Barchester Healthcare Homes Limited

South Chowdene

Inspection Report

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Summary of findings

Overall summary

South Chowdene is a nursing home situated in a residential area of Low Fell in Gateshead. It is registered to accommodate up to 42 older people who require nursing care. At the time of our inspection there were 36 people living at South Chowdene.

Our inspection team was made up of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Below is a summary of what we found. The summary is based upon observations during the inspection, speaking to people who used the service and the staff supporting people.

We observed people during the lunch time meal. We noted that there was no serviettes available and the support people received to eat their meal appeared rushed. We noted that some people were given support to cut up their food, however there was limited communication from staff and people were not always asked if they required support. We noted that choices were limited and people were not always able to tailor the meal to suit their individual preferences. In addition, we saw that people did not always have equipment supplied to support them in being independent whilst eating.

This meant there had been a breach of the relevant legal regulation (Regulation 14). You can see what action we told the provider to take at the back of the full version of the report.

During our inspection staff we spoke with had a good understanding of safeguarding and could describe to us the training they had received and what they looked for when working in the home. The registered manager told us that they were aware that further training needed to be done on the Mental Capacity Act and that this was booked for two key staff members in June 2014.

We saw that the home was clean and free of any malodours however we noted that peddle bins were not available in a number of the communal bathrooms. This meant that staff or people using the service had to lift the bin lid up manually to deposit the waste and this increased the risk of cross infection.

People we spoke with told us their privacy and dignity was always respected and people's family members spoke positively about the home and how they were kept informed and felt involved. During a period of observation we noted that staff did not always react promptly when people required support, however we did see that staff spoke to people in a caring manner.

People told us that activities throughout the home were varied. We saw a weekly activity timetable was advertised which included activities such as dominos and board games, as well as outings and church visits.

The registered manager told us that they worked very closely with the local GP practice and due to this the GP visited every Monday to visit people in the home and was joined on the visit by an Older People Specialist Nurse.

We looked at the staff rota for the four weeks prior to the inspection and noted a consistent number of staff were always on duty. During our inspection we spoke to 11 residents, of which four said they felt there was a need for more staff. One person said, "It sometimes seems to take a long time to respond to the bell." We spoke to staff about the staffing levels who said they were meeting basic needs but could always do with an extra pair of hands.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

During our inspection we noted that staff received regular training in safeguarding and staff we spoke with had a good understanding of the topic and what to do if they suspected abuse.

At the time of our inspection no one using the service had a Deprivation of Liberty Safeguarding authorisation (DoLS); however the registered manager talked us through the process they would follow if it was required.

The registered manager told us that all staff members required updated training in the Mental Capacity Act 2005 and that this had been picked up by Gateshead County Council as part of their previous Quality Assurance check. Two staff members were booked on to a Mental Capacity Awareness Course in June 2014 and they were going to train the remaining staff.

During the inspection we saw that the home was clean and free from any malodour, however we noted in four communal bathrooms the waste bins were not peddle operated which could increase the risk of cross infection.

Are services effective?

We observed that during lunch time there were no napkins or paper serviettes and although people were supported there was limited communication between staff and people using the service. This meant either people were not asked whether they required support or the support they received was rushed.

We noted that choices were limited and people were not always able to tailor the meal to suit their individual preferences. In addition, we saw that people did not always have equipment supplied to support them in being independent whilst eating.

This meant there had been a breach of the relevant legal regulation (Regulation 14) and the action we have asked the provider to take can be found at the back of this report.

We looked at the care records for five people who use the service and found assessment information which covered all areas of their care and support needs. Family members who were visiting the home on the day of our inspection told us how involved they were in their relatives care and that the home ensured they were kept informed.

Summary of findings

At the time of the inspection no one had an advocate in place however the service advertised advocacy support for people if this was required.

Are services caring?

