Barchester Healthcare Homes Limited

South Chowdene

Inspection report

Chowdene Bank
Low Fell
Gateshead
Tyne and Wear
NE9 6JE

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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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days 31 January and 1 February 2017. The service was last inspected in April 2016 and breaches were found in staffing, safe care and treatment and good governance of the service. Requirement notices were issues to the provider.

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. There were 28 people living at the home at the time of the inspection.

The service had not had a permanent registered manager since November 2015; there was a new manager in post who was intending to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. It is a legal requirement of the provider's registration to have a registered manager in post.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns they might have.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed by nursing staff who were trained and monitored to make sure people received their medicines safely. The medicines storage area was organised and effective ordering and supply procedures were in place with a local pharmacy. The service had plan in place for senior staff to assist with medicines and suitable training and preparation were in place to support this.

Staff received support from senior staff to ensure they carried out their roles effectively through mentoring and support. Supervision and appraisal processes were now in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required. We observed a mealtime where senior staff and the manager assisted.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans. External healthcare professionals spoke of effective joint work with the staff and manager.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty and there was a robust review and renewal process in place.

Staff provided care with kindness and compassion; we saw smiles and interaction between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and to make choices. The staff team knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made as people's needs changed and in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to enjoy activities although this was limited at the time of inspection due to the absence of the co-ordinator. The new manager told us they had plans to improve activities further. People could raise any concerns and felt confident these would be addressed promptly by the manager and senior staff.

The home had a new manager who was visible and hands on. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. The provider had notified us of all incidents that occurred as required.

People and relatives views were sought by the service through surveys and day to day contact. People, relatives and staff spoken with all felt the manager was caring and responsive. External professionals commented on the positive impact the new manager had on the service since starting.

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.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received support from senior staff to ensure they carried out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to take part in activities. This was limited at time of inspection but the new manager had plan to improve this.

People could raise any concerns and felt confident these would be addressed promptly by the manager and senior staff.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager in post and had failed to meet this registration requirement since November 2015.

They had a manager who was visible and hands on. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. Actions required from previous inspections had now been completed.

The provider had notified us of all incidents that occurred as required.

People were able to comment on the service provided to

influence future service delivery.

People, relatives and staff spoken with all felt the manager was caring and responsive.

South Chowdene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We checked if improvements to meet legal requirements had been made following our last inspection in April 2016.

This inspection took place on 31 January and 1 February 2017 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care 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.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the visit we spoke with nine staff including the registered manager and area manager; as well as five people who used the service. We spoke with five relatives or visitors during our visit. We spoke with three external professionals who regularly visited the service during our visit.

Three care records were reviewed as were seven medicines records and the staff training matrix. Other records reviewed included safeguarding alerts and deprivation of liberty safeguards applications. We also looked at complaints records, six staff recruitment, training and supervision files and staff meeting minutes. We also covered internal audits and the maintenance records for the home.

The spent time in the internal and external communal areas of the home as well as the kitchen and the dining areas of the houses, offices, activities rooms and with permission, some people's bedrooms.

Good

Is the service safe?

Our findings

At our last inspection we found issues relating to the management of peoples medicines. We issued a requirement notice to the provider.
At this inspection we looked at how medicines were managed. We found appropriate systems were still in place for the ordering, recording; storage and administration of medicines. The service actively supported people to retain their independence by managing their own medicines where possible. Where people were not able or did not wish to do this, people received their medicines from staff. The service considered if people could continue to manage some medicines without support, for example inhalers. One person told us, "I receive my medication in the morning and the evening and I have no problems."

The service had a dedicated room for the safe storage of medicines. Daily temperature checks were performed to ensure the temperature of this room and the medicine storage fridge remained within safe ranges. Staff responsible for administering medicines had received training for this which was refreshed on regular basis. The registered manager also performed regular competency checks to ensure these staff members were able to perform this role safely. The service was exploring how to support care staff to assist nursing staff with medicines for people. We saw the provider had considered how best to train and support staff into this new role.

People we spoke with told us they felt safe. One person told us, "I feel safe here yes because everyone is so friendly and there is always someone around." Another told us, "I feel very safe as there are plenty of staff around. I feel completely secure and if I ask for anything they will help. All the relatives we spoke with confirmed they felt the service was provided safely. Their comments included, "It is safe here. My family member had lots of falls before, so it's peace of mind to me and rest of family. It's a great relief to have no worries" and "My family member is safe in here. I don't worry about them being here as the staff are around to help."

The service still had appropriate systems in place to protect people from harm. The provider had a safeguarding adult's policy and procedure which informed staff of the actions to take should they have any concerns about anyone living at the home. Staff received safeguarding training which was refreshed on a three yearly basis. Safeguarding was regularly discussed with people using the service and staff members. Staff were aware of their roles and responsibilities for protecting people from harm. Issues relating to safeguarding had been responded to appropriately by the service since our last inspection.

