

Parkside Care Limited

The Chesters Care Home

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 ●

Summary of findings

Overall summary

About the service

The Chesters Care Home provides accommodation and personal care for a maximum of 29 older people on two floors in one adapted building. At the time of our inspection visit there were 25 people using the service, the majority of whom were living with a dementia.

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

People were safe, comfortable and made to feel at home by an experienced and committed staff team.

The registered manager had improved the systems in place to record, analyse and share information relating to potential safeguarding incidents. Staff knowledge and training in this areas was good.

Medicines were managed safely. The registered manager was responsive to any suggested improvements and agreed there was a need to improve the auditing of medicines.

We have made a recommendation about this.

The premises were well maintained and suitable for people's needs. The provider continually looked for ways to make improvements. These included extending communal spaces and having regard to dementia-friendly best practice guidance.

Staff were well trained, skilled and knowledgeable. They identified people's changing needs and worked well with external professionals

Activities were varied and vibrant, with all staff playing a part in how people's person-centred preferences could be met. Community links were strong and helped maintain a range of interesting activities, as well as preventing the risk of social isolation.

People's religious beliefs were respected and celebrated. There were good links with a local church.

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

The registered manager and senior staff demonstrated a strong understanding of all core aspects of the service. They worked well with staff and mutual respect was evident. Feedback from relatives and external professionals was consistently positive. The ethos was strongly centred around people's individualities and needs. This approach was clearly evident in the hands-on and accountable approach of the directors.

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 requires improvement (published 25 March 2019).

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 reinspection programme. If we receive any concerning information 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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

The Chesters Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

The Chesters Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

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 one person who used the service and seven relatives. We observed interactions between staff and people who used the service. We spoke with six members of staff: the registered manager, director, three care staff and a cook.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection

We contacted three further health and social care professionals.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Senior staff had worked with the local authority to improve their understanding of local safeguarding procedures. Staff had undergone additional training. Records of safeguarding issues were up to date and evidenced appropriate interactions with external agencies to keep people safe.
- Staff understood their safeguarding responsibilities and were diligent in ensuring people were protected from risks. People and their relatives confirmed staff kept them safe. One relative said, "There is a buzzer if [person] needs anything – they never have to wait. I have peace of mind that they're safe."
- Safeguarding incidents were rare. Safeguarding information was made available to people and their relatives.

Using medicines safely

- Medicines had been safely stored, administered and disposed. Staff knowledge of people's medicines needs was excellent. Staff were well trained and their competence assessed.
- Records relating to people's medicines were up to date and Medicines Administrations Records (MAR) showed no errors. There were clear processes in place should errors occur.
- Stock checks were in place to reduce the risks of errors. Audits were conducted by the compliance manager. These would benefit from being more structured and were currently a free-text box in which the manager wrote their observations. They had not picked up on isolated areas where practice could be improved.

We recommend the provider reviews their auditing of medicines and ensures it is in line with current best practice guidance.

Learning lessons when things go wrong

- Improvements had been made to the recording of and acting on incidents. All incidents were analysed to try and identify patterns and improve safety. For instance, the registered manager identified falls occurring at a particularly busy time of day so ensured there was an additional 'floating' member of staff on duty to help people move about safely.

Staffing and recruitment

- There were sufficient staff to support people. Staff confirmed they were encouraged to spend time getting to know people and ensuring they were comfortable and content. Staffing levels were reviewed regularly and changed when needed.
- Processes were in place to ensure prospective staff underwent safety and identity checks.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff were knowledgeable about specific risks to people and had received additional training.
- Risk assessments were easy to follow and regularly reviewed. Where necessary, external specialists such as dietitians were involved to help minimise identified risks.
- Emergency, utilities and other equipment were regularly serviced. Domestic and maintenance staff kept the service clean and in a good state of repair. One relative told us, "It's always this spotless – that's one of the first things I noticed."

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 remained good. 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 needs were assessed regularly and met in line with best practice guidelines. Where people's needs change the registered manager ensured the right clinical professionals were involved promptly.
- Staff communicated effectively regarding people's needs. They conducted regular handovers and liaised well with external healthcare professionals. One told us, "They are confident in what they do. In between visits they can and do get in touch if they have any updates or queries."
- The registered manager was aware of a range of best practice, including recent oral care guidance. Each person had a detailed oral health care plan. All care plans were up to date and suitably detailed.
- People and relatives had confidence in staff knowledge. One relative told us, "They are very good at coping with people's needs. They anticipate things well."

