

Chadderton Total-Care Unit Limited

Chadderton Total Care Unit Limited

Inspection report

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23 February 2023

27 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chadderton Total Care Unit Limited is a residential care home providing nursing and personal care for up to 146 people. The home consists of 6 units all on ground floor level, which cater for a range of social and nursing needs, such as physical and learning disability, acquired brain injury and dementia related disease. At the time of the inspection 109 people were living at the home.

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

Improvements were required with medicines management and the audit and governance process. This included contemporaneous record keeping such as personal hygiene, oral care, repositioning and food and fluid charts.

People felt safe living at Chadderton Total Care Unit Limited. Relatives told us the home provided safe care and felt their family members were well cared for. Enough staff were deployed to meet people's needs; however, some staff, people and relatives commented on the current high use of agency staff on some units and how the quality and competency of these staff varied. Staff received training in safeguarding and knew how to report concerns. Safeguarding alerts had been made to the local authority where required. Accidents, incidents and falls had been documented and reviewed to help identify patterns and trends. We found the home to be clean, with effective cleaning and infection control processes in place.

Staff received enough training to ensure they could complete their roles safely and effectively. Staff supervision had not been completed consistently, however; a new process had been introduced to address this. People and relatives provided mixed feedback about the meals provided. Recording of people's food and fluid intake was being completed but further detail was needed. Clear guidance for staff was also needed, to ensure they knew what to monitor, why and what to do if people had not eaten or drank enough each day. Overall, people looked clean and well presented although record keeping around personal hygiene and oral care to was inconsistent. 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 healthcare needs were being met, with referrals to professionals made timely when any issues had been noted or concerns raised.

Care files explained people's needs and how they wanted to be supported, although the quality and quantity of information varied and depended on whether people had one of the new care plans recently introduced. Peoples' social and recreational needs were met through an activities programme, facilitated by activity coordinators and staff members. The complaints process was displayed around the home and people told us they knew how to complain and would speak to staff or management if needed. Any complaints received had been dealt with in line with the provider's complaints policy.

Regular relative and resident meetings had not taken place. However, people and relatives views were sought through surveys, which had been circulated every 3 months. People and relatives were

complimentary about the home and care provided, with the majority stating they would recommend the home to others.

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 27 November 2020) and there were 2 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. We initially inspected the Key Questions of Safe and Well-Led. However, due to identifying ongoing concerns with medicines management and governance on the first day of inspection, we widened the scope of the inspection to include the Key Questions of Effective and Responsive.

This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chadderton Total Care Unit Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and governance processes, including record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chadderton Total Care Unit Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, 2 medicines inspectors and 2 Experts 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

Chadderton Total Care Unit Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chadderton Total Care Unit Limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

The inspection was unannounced on the first day. Inspection activity started on 22 February 2023 and ended on 2 March 2023, by which time we had received and reviewed evidence provided after our visits to the home. We visited Chadderton Total Care Unit Limited on 22, 23 and 27 February 2023.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people, 8 relatives and 4 other visitors, about the home and the care provided. We also spoke with 19 members of staff, which included the registered manager and a mixture of nursing, care and ancillary staff.

We reviewed a range of records and other documentation. This included 16 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 13 people.

After the inspection

We requested and reviewed additional evidence and information from the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not stored safely and securely. Cupboards containing medicines and related products were not always kept locked when not in use.
- People did not always receive their medicines as prescribed. People had missed doses of medicines including antibiotics and painkillers. We saw evidence this had impacted on the people involved.
- There was a lack of instructions available for staff about how to administer medicine covertly, which means without the person's knowledge. We also noted the necessary people had not always been involved in deciding whether the use of covert medicines was appropriate.
- Information to instruct staff about how and when to give 'as required' medicines, such as paracetamol, was not always available and those which were in place were not person-centred.
- Record keeping around time sensitive medicines required improvement. From records viewed, we could not be assured the required interval between doses of some medicines had been observed, or medicines prescribed to be given at a specific time had been administered safely.
- The use of thickening powder, used to thicken drinks for people at risk of aspirating, was not recorded consistently by care staff. Care plans did not always specify the person required thickening powder.

The provider had failed to store and administer medicines safely and record keeping relating to medicines and their use was not always in place or completed accurately and consistently. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments and ongoing checks of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and safe. An up to date fire risk assessment was in place, however, identified actions had not all been completed timely.
- An evacuation risk assessment had been completed for each person, which considered any risks

associated with them having to leave their room or communal area in an emergency, such as use of a walking stick or wheelchair. However, the document did not provide staff with information or guidance on how to actually support the person to safely evacuate.

