

Renal Health Limited

Chase Park Neuro Centre

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chase Park Neuro Centre is a residential care home providing personal and nursing care to 32 people aged from 18 and over at the time of the inspection, some of whom were living with a neurological condition. The service can support up to 60 people in two large adapted buildings.

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

People and relatives were happy and content living at the service. People told us that they were supported with their rehabilitation by accessing the occupational therapist, the neuropsychologist and visiting the swimming pool, which were based within the home.

People were supported to access the local community and maintain social relationships. People could join in activities at the service, but staff told us this still required further development to make sure there were a choice of meaningful activities available every day.

People had an initial assessment of their needs which were used to create specific care plans. Not everyone had personalised and individual care plans in place.

We have made a recommendation that the provider reviews all records relating to people's care to make sure they are person-centred and accurate.

The premises were safe. Some areas of the home were in need of refurbishment and the provider had an action plan in place for these repairs. We found there were some areas of the home where infection control procedures were not being fully followed by staff, but the registered manager took action during our inspection to resolve this.

Since our last inspection, the registered manager and director of quality and nursing had developed the quality and assurance systems in place to make sure they effectively identified any areas for improvement and monitored the quality of care provided. The provider visited the service regularly to carry out their own audits of the service. People, relatives and staff were engaged with the service and were asked for feedback ideas to improve the service further.

Medicines were managed safely. Staff knew people very well and could tell us the level of support each person required. People were supported to maintain a healthy balanced diet and were provided with a range of options for meals. Staff worked with other agencies positively to make sure people received a continuous level of care.

Relatives and visitors were welcomed into the service. People and their relatives were part of their care planning. People were provided with choices with their care and staff worked with relatives to make sure people's views were included. There was enough staff to safely support people and the registered manager had greatly decreased the usage of agency staff since our last inspection.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 April 2019) and there was a breach of the regulations in relation to the safety of the premises and medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the safety and quality of care provided to people. We asked the provider to complete an improvement plan to address the concerns we had received, and this inspection was carried out to follow up on these.

We have found evidence that the provider needs to make improvements. Please see the responsive section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Requires Improvement ●

The service was not always 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.

Chase Park Neuro Centre

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

This inspection was carried out by an inspector, an inspection manager 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.

Service and service type

Chase Park Neuro Centre 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to

send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and but did not receive any formal feedback. We received feedback from the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and asked the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. 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.

We spoke with 11 people who used the service, two relatives, and 11 members of staff including the registered manager. We reviewed the care records for four people, medicine records for five people and the recruitment records for four members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The premises were safe. Environmental risks were assessed and there were daily health and safety checks of the home. A member of staff told us, "There's been a massive improvement with safety. We double check everything three times a day."
- People's care records included personal risk assessments and guidance for staff to follow to mitigate these risks, these were regularly reviewed. For example, people had risk assessments relating to choking, falls and pressure damage.
- Staff did not always follow infection control procedures. Areas of the home required additional cleaning. The registered manager took immediate action with this and removed the identified risks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received training around identifying abuse and there were policies in place to safeguard people from abuse. One staff member commented, "Safeguarding training is completed. If I saw abuse I would record it and report it."
- People and their relatives had access to information if they felt someone was at risk of abuse. Safeguarding information was displayed around the home and it was available in easy read format
- The registered manager investigated all accidents and incidents thoroughly, escalated these to the local authority appropriately and notified us.
- Lessons learned from investigations were shared with staff at team meetings and supervision sessions. Lessons learned were documented fully and used as part of the overall improvement action plan for the service.

Staffing and recruitment

- Staff continued to be recruited safely by the provider. Staff had appropriate pre-employment checks in place.
- There was enough staff available to safely support people. Since our last inspection, the registered manager reduced the service's reliance on agency staff.

Using medicines safely

- Medicines were managed safely and in line with current best practice and national guidance.
- Clinical staff had regular training updates and competency checks.
- The registered manager arranged for an external audit of medicines to be completed to make sure medicines were being effectively managed.

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.

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

- The home had been appropriately adapted to allow for easy access for everyone. Communal areas and bedrooms were large and spacious.
- The service required refurbishment to improve the environment for people. The provider had a plan in place for this produced a schedule for the works.
- People had personalised bedrooms which reflected their own personalities.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Clinical staff had assessed the capacity of people for specific decisions, but this was not always fully documented within people's care files. The director of nursing and quality took action with this and updated people's records so that all assessment records were in place and were decision specific.
- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

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

- Staff completed holistic assessments of people's needs which included physical, emotional and social requirements. Staff provided care in line with national best practice and guidance.

- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews.
- Staff provided people with choices around their support needs, food and drink and activities. One member of staff commented, "We always ask people what they want. We always give choices."

Staff support: induction, training, skills and experience

- Staff were provided with regular refresher training which was appropriate to their role. New staff were provided with an induction and the service was currently working with an external training company to introduce the 'care certificate' for new staff who did not have any qualifications in care.
- Staff received regular supervisions and appraisals. Clinical supervisions were completed separately and allowed staff to reflect on their own practice. A member of staff told us, "The management team are very approachable and the support from them has been the best I've ever had in the past 11 years here."

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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. People were happy during meals times and interacted with each other and staff.
- Staff regularly reviewed people to make sure they were not at risk of malnutrition. If a risk was identified there were records showing referrals to health care professionals.