During our inspection we completed a period of observation, during which we noted that staff did not always react promptly when individuals required support, however we saw that staff treated people in a caring way but at times this appeared to be rushed.

People's family members spoke positively about the home and the care their family received. One family member said, "It's the best home in the area", whilst another family member said, "There was no doubt about it, as soon as we arrived – it just felt right."

People we spoke with told us that their privacy and dignity was respected and we saw examples of this throughout our inspection.

Family members we spoke with told us that staff had supported their family member to document any decisions they had for end of life care. We noted that where people were undecided this was clearly indicated in their care plan.

Are services responsive to people's needs?

People told us they were able to say how they wanted to spend their day. We looked at people's care plans and saw these included people's likes, dislikes and what activities they liked to do.

The home employed an activities coordinator and we saw that an activities timetable was advertised in communal areas of the home. We saw that the activities were varied and included activities in the home as well as outings for groups or individuals.

We noted that relatives were openly welcomed in the home and arrangements had been made so relatives could enjoy meal times with their family members.

Three relatives that were visiting on the day of our inspection told us that they had been involved in discussions regarding the care their loved ones would receive should it be end of life.

Are services well-led?

We looked at the staff rota for the four weeks prior to the inspection and noted a consistent number of staff were always on duty. We noted however that during the month of April 2014, 11 nursing shifts on nights were needed to be covered by agency staff. We spoke to the registered manager about this who advised that as recruitment had been completed, no agency staff were required the following week.

Summary of findings

The registered manager told us that they worked very closely with the local GP practice and due to this the GP visited every Monday to visit people in the home and was joined on the visit by an Older People Specialist Nurse.

People told us they had no complaints but would comfortable to raise any concerns with the manager if they needed too.

We noted that although residents meetings were held monthly the only topic on the agenda was activities; this therefore did not encourage people to share their views on the service. We also saw that staff were not having meetings regularly and therefore there was a potential that they were not receiving consistent messages or support.

Summary of findings

What people who use the service and those that matter to them say

People who lived at South Chowdene and their relatives and their responses varied. One family member said it was a, "great relief" that family member received the full time care they required, whilst another family member said "they trusted the staff at the home implicitly." One person said, "It sometimes seems to take a long time to respond to the bell." Another person said, "They always seem to be rushing about with too much to do."

One family member said, "It's the best home in the area", whilst another family member said, "There was no doubt about it, as soon as we arrived – it just felt right."

People told us that the registered manager was, "Very approachable and often stopped for a word" and "Is a lovely lady."

South Chowdene

Detailed findings

Background to this inspection

We visited the home on 13 May 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We spent time observing care in the communal area and used the Short Observational Framework (SOFI), which is a specific way of observing care to help us understand the experience of people who could talk with us. We looked at all areas of the building, including people's bedrooms (with their permission), the communal areas and central facilities. We also spent time looking at records, which included people's care records, and records relating to the management of the service.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all our information we held about the service and contacted the local safeguarding authority and local contracts.

On the day of our inspection there were 36 people living in South Chowdene.

Throughout the inspection we observed how staff supported and interacted with people who used the service. We saw staff were friendly and supportive at all times.

Are services safe?

Our findings

During our inspection the staff we spoke with had a good understanding of safeguarding and were confident they would know what to do if they suspected abuse. Staff told us they received regular training in safeguarding and records confirmed this.

We noted that the telephone number for the local safeguarding team was displayed in the communal area of the home, alongside a whistleblowing poster for staff which offered free independent counselling and advice for staff who had concerns.

One staff member said, "We had training that covered how to detect abuse, about whistleblowing and what our role is. I would make sure I kept it confidential and I would speak to my manager." Another staff member said, "If I wasn't confident to speak to someone here we have the number for the local safeguarding authority too."

We saw that the service had previously had a Deprivation of Liberty Safeguard authorisation (DoLS) in place but at the time of our inspection no one using the service had a DoLS. These safeguards make sure that people, who lack capacity, are not deprived of their liberty unlawfully and are protected. The registered manager talked us through the process she would follow if she felt a DoLS was necessary.