- Care documentation contained a range of generic and individual risk assessments. However, the quality of the assessments varied across care plans viewed, with some containing limited information on how the risk would be managed.
- Accidents, incidents and falls had been documented consistently, with actions taken and outcomes clearly recorded. Analysis reports were completed which looked at patterns and trends to support learning and try and minimise reoccurrences.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "I always feel safe here. I'm very comfortable and haven't had any falls since being here" and "I think they look after us very well here. I feel safe, I can lock my door and there are enough staff to keep an eye on things."
- Relatives told us the home provided a safe environment which met their loved one's needs. One told us, "The staff look after [relative] very well. They address any concerns immediately and there have been no major issues with their care." Another stated, "I can't fault the care at all. My [relative] is very safe and well looked after."
- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
- Safeguarding concerns had been reported in line with local authority guidance, with a log kept documenting what had occurred and action taken. Bi-annual reports had been completed to look at patterns & trends and consider any lessons learned.

Staffing and recruitment

- The home were using agency staff to cover staff absence and shortages, whilst recruitment was underway. We found the home did not always have important information about agency staff, such as a record of training completion and confirmation they were competent with tasks such as manual handling. As such, the home could not be assured these staff could provide safe care. The registered manager requested this information during the inspection.
- Safe recruitment processes had been followed when new permanent staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- The majority of people and relatives we spoke with felt there were enough staff on shift to meet their needs and keep them safe. Staff were reported to be busy but responded timely to requests for support.
- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.

Preventing and controlling infection

- On arrival, we noted a sign in reception which asked visitors to voluntarily wear masks when visiting, to minimise risks to people. This was due to recently experiencing cases of COVID-19 within the home. During the inspection we observed staff wearing and disposing of PPE appropriately.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.
- The home was clean with effective cleaning and infection control processes in place.

Visiting in care homes

- Government guidance around visiting had been followed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and relatives provided mixed feedback about the meals provided and quality of the food. Comments included, "The food is of an exceptionally high standard. [Relative] is on a soft diet but it's always very nicely served", "I don't like the food because it's cold when it reaches me, and we get the same things repeated on the menu each week" and "I feel the meals have deteriorated over the last four to six weeks. Recently there have been no vegetables served on several occasions."
- Food charts were kept, which showed regular meals and snacks were provided. However, the amount of food eaten was not consistently recorded, including for people who had or were at risk of losing weight.
- Fluid charts were also completed. However, these only recorded the amount people had drank per day, rather than what they had been offered as well as consumed, which can often vary. There was also a lack of guidance for staff to refer to about how much each person should be drinking each day, and what to do should they not reach this target.

Staff support: induction, training, skills and experience

- Staff told us supervision meetings had taken place every 3 months or so. However, we found no records to support this or confirm all staff had been receiving supervision. A new supervision policy and procedure had been implemented in January 2023. This indicated staff would receive 6 supervisions per year along with an appraisal. Meetings had taken place in January 2023.
- Staff told us enough training was provided to help them complete their jobs safely and effectively. They also enjoyed the fact training was largely in person rather than via e-learning.
- Staff training was monitored through an online system, to ensure staff remained up to date with required sessions. Staff received reminders when training was due.

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

- Staff told us how they ensured people's personal hygiene and oral care needs were met and the majority of care plans viewed, contained information about the support people required. However, daily records to confirm personal hygiene and oral care had been provided were inconsistent.
- People received support to stay well and access medical services and professionals as required. People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians.
- Weight monitoring was being completed and people's risk of malnutrition was being assessed using the Malnutrition Universal Scoring Tool. Where necessary, people had been referred to necessary professionals,

such as a dietician.

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

- Ongoing refurbishment and maintenance was required throughout the home, to address worn or damaged décor. The registered manager was aware of this, although there was not a formal plan in place, detailing when work would be completed.
- Consideration had been given to ensuring the environment was suitable for the people living at the home. Each unit catered to the needs of the people who resided there. For example, pictorial signage was used to help people identify toilets, bathrooms and other communal areas.