Risks to people, staff and visitors continued to be assessed and action taken to manage identified risks. Risks assessments were kept under review and updated where necessary. We saw that risk assessments and care plans reflected people's current and changing needs and guided staff how to keep people safe. For example learning had been taken from people's falls, or where they refused support.

Staffing levels were based on the dependency levels of people living in the home and were reviewed on a regular basis or as people's needs changed to ensure they remained appropriate. During the inspection we observed staff were not rushed in their interactions with people and call bells were answered promptly.

People we spoke with felt there were sufficient staff to safely meet their needs. Staff told us they had time to spend with people.

We reviewed the recruitment process. We found the service had robust recruitment processes. Potential staff members completed an application form providing details of their skills and experience. References were sought to verify this information and checks performed with the Disclosure and Barring Service to ensure staff members were suitable to work with vulnerable people. Staff confirmed to us this was the consistent process they undertook as part of their recruitment.

Domestic staff were employed to keep the home clean and tidy. Cleaning schedules were in place to make sure all areas of the home were cleaned by staff. There was a plentiful supply of personal protective equipment such as aprons for care staff to use. The service employed a dedicated maintenance staff member who responded quickly to repairs or upkeep of the service. The home also had contracts in place for the servicing of equipment to ensure these remained safe.

Good

Is the service effective?

Our findings

At our last inspection we found issues relating to the supervision and appraisal of staff. We issued a requirement notice to the provider.

At this inspection we found that the provider had continued to provide staff with training relevant to their roles. Staff received an initial induction when they started working at the home, which included a period of time during which they shadowed a senior staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals. Staff we spoke with felt well supported and told us they were offered the opportunity to complete additional training and could always approach a member of senior staff or the new manager for advice or guidance. We saw that supervisions were now in place for all staff and those who had been working for a year had an appraisal. The new manager showed us a copy of their supervision and appraisal schedule for 2017.

People told us they felt the service was effective at meeting their needs. One relative told us, "The staff here seem well trained and motivated. They have taken their time to get to know my [relatives] condition and how it affects them. It's meant they can spot if they are having a bad day and need to call the doctor or the nurse".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and that appropriate applications had been made and authorised to deprive a person of their liberty.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with aware of the need to gain people's consent and explained they would respect people's wishes where they declined support.

On admission to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's preferences. Overall people were complimentary about the food they received. One person said, "Food is good here we're looked after here". Another told us, "I can be picky sometimes with food and if I say I don't like something they will make me something else no problem." Relatives we spoke to agreed the support around food and drink was effective. One told us, "Food

is good here I have had a few meals here with her and it is very good."

People were supported to access other healthcare services in order to maintain good health. The external healthcare professionals we spoke with confirmed the service made appropriate referrals, staff acted on advice given and that people were well cared for. One external healthcare professional told us they felt the service had made great improvements in care and nursing support to people over the recent months. They felt the recent change in leadership had helped to ensure staff noticed and responded quickly to changing needs.

Good

Is the service caring?

Our findings

All of the people we spoke with were very complimentary about the nature of the staff team and the support they provided. One person said; "I really like the staff here yes, kind and friendly, always around." Another said, "The staff are lovely here, they always help me when I need anything." One person told is, "the staff are really wonderful, always kind". Relatives we spoke with also told us they found the staff team to be caring towards them and their families when they called.

One of the external healthcare professionals we spoke with was very complimentary about the home. They told us they had no concerns about the way people were cared for and that the service offered by staff was compassionate and person centred.

Throughout the inspection we observed a very relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff were very knowledgeable about people's daily routines as well as their likes and dislikes and any particular preferences they had. For example staff were able to tell us what time people preferred to get up on a morning and we observed people's wishes were respected. Staff told us they had the time to care for people and respond to their needs. We saw one person was unwell and needed additional support and monitoring by staff. Staff described the person's need for emotional support and were consistent in providing this to them throughout the day.

People were able to personalise their bedrooms to their own taste and we saw many people had their own furniture and possessions in their bedrooms. At the time of the inspection the home was in the process of upgrading some rooms. We looked at an empty room and saw the room had been redecorated and refurnished to a good standard.

People's friends or family members were free to visit throughout the day. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff were knowledgeable about people's support networks and welcomed visitors into the home.

The majority of the staff team had been employed at the home for a significant period of time. As a result, they had developed strong, positive, caring relationships with people. Staff explained the importance of taking time to get to know people and were able to tell us how they would do this. For example through speaking to the person, their friends and family members and reading their care plans.

Care plans provided personalised information to staff about the care and support people required. We saw where intervention was required the preference was that this was kept to a minimal wherever possible and that people were encouraged to maintain their independence. For example one care plan described what self-care skills the person had and when staff needed to assist.