The registered manager told us that no one living at the service had been assessed under the Mental Capacity Act (2005), although there was people living at the service who did not have capacity. She told us the staff all required updated training in this area and that Gateshead County Council had picked this up as part of their previous Quality Assurance check. We saw that following this feedback one nurse and the deputy manager had been booked on to a Mental Capacity Awareness course and they were going to be 'In-House Champions' and train the other staff members. We spoke to one of the staff members who confirmed they were scheduled on to a two day course in June 2014.

We spoke with one staff member, who said, "I've done Mental Capacity Act training but it was very basic." Another staff member said, "A lot of people at the home can't decide things or are confused. We have care plans in place which include information from the community staff, we have discussions with the social workers and family and write it all down and work from that." We noted that no formal mental capacity assessments had been completed in the home.

We saw that the service had some risk assessment checklists for frequently considered risks. For example risk assessments for the use of bed rails and moving and handling. We saw that assessments had also been completed on an individual basis for people's specific needs. For example, one person had indicated that they did not want to be disturbed during the night therefore staff had completed a risk assessment for this and the results had been fed into a care plan.

We spoke to staff who were confident they had received training to support them to ensure the home was clean. One staff member said, "When the domestic staff aren't in, the nurse has the key to the cleaning cupboard, we've all had training on the colour coding system so everyone knows what to use if it's necessary.

The housekeeper told us they had a file which recorded all of the cleaning schedules We looked at this and noted records of what was scheduled to be cleaned on a daily, weekly and monthly basis and we saw that this was all recorded up to date.

During the inspection we saw that the home was clean and free from any malodour. We noted waste bins were not pedal operated in four communal bathrooms. This meant that staff or people using the service had to lift the bin lid up manually to deposit the waste and this increased the risk of cross infection.

Are services effective?

(for example, treatment is effective)

Our findings

On the day of our inspection we noted some disruption and delays during lunch time. We saw that most people using the service were sat in the dining room 30 minutes before their meals were served. We saw that no one had napkins or paper serviettes and there was no jugs of water or drinks readily available throughout the meal time, instead drinks were served after everyone had received their food.

We observed that people received assistance from staff during meal times, for example to cut up their food, however we noted there was limited communication between staff and people using the service and they were not asked as to whether they wanted this support. We spoke with one person using the service who had just received their pudding, they said, "They just put the bowl in front of me, I don't know what it is."

We observed three people who required staff to feed them and noted that this experience was rushed and people were not given the opportunity to take their time.

We saw that people were offered a choice of two meals for lunch, however we noted each meal was pre-plated and people were not given the choice as to whether they wanted all of the vegetables that came with it. We saw one person wanted the sausage casserole but did not want the cabbage, we noted they were not offered this without cabbage; instead they were given the alternative meal. However, we did see that when one person didn't want the pudding they were offered yoghurt and after another person had been unable to use their spoon correctly they were offered a banana. In addition, we saw that people did not always have equipment supplied to support them in being independent whilst eating.

This meant there had been a breach of the relevant legal regulation (Regulation 14) and the action we have asked the provider to take can be found at the back of this report.

We looked at the care records for five people who use the service and found assessment information which covered all areas of their care and support needs. Due to the needs of people who used the service we noted that in a lot of circumstances people's family were involved in helping to plan their needs and ensure the care they received met their individual needs. We saw that where people were able to express their views, this had been included within their care plan documentation.

During our visit we spoke to 14 family members of people who were using the service who were visiting the home at the time. Every family member we spoke to said they were kept fully informed about medical and other matters by regular phone calls. One family member said it was a "great relief" that their family member received the full time care they required, whilst another family member said, "Trusted the staff at the home implicitly."