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

- People enjoyed a range of meal options and were supported to maintain healthy diets. Two experienced cooks had a comprehensive understanding of people's preferences and dietary requirements.
- Staff had received additional training from dietitians and the Speech and Language Therapy team to identify malnutrition, choking risks and increase confidence in food preparation.
- Staff encouraged people to try new things through events, such as a gin and snacks afternoon. Plans were in place for a Chinese New Year banquet with tasters for people to try.
- People were shown prepared meals to help them choose. Mealtimes were unhurried and gentle encouragement given. Feedback about meals was positive. One relative said, "They knew what she would and wouldn't try. They got her eating again and she looks ten years younger as a result."

Staff support: induction, training, skills and experience

- Staff were well trained and suitably skilled. They gained confidence through the support of experienced colleagues and skills through regular and varied training.
- Staff told us they were well supported through formal supervision meetings and informal management support.

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

- The service had a strong reputation with local healthcare professionals. They worked well as a team to ensure people received primary healthcare when they needed it.
- People were encouraged to try new things, whether meals or activities, with a view to helping people

thrive. Relatives confirmed they had noticed improvements in people's abilities and independence. They attributed some of this to the service's efficient and consistent approach to accessing healthcare.

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

- The premises were well decorated and renovated to meet people's needs. There were a number of small downstairs living spaces which increased the homely feel. The provider had almost completed work on a new living and dining area which would allow people more choice.
- There were elements of dementia-friendly environment planning in place, such as clear signage and contrasting flooring, walls, bathroom fittings and hand rails. The provider was seeking advice from dementia-friendly specialists to ensure renovations were in line with best practice.

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 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.

- Staff demonstrated a strong understanding of MCA and DoLS considerations. Appropriate applications had been made to the local authority. Best interests decisions, when people were unable to make decisions, were clearly understood and evidenced.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence and privacy were promoted. Staff spoke patiently, attentively and treated people as they would wish to be treated. They were supported to do so by a management team that understood the need for patience. One relative told us, "They knew when she needed the time and extra emotional support and they always provided it. Yes, they get busy but they always find time."
- There was very low turnover at the service and no agency staff usage. Relatives told us this had a positive impact on the wellbeing of people living with dementia. One said, "It feels like a family – they all know her so well. They know us so well too, it reduces a lot of the worry." Another relative said, "[Registered manager] is great as are all the staff. They are like a family to my mum and me."
- Relatives confirmed they could visit whenever they wanted and that people were encouraged to feel as at home as possible. People were supported to maintain relationships by having family members join for meals or celebrations. The description of an extended family was one consistently shared with us by both relatives and staff. One relative said, "It speaks volumes that she thought of the staff as friends – she was initially reluctant to even come and look here but did feel at home."

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

- Staff demonstrated a good knowledge of people's individualities. There were good links with a local church for those who wanted to practice Christianity.
- Staff used in depth knowledge of people's histories to help them reminisce positively, and to move away from topics that may be troubling.

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

- People were encouraged to play as full a role as they were able in the running of the service. Relatives were encouraged to advocate for people. There were regular resident and relatives meetings; relatives played a key part in advocating for people. Recently the registered manager went to a range of local business with three people who used the service to deliver Christmas cards.
- The registered manager ensured people were involved in an accessible and, wherever possible and appropriate, fun way. People had recently trialled a range of new furniture, to see which were most comfortable. Photographs were displayed in the entrance hall.

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 remained good. This meant people's needs were met through good organisation and delivery.

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

- People participated in a range of interesting and enjoyable activities. The registered manager and senior carer organised these but all staff were enthusiastic about ensuring people could try new things. These included Tai Chi, taking care of hatchling chicks ('Living Eggs'), and revisiting loved pastimes. One relative said, "There is always something going on – they had a pony here recently!"
- The service had access to the provider's minibus. This meant people had been on numerous trips, such as to the seaside and museums.
- Connections with the local community were strong and led to more opportunities for people who used the service. For instance, a local nursery visited quarterly, meaning older people could interact with toddlers. The service hosted a Christmas pantomime and schoolchildren performed a carol service.
- People were protected from social isolation. Links with the local church were strong and a number of the congregation visited intermittently to chat with people and provide small gifts.