People were asked about their wishes in relation to end of life care. This included details of any advance decisions people may have made such as in relation to being resuscitated. Staff had received training to

enable them to support people with this area of their care and treatment. One of the external healthcare professionals we spoke with was very complimentary about the end of life care provided by the service to people and their relatives.

People were encouraged to be involved in the running of the home. Residents meetings were held to obtain feedback from people and to keep them updated about changes within the service.

Staff treat people with dignity and respect. They provided examples of how they would do this, for example by covering people over when providing personal care. We observed good practice throughout the inspection. Staff members always knocked before entering people's rooms and were discreet when speaking to people about their care or medicines. Care records were stored securely and staff were aware of the need to handle information confidentially.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us they did not have any complaints but that if they did, they would feel comfortable and have no problem addressing this with staff or the manager. Comments from people included; "Not got any complaints, but I would speak to someone if I needed to, I would feel comfortable doing that" and "I have no complaints with them here and no worries or concerns, but I would speak to one of the staff if I had any concerns." Relatives we spoke to agreed, one told us "Never had any major complaints but if I did have any I would be comfortable to speak to the manager."

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. We saw in records how the new manager ensured that the duty of candour (that providers are open and transparent with people who use services) was considered during the complaints process.

Before moving to the service a pre-admission assessment was completed by a member of staff to determine whether the service would be able to safely meet people's needs. Information gathered during this process was then used to develop person-centred care plans outlining the individual care and support people required. These detailed areas where people were independent and outlined their goals and wishes. Where people had any specific preferences in relation to their care and treatment, for example in relation to the gender of staff providing personal care, this was detailed in their records and respected.

In the months after a person's admission to the service, staff spent time getting to know the person as an individual and understanding how they liked to be cared for. This information was incorporated into people's care plans to assist staff in supporting people in the way they preferred.

People's care records were kept under review. Monthly evaluations were undertaken by care staff and where appropriate recommendations made for care plans to be amended or rewritten, for example following a change in a person's needs. Formal reviews of people's care planning took place on at least an annual basis. People, their families and representatives were involved in this process.

The services dedicated activities co-ordinator was not at work when we inspected, but arrangements were in place to prevent people from becoming socially isolated. Care staff offered activities for people to partake in and entertainers also visited the home. The new manager discussed their plans to improve activities and we saw that this would improve the service offered to people. Staff we spoke with told us they had been only able to offer limited activities in the absence of their co-ordinator, but told us of a plan to improve this further.

People and their relatives were encouraged to be involved in the running of the home. Residents meetings were generally held on a regular basis. Annual quality assurance questionnaires were issued to people and relatives meetings were also held. Information gathered through all of these methods was used to improve

the quality of the service for people living there. For example some changes to the décor and the mealtime experience had been in response to people's feedback.

The service aimed to provide a smooth transition for people when they went to hospital. Care records contained essential information which ensured their needs could be met whilst at hospital and that this information could be used across different services.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found issues relating to the leadership and governance of the service. We issued a requirement notice to the provider.

At this inspection we found that the service had not had a registered manager in post since November 2015. Since the last registered manager left the provider had appointed a number of acting managers, the acting manager at the time of this inspection had been employed in this role for three months. It is a legal requirement of the provider's registration to have a registered manager in post.

We found that action had been taken to ensure the new manager was supported by the provider's senior staff team and other local managers to assist them in developing into the role. The new manager was able to highlight positive changes they had made to how the service was managed, and this was confirmed by staff feedback. The new manager was also able to tell us of further plans to increase personalised details in care plans and developing senior staff to support nurses with medicines. The plans they detailed had been carefully planned and support and training was in place to ensure this was a success.

All of the people we spoke with felt the service was now well led. People's comments included; "The new manager listens to us, she is very nice and approachable. I really like her" and "The new manager is lovely, really great with everyone and seems to care about people's happiness which has not been the case in the past. I would like to see them get manager here." Relatives we spoke with agreed and told us they felt very comfortable visiting their family members and loved ones and always felt welcome and that the manager sought them out with any questions or feedback.

Staff were exceptionally complimentary about the new manager and their management of the service. All of the staff we spoke with told us the registered manager was approachable and supportive. Comments included; "The new manager is fab, always very supportive and always there when you need them" and "The new manager is really supportive and is always there if we need help or anything like that."

We were informed the new manager had an 'open door' policy and was a visible presence within the home. They held daily staff meetings with key staff and regular meetings with all staff to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Staff also told us they could always approach the new manager for advice and guidance and they were always supportive.

The staff we spoke with all held similar expectations about care. This included caring for people the way they would like someone to look after their own friends and family. Staff told us the manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their family or friends. We saw that staff felt positive about the service they offered. We observed that the new manager supported people and meal times and was visible around the service as well as knowledgeable of people's needs.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as seeking feedback from people and their representatives. Where areas for improvement were identified, action was taken to improve the service. For example, improvements had recently been made to the furnishings of some rooms and work was due to improve the hairdressing area.

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