Staff we spoke to told us how they tried to involve people in their day to day decisions. One staff member said, "Because of people's needs it's quite difficult at first to get their care plans right but we work with the family and we try and get information about them and get to know them and we adjust things." Another staff member said, "It's about recognising changes and we have to record that, for example if one person suddenly does like something then we need everyone to know so we update their care plans."

The registered manager told us that no one at the home currently had an advocate in place but previous people who used the service had. We noted that an information leaflet for advocacy support was advertised in the reception area of the home which provided additional support for people.

Are services caring?

Our findings

During our inspection we completed a period of observation, during which we noted that staff did not always react promptly when individuals required support. We observed one person request assistance to go to the toilet and they were advised to wait until the staff member was finished distributing the cups of teas. Whilst observing we saw good relationships between staff and people using the service and noted that people appeared comfortable to speak out and express their views.

We saw that staff treated people in a caring way however we noted that at certain times of the day staff appeared to be rushed and therefore people did not receive care that was individual to them. For example, due to the number of people in the home who required the use of a wheelchair we noted that prior to and after a lunch the staff had to transfer each person to and from their chair and this appeared to be done in a hurried manner and therefore was not always done as effectively and smoothly for the person as possible.

People's family members spoke positively about the home and the care their family received. One family member said, "It's the best home in the area", whilst another family member said, "There was no doubt about it, as soon as we arrived – it just felt right."

One staff member told us that they thought the care people received was good because, "The staff care at heart, it's not about finishing a shift, it's about the people who live here and what they want."

We spoke to 11 people using the service who told us that the staff ensured their privacy and dignity was respected. We saw that when people were receiving personal care that staff ensured that they were always in appropriate environments with the door closed. In addition we saw staff helping people to adjust their clothing to ensure their dignity was maintained.

We saw that people's care plans included information that was specific to their needs and abilities, for example one person could walk short distances with the support of two members of staff but to move longer distances or around the home they required a wheelchair. We saw that this information was clearly explained in their care plan and examples were provided to ensure consistency of care delivery.

Three family members we spoke to told us the staff had discussions with themselves and their relatives regarding end of life care and what they wanted to happen in the future. We saw that each person who had considered end of life care planning had a care plan in place entitled 'hopes and concerns for the future' whereby staff supported them to discuss and document their preferences. We noted that where people were undecided for example, in relation to resuscitation or hospitalisation, then staff noted that no decisions had been made.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us they were able to say how they wanted to spend their day. Three people we spoke to choose to stay in their bedroom for most of the time throughout the day. They told us they had chosen how they were decorated and we saw people were able to personalise their room. We looked at people's care plans and saw these included people's likes, dislikes and what activities they liked to do.

Whilst no one at the service currently had an advocate in place, there was information made available in the home and the 'service user guide' about independent advocacy services. The manager told they had not applied to the local authority to restrict someone's liberty under the Deprivation of Liberty Safeguards (DoLS) for some time.

We reviewed five care plans and saw each had been evaluated monthly. This ensured the home responded to any changes in people's needs.

The home had an activities coordinator and we saw that an activities timetable was advertised in communal areas of the home. We saw that the activities available were varied so as to engage as many people as possible. The activities coordinator told us that they specifically built in one-to-one time in the plan so that people who liked to stay in their room or who didn't want to engage in group activities could still have meaningful activity time.

We saw that group activities ranged from board games and dominoes to manicures and snakes and ladders. The week of our visit the home was also having a pantomime. People also told us that the home had a church service twice a month. We noted that the home also supported people to go out in the community. One person told us that she had went to a tea dance with some of the other residents, whilst another person told us him and another person went to the pub.

We saw people were encouraged to maintain relationships with friends and relatives. During our visit we noted that the home had an array of visitors throughout the day. We were told that families could book out a table in the conservatory so they could sit down with their family member to have a meal. During our inspection we noted that one family had booked a table so that a person using the service could have their lunch time meal with three family members.

