

Barchester Healthcare Homes Limited

Chester Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chester Court is a care home providing personal and nursing care for up to 41 people. At the time of the inspection there were 37 people were living at the home.

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

There was a system in place to manage medicines; however improvements were needed to ensure records supported the safe use of medicines. Audits were carried out to monitor all aspects of the home. However, they had not identified the issues we found regarding medicines records. Following our visits; the registered manager took action to address the issues we identified.

The home was clean and safe infection control procedures were followed. Risks were assessed, managed and monitored. One relative told us; "They were in another care home and had a fall there. They have been fine here. I feel they are really safe there, no falls and no concerns about their care or safety. The staff always seem to be in attendance and keeping an eye on them. There are nursing staff as well as carers which is another level of safety I think."

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.

There was a cheerful atmosphere at the home. People and relatives spoke positively about the caring nature of staff. One relative told us, "Staff try and make it as happy and carefree as possible. They laugh and joke with mum and they will put her music on for her. She likes the staff which says a lot I think. The staff are all very nice and welcoming."

There was a registered manager in place. The regional director explained they were advertising for a clinical deputy manager who would support the registered manager and have oversight of people's nursing needs. In the interim; the home was supported by the provider's team of clinical specialists.

People and relatives told us they thought the home was well managed. They spoke positively about the home. Comments included, "I would tell people that you could put your family member there and have peace of mind that they will be cared for properly and treated with respect" and "I would recommend the home. It is clean, warm, friendly and a good home. He would be unable to cope at home so he is in the best place."

Staff liaised with health and social care professionals to help ensure people's needs were met. Several health and social care professionals considered that communication could be more effective at times to ensure people's needs were met.

There were systems in place to involve people, relatives and staff in the running of the home. Meetings and surveys were carried out. We spoke with one person who devised a weekly quiz for people and staff. He also explained he was in the process of devising a newsletter for the home.

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 3 February 2021). We carried out a focused inspection in November 2020 and found breaches of the regulations relating to medicines management, IPC and the governance of the service. The provider completed an action plan to show what they would do and by when to improve.

We carried out two targeted inspections in December 2020 and June 2021 to check that improvements had been taken in relation to IPC. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We found that action had been taken to improve in relation to IPC.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive 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 have found evidence that the provider needs to make further improvements. Please see the safe and well-led sections of this full report.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chester Court on our website at www.cqc.org.uk.

Enforcement

We have identified a breach of the regulations in relation to the maintenance of medicines records. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chester Court

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.

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 undertaken by an inspector, a pharmacy 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.

Service and service type

Chester Court 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. Chester Court 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.

What we did before the inspection

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. We sought feedback from the local authority and other professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people, 12 relatives, 1 visitor and 10 staff including the regional director, registered manager, care staff, nurses, head housekeeper, laundry assistant, head chef and maintenance man. We also received feedback from 6 health and social care professionals and the hairdresser who visited the home.

We reviewed a range of records. This included records relating to people's care, medicines and staff recruitment. We also reviewed a range of records, including those relating to the management of the service which the registered manager sent us electronically.

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 focused inspection in November 2020; this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

At our last focused inspection; an effective system to manage medicines was not fully in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve; further improvements were required and the provider remained in breach of the regulations.

- There was a system in place to manage medicines; however improvements were needed to ensure records supported the safe use of medicines.
- Processes to record the application of topical medicines were not robust. For example, we found nurses were signing for applications of creams which they had not applied.
- Records to support people who received their medicines via Percutaneous Endoscopic Gastronomy (PEG) were not always in place. For example, for one person, we found no records of cleaning or rotation of the PEG.
- Records did not assure us that fluid thickener (used for people with swallowing difficulties) was being administered as prescribed, for example we found no records that showed thickener was being administered to one person and another record showed a person receiving thickener where it was no longer prescribed.
- Medicines patch application records did not always demonstrate that the sites of patch application were rotated in line with manufacturers guidelines.
- Care plans did not always contain detailed information for staff to support residents, for example for one person with a PEG their care plan did not have up to date information about their regime.

The failure to ensure records supported the safe use of medicines was a breach of regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits; the registered manager implemented new processes to support topical medicines administration and to improve recording around PEG care; however we could not measure the benefits of this until they were fully embedded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us there were no restrictions on visiting; except during a recent diarrhoea and vomiting outbreak which had concluded by the time of our second visit.

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

- Systems were in place to safeguard people and protect them from abuse. People told us they felt safe. This was confirmed by relatives. One relative told us, "I have never seen or heard anything sinister. There is another resident that pops in and has a chat which is lovely."

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. This was confirmed by people and relatives. One relative told us, "There are no problems with safety. The way they talk and react to things I think they seem to be on the button. People are there to watch residents and check on them wherever they are."
- Two people described moving and handling techniques which did not follow best practice guidelines. We passed this information to the registered manager who carried out staff supervision meetings and reminded staff of the correct techniques.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs at the time of our inspection.
- We received mixed feedback from people and relatives about staff levels. Some considered that more staff would be appreciated. Several relatives also commented about staff turnover and the use of agency staff. The registered manager told us that additional staff had been recruited and they always tried to use the same agency staff for consistency.
- Regular reviews of people's dependency needs were carried out to ensure staffing levels were in line with people's needs.
- Recruitment checks were carried out before staff started work at the home to help ensure they were suitable to work with vulnerable people.

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 focused inspection, this key question was rated requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality 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 focused inspection; an effective governance system was not fully in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve; further action was required and the provider remained in breach of regulation 17.

- Audits were carried out to monitor all aspects of the service. However, they had not identified the issues we found regarding medicines records.

The failure to ensure an effective system was fully in place to manage medicines was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits; the registered manager took action to address the issues we identified.

- There was a registered manager in place. The regional director explained they were advertising for a clinical deputy manager who would support the registered manager and have oversight of people's nursing needs. In the interim; the home was supported by the provider's team of clinical specialists.
- People and relatives told us the home was well managed. Comments included, "I would recommend it and I would say that it is well run, friendly and I am happy with the situation there" and "I think they manage things well, it can't be easy but the whole thing is great."

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

- There was a cheerful atmosphere at the home. People and relatives spoke positively about the caring nature of staff. Comments included; "They care for people in a lovely way" and "They look after them smashing. They are kind and caring all the time. They sit and have a chat with her which is lovely. I like the way they try to encourage people to participate in things. The staff are fantastic."
- The registered manager sent us case studies which showed how being at the home with the care and support of staff and improved people's independence, mobility, wellbeing and social inclusion.

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 registered manager was aware of their responsibilities under the duty of candour. She was updating their records to ensure these demonstrated how they were meeting their responsibilities under the duty of candour.

Working in partnership with others

- Staff liaised with health and social care professionals to help ensure people's needs were met. One health and social care professional stated; "I have always found the staff really helpful when I ring up and ask for a pre admission assessment. The home manager has always indicated when she doesn't feel able to accept a service user as this would comprise other residents' care, which I really appreciate. I have had nothing but positive feedback when placing service users into their care, so have no concerns in relation to the quality of care that they provide." Several health and social care professionals considered that communication could be more effective at times to ensure people's needs were met.

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

- There were systems in place to involve people, relatives and staff in the running of the home. Meetings and surveys were carried out. We spoke with one person who devised a weekly quiz for people and staff. He also explained he was in the process of devising a newsletter for the home.

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	An effective system was not fully in place to ensure records supported the safe use of medicines. Regulation 17 (1)(a)(c)(f).