. One professional said, "[The registered manager] goes above and beyond for the residents and staff and sharing good practice across Barchester homes."
- The provider had a robust approach to investigating incidents, learning lessons and ensuring transparency. The provider completed a detailed root cause analysis for more serious incidents. This ensured learning was identified and action taken to prevent a repeat incident.
- The provider had a structured approach to quality assurance which was focused around continuous improvement and learning lessons.

Working in partnership with others

- The provider was proactive about sharing learning and promoting best practice. They had developed links with local universities and offered placements to nursing and health and social care students.
- Students fed back they found these placements valuable for their learning and development. One student thanked staff as they had "learnt so much" and "gathered loads of valuable information" to support their learning.
- The café area was used as a drop-in facility for community health professionals, such as community nurses.

- Health professionals were extremely positive about the management of the home. One professional said, "It is one of the better ones [care homes]. The staff know what is going on in the home. [The registered manager] is lovely."