We saw the monthly resident meetings were held to discuss activities and outings and these were regularly attended by people using the service and their family members. This allowed the service to change activities and look at new options based upon people's feedback.

The registered manager told us that if there was any end of life care required then they worked closely with the palliative care nurses and supported the family where they could. Staff told us that they document any ones individual preferences and if they have any specific wishes they write them down. Three relatives that were visiting on the day of our inspection told us that they had been involved in discussions regarding the care the care their loved ones would receive should it be end of life.

Are services well-led?

Our findings

We looked at the staff rota for the last four weeks and a consistent number of staff were always on duty. The registered manager told us that she used a dependency tool to work out the staffing numbers and that she had to stay within her budget but she always tried to be flexible where people using the service needed support to attend hospital appointments.

We saw that on a daily basis there were two nurses and four care assistants on day duty and one nurse and three care assistants on night shift. We noted that during the month of April 11 nursing shifts on nights needed to be covered by agency staff. We spoke to the registered manager about this who showed us completed recruitment files and future rotas. We noted that from the following week no agency staff were required.

During our inspection we spoke to 11 residents, of which four said that they felt there was a need for more staff. One person said, "It sometimes seems to take a long time to respond to the bell." Another person said, "They always seem to be rushing about with too much to do." During our period of observation we noted that staff did not always react promptly when individuals required support. We spoke to staff about the staffing levels who said they were meeting basic needs but could always do with an extra pair of hands. One staff member said, "There are enough staff, but you can't always do something as soon as someone asks, you get there ask quick as you can." Another staff member said, "It's the time to personalise the care that's missing, we always care for people but personally the time to sit with people and make the personal to them is missing."

The registered manager told us that they worked very closely with the local GP practice and due to this the GP visited every Monday to visit people in the home and was joined on the visit by an Older People Specialist Nurse.

When looking at care plans we saw that a number of external professionals had been consulted and involved in people's care, this included nutritionists, podiatrists, physiotherapists and occupational therapists. Staff told us that they used external professionals wherever possible.

The registered manager told us the home received transfers from a local hospice and they worked closely with the Macmillan nurses. Staff told us they build on the rapport that the Macmillan nurses have gained and work closely together where they can.

People told us they had no complaints but would be comfortable to raise any concerns with the manager if they needed too. We spoke to a staff member who told us they had access to the complaints procedure and were confident they would know what to do to support people to raise concerns. One staff member said, "If someone wanted to report something I'd help them but I'd go to the nurse or the manager. We do say to families though that they can always come to us but the manager is always available too."

We noted that the service had a procedure in place for documenting falls and any accidents and incidents that occurred within the home and these were analysed monthly by the registered manager. We did however note that any unwitnessed falls were categorised as incidents rather than falls and therefore were not included in people's falls assessment. This meant that if people were not observed in falling they may not receive the support from external professionals, such as the falls team, as quickly as if they were observed falling.

The activities coordinator told us that she held monthly residents' meetings. We looked at the minutes of the meetings from September 2013 to January 2014 and noted that the meetings had ran monthly and were well attended however the only topic on the agenda was activities and outings. We spoke to the manager and confirmed that no other residents' meetings were held. This meant that the home did not a regular forum for people to share their views on areas other than activity provision.

We noted that the last staff meeting was July 2013. The registered manager told us that the staff meetings were as and when they were required and instead they had a Health and Safety Committee monthly, this was attended by the deputy manager, maintenance person and the house keeper to discuss areas around the home. Staff told us they felt supported by the registered manager and they knew they could always raise any concerns. One staff member said, "There hasn't been a staff meeting in a long time but I can get support if I need." We concluded that

Are services well-led?

without the regularity of a staff meeting then staff would have to actively try and keep up to date with changes in the service and access support rather than being offered this on a regular basis.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs. How the regulation was not being met: People were not protected from the risks of inadequate nutrition and dehydration. Regulation 14 (1)(a)(c).