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

- Staff had an excellent understanding of people's preferences and personal history. One person had loved to dance in the 1940s but never received some medals she had won. Staff recognised the importance of this memory and sourced some medals online. They arranged an award ceremony and celebration for the person, who loved the gesture. The provider planned to make this approach to fulfilling people's individual wishes a regular part of the service.
- Care plans were detailed and contained good levels of information. Care plan reviews and audits took place regularly to ensure records were in line with people's needs.
- Staff took a keen interest in understanding people. One relative told us, "When a new member of staff was on they came over, introduced themselves to me and wanted to know background about my mum, to help them – that was really good."

End of life care and support

- Staff were confident in helping people and their relatives explore advance care planning and end of life care plans. Emergency health care plans also helped people and relatives know when and if they would go to hospital. The majority of people who discussed it felt more comfortable receiving end of life care at the service.
- Staff understood the emotional impact on people and their relatives. They ensured families were best able to support their loved ones. One relative told us, "The staff were so compassionate. They were there with hugs whatever time I came in. They kept in touch with us at every stage."

- Additional face to face end of life care training was planned the following month.

Improving care quality in response to complaints or concerns

- The complaints procedure was clear and made available to people. One relatively minor complaint had been received and was handled in line with the provider's policy. Relatives told us they had no concerns but would be comfortable raising them with any member of staff.

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.

- The manager acted in line with the AIS. Care plans set out people's communicative needs. Staff demonstrated a good understanding of people's non-verbal cues and ways of indicating a need. Staff used an internet-enabled TV to quickly help people view favourite films or music.
- A range of information, such as safeguarding and meeting outcomes, was clearly displayed in communal areas for people and their relatives.

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 requires improvement. At this inspection the key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered manager had not always recognised safeguarding concerns and taken appropriate action ensuring all remained safe. This failure had not been identified via the provider's quality assurance processes. As a result, the matters were not notified to the Care Quality Commission. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager demonstrated a clear understanding of their responsibilities regarding safeguarding and notifications to CQC. Systems were in place to document and analyse incidents. All relevant incidents had been notified to CQC and other appropriate bodies.
- Quality assurance and auditing work was in place to ensure all aspects of the service remained safe. The provider had recently employed a compliance manager to oversee quality across their services. Their time was currently dominated by the roll out of an electronic medication administration system at another service. The provider hoped they would be able to provide ongoing support to continually improve the service after that.
- Staff understood their roles well. They were an experienced team who worked well together. They shared a mutual respect with colleagues and spoke positively about the management team. One said, "[Registered manager] is fantastic. They miss nothing and care about their people and their staff." This high opinion was shared by all relatives and external professionals. They also confirmed the directors regularly visited the service to ensure it was meeting people's needs.

Working in partnership with others

- The service worked well with a range of partners. The provider had formed strong working relationships with a local museum with an interest in reminiscence work, as well as a university with a specialism in dementia care. They had used these links to plan renovations and redecoration to the service.
- Some of the links in place led to new and interesting activities for people. The registered manager proactively approached external organisations to work with them. There were a range of positive links with local businesses which meant, for instance, donated hampers at Christmas, and flowers intermittently.

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

outcomes for people and 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 atmosphere and culture was caring and affectionate. Staff acted in line with the provider's person-centred ethos and worked hard to ensure they could keep people safe but also ensure they had quality time.
- Staff morale was high and teamwork evident. The provider actively tried different ways of encouraging staff loyalty, such as a 'refer a friend' recruitment scheme and gifts at festive times.
- Relatives consistently praised the homeliness and openness of the service. They confirmed the registered manager openly approached them and updated them with any changes. The registered manager was aware of their duty of candour.

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

- The registered manager and staff encouraged people and their relatives to play a part in the running of the service. Staff treated people equally. They had received equality and diversity training.
- People's religious beliefs were respected and supported.