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

- People were supported to access the GP and other healthcare professionals and care plans reflected the guidance provided.
- The service worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs.
- The service worked with people to create well-being sessions to help educate people. Sessions included oral health, blindfold food tasting, good personal hygiene and healthy portion sizes.

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

- Staff knew people well and understood their needs. Staff were kind with people; there were positive interactions between people and staff. A relative commented, "The nurses are brilliant, the girls are so nice."
- There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief. A staff member said, "There's an initial assessment for equalities and diversity to build that a profile and if they have a religion they wish to follow we enable them and try to source people."
- People were positive engaged with the staff team. People smiled when staff approached them, and we observed people joking with staff in a friendly manner.
- Staff respected people as individuals. Staff thought highly of people and cared about them. One staff member told us, "The best thing about Chase Park is the caring staff."

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

- People had been consulted about their care; they were involved in reviews along with relatives where appropriate. One relative confirmed they were involved in care planning and making sure their family member's choices were respected.
- People who were unable to verbally communicate their choices were provided with pictorial cards to allow them to make their own choices. One staff member said, "The menus are pictorial. We can ask the kitchen to make up anything. People always have choice."
- People were accessing advocacy services and the service supported this practice. Advocacy services support people to express their views and concerns when they may not be able to do this independently.

Respecting and promoting people's privacy, dignity and independence

- People's care plans described how to support people in a dignified and respectful way. Staff asked for permission before entering bedrooms and asked if they could provide support to people.
- Staff told us ways they encouraged people to remain independent. One staff member described a situation where a person could no longer brush their teeth with a manual toothbrush. The service purchased an electric toothbrush to allow the person to still complete the task independently.
- We received written positive feedback from one relative who told us about how a person had been supported to regain their independence for day to day tasks and activities. Another relative told us, "I can't complain about the staff here. The stimulation is so impressive. (Person) has gone from being peg fed and is now eating chips, and from wheelchair dependent to walking."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans did not always fully reflect people as an individual or provide full details for staff to follow to support people. Care plans did not always include people's choices or needs which were part of their initial assessment.
- Not all people's care records had been fully reviewed to reflect the current needs of people.

We recommend that the provider reviews all care plans and records to make sure they are accurate, individual and person-centred.

- The registered manager and director agreed that further development was needed with care planning and confirmed this would be actioned immediately.
- Staff knew people well and were able to deliver person-centred care, but this was not always documented in people's care records.

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.

- People had their communication needs assessed as part of their initial assessment. Communication needs were identified, and staff worked with people and relatives to find solutions to support people to communicate.
- Staff were aware of AIS and provided different examples of how they applied this with people. For example, staff could provide information in large print and picture format.

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 were able to access activities within the service which were meaningful. The activities co-ordinator told us that further work was needed to develop the activities provided.
- Staff supported people to access the local community and maintain social relationships. Relatives confirmed they were always welcome at the home.
- Staff encouraged people to follow their interests. People were able to maintain their cultural beliefs and different religious groups visited the service. One person told us, "I've been here a long time. I'm going to Blackpool to the theatre."

Improving care quality in response to complaints or concerns

- Complaints were fully investigated by the registered manager in line with the provider's complaints policy. People and relatives had access to the complaints policy and could raise concerns anonymously or directly with staff.
- Outcomes from complaints were shared with people, relatives, staff and other agencies. Lessons learned from complaints were shared with staff and used to improve the quality of care provided to people.

End of life care and support

- People had their end of life wishes assessed and these were recorded in a care plan. At the time of our inspection no one was receiving end of life care. The service had received compliments from relatives about the support staff had provided to people at the end of their life.
- Staff had received training in delivering end of life support to people. One staff member told us about their experience of supporting a person recently with end of life care. They said, "It's lovely to be part of it but it's very emotional. It's a personal experience and it's the final thing you can do for someone."

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 this key question has now 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.

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

- Since our last inspection the registered manager had worked with the staff team to create a positive staff culture. Staff told us about the improvements since the registered manager's arrival. They said, "Now everyone works together as one team, everyone works together at the same time. There's no divide anymore."
- Staff were complimentary about the registered manager and director. One staff member commented, "They push you to do better and achieve more. They support your own development."
- There was a happy atmosphere within the home. The management team interacted positively with people. During the inspection we observed people and relatives engaging positively with the registered manager and director.

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

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- Since our last inspection the management team had developed the quality and assurance systems in place so that these were now fully effective and were used to improve the service. Issues were quickly identified and added to an overarching action plan for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were asked for their views of the service. Staff told us they were listened to by management and their ideas were used to improve the overall service.

- Staff attended regular team meetings where they could share learning experiences, safeguarding information, reflect on how the service was performing and provide suggestions for improvement.
- Feedback surveys were given to people, relatives, staff and other professionals. The results from these were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.
- The service had improved since our last inspection. Results from feedback surveys, incidents, audits and complaints was used to improve the quality of care provided to people.

Working in partnership with others

- The service worked in partnership with a range of other organisations. During the inspection we saw the local GP attending the home to review people .
- We received feedback from the CCG, who commission services from the provider, and they confirmed improvements had been made. They were complimentary about the management team based at the service and said, "The registered manager and Director of Nursing are highly skilled nurses."