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

- Assessments had been completed, predominantly before people were admitted to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported were captured as part of the assessment process and used to help create people's care plans.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively. DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was in the process of transferring to a new care planning system. This was due to the provider identifying older care plans did not contain sufficient detail or person centred information. New care plans viewed on inspection were detailed and clearly captured people's needs and wishes.
- The transfer process was described by the registered manager as "a work in progress", although initially there was no clear plan for how this would be managed. A plan was drawn up during the inspection. We discussed this plan with the registered manager and suggested they consider reducing the time frame for completion, to ensure everyone had an up to date and accurate care plan as soon as safely possible. We will follow this up when we meet with the provider.
- Staff understood the importance of providing person centred care. One staff told us, "It's about making it [care] personal to each person, providing their care how they want it." Each staff member we spoke with told us care plans contained enough information to ensure they could provide care in this way.

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 supported and encouraged by care staff and activity coordinators to undertake activities and maintain social relationships to promote their wellbeing.
- The coordinators were based across the different units and provided a range of group and 1-1 activities for people.
- We observed a number of activities taking place during the inspection, including bingo, art and crafts and reminiscence tasks. The home had photographs and imagery relating to the activities and events which had taken place on display, to act as a reminder to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had specific care plans in place which detailed their communication needs, any aids or adaptations they required and how staff should communicate with them. We did note the quality of information and level of detail varied dependent on whether people had transferred to the new care planning system or still had an older version.

- The registered manager confirmed information could be provided in a range of formats to meet people's differing needs, such as large font and easy read.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place. People and relatives told us they would speak to a staff member or the unit manager if they had any concerns. Information on how to complain was also displayed around the home.
- Complaints received had been managed in line with the provider's policy. The complaints file was detailed, explaining action taken and outcomes. Where necessary, supporting information such as care documentation, statements or other records had been included, to evidence the investigation process and explain outcomes reached.

End of life care and support

- Staff had completed accredited end of life training. The registered manager told us the provider was currently in the process of transitioning to a different end of life care model, with training for this underway.
- Specific care plans had been implemented when people were at this stage of their life. The examples we viewed on inspection were detailed and person-centred, clearly explaining how care should be delivered.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the last inspection, systems and processes to assess the management of medicines were not robust. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- A new audit and governance system had been implemented in December 2023. However, this system was not yet fully embedded into practice and the full range of audits had yet to be completed.
- Prior to this new system being implemented, we found there had been no clear governance process in place. Some auditing had taken place; however, this was mainly limited to care plans and medicines.
- Although the service had been auditing the management of medicines, the audits had not identified all the issues we encountered during the inspection. Where issues had been identified, such as with safe storage of medicines, action had not been taken timely.
- The provider had an overarching action plan in place. This was largely based around a 'mock inspection' carried out by an external consultant employed by the provider to help drive improvements.
- Further action planning was completed by the registered manager and consultant during the inspection, based on feedback relating to our findings. However, the home's governance systems should have identified these shortfalls, rather than them being flagged through the inspection process.
- Contemporaneous record keeping had not been maintained consistently. We identified inconsistencies and gaps across supplementary charts, including people's personal hygiene, oral care, repositioning charts and food & fluid charts.

Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found resident and relative meetings had not been completed consistently. Minutes viewed on inspection showed a meeting had occurred on 2 of the units in August 2022. Prior to this the last minutes were dated June 2020.
- People and relatives views had been captured via regular surveys. We noted questionnaires had been circulated to a set number of people in April, July and October 2022. However, whilst the majority of feedback was positive, no clear action plan had been generated and shared, to let people know what action was being taken to address any issues they had raised.
- Staff told us they enjoyed working at the home and felt supported. Comments included, "Management are okay. They are approachable and do their best to listen and help where they can" and "[Registered manager] is a pleasant lady. Doors always open and if need anything will try and sort it for you. I feel the home overall and my unit are run well."
- Overall, people and their relatives spoke positively about the home and care provided. One person told us, "It feels like home to me, I would recommend it." A relative stated, "I would recommend this home because of the level of day-to-day care. The staff seemed not to be just task-driven but are genuinely interested and will chat with [relative] and have a joke with them."

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 home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest, and people and their relatives had no concerns around communication, or action taken when any concerns had been raised. One relative told us, "I couldn't recommend the home more highly and the communication is very good as well."

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, although some involvement with schools and community groups had been affected by the COVID-19 pandemic and was just starting up again.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to store and administer medicines safely and record keeping relating to medicines and their use was not always in place or completed accurately and consistently.

The enforcement action we took:

We issued a warning notice