Barchester Healthcare Homes Limited

Chater Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 November 2016 and was unannounced.

Chater Lodge provides accommodation for up to 45 people who require personal care and support. There were 41people using the service at the time of our inspection including people living with dementia.

The service had a registered manager. 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.

People told us they felt safe living at Chater Lodge. Relatives we spoke with agreed with this. The staff team knew their responsibilities relating to keeping people safe from avoidable harm and knew the procedures to follow if they felt people were at any risk of abuse or harm.

People's personal choices had been clearly expressed in plans of care and individual needs had been identified. All members of staff had received appropriate training that enabled them to meet the needs of people who used the service.

People received their medicines as prescribed by their GP. There were systems in place to regularly audit the medicines that were stored at the service. All associated records were correctly completed and checked.

Recruitment checks had been carried out before any new members of staff had started work. This was to check that they were suitable to work at Chater Lodge.

Most people using the service felt that there were sufficient members of staff on duty each day to complete most tasks. Some people did express the feeling that an extra member of staff at busy periods, such as meals and early morning, would be good. We saw that there were sufficient staff on the day of our inspection in one dining room but in a second dining room staff were rushed at times.

The registered manager had a monitoring system in place to assess the correct levels of staffing needed and additional action plans were in place for busy periods of the day.

People told us that their meals were good. People's nutritional and dietary needs had were regularly assessed and a balanced diet was being provided. Those at risk of not eating sufficient amounts were closely monitored and supported.

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People had access to healthcare services such as opticians, chiropodist and GP when necessary. This supported the continued health and well-being of people using the service.

People had been regularly involved in making decisions about their care and support and how this was provided. Where people did not have the capacity to make their own decisions, these had been made for them in their best interest and in consultation with other appropriately appointed persons.

People told us that the registered manager and the staff team were kind and caring. They felt that all support and care was provided in a way that respected their dignity. The relatives we spoke with expressed the same feelings and positive comments about the quality of the care provided at Chater Lodge. Throughout our visit we saw and heard staff treating people with consideration and respect, always asking and discussing things before supporting people.

Staff meetings and meetings for people who used the service and their relatives were regularly held. These meetings provided people with the opportunity to be involved in the development of the service and the registered manager kept people informed of any changes or future plans for the service.

The staff team felt supported by the registered manager and felt able to speak with them about any concerns or worries. They felt that they had the right to speak out about any issues and developments within the service. People using the service and their relatives knew what to do if they had any concerns and they felt confident that any issues would be dealt with appropriately by the registered manager or any member of the staff team.

There were systems in place to regularly check and audit the quality and safety of the service provided. These checks were completed on all areas of the service, including on the environment, equipment and the external grounds.

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.

People told us that they felt safe and the staff team knew their responsibilities relating to keeping people safe from avoidable harm.

People who lived at the service had risk assessments completed to support their safety.

Medicines were stored, and people received their medicines, in a safe way.

An appropriate recruitment process was in place.

Is the service effective?

Good

The service was effective.

The staff team had regular training that gave them the correct skills and knowledge to support people.

The service was working within the principals of the Mental Capacity Act 2005. People's ability to make decisions about their care and support was assessed.

A balanced and varied diet was provided. People were assisted with their meals where needed to ensure they had enough to eat and drink.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and treated people with respect.

People were supported and encouraged to make choices about their care and support each day.

The staff team were aware of the support needs of people using the service. Visitors were welcomed by staff.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and they were involved in making decisions about the care and support they received.

People had plans of care in place that detailed the care and support they needed. These were regularly reviewed.

There was a formal complaints process in place and people knew what to do if they were concerned or worried about anything.

Is the service well-led?

Good

The service was well led.

People told us that the registered manager was approachable and the service was well managed.

The staff working at the service felt supported by the registered manager.

People were regularly asked for their thoughts and comments on the service.

Monitoring systems were in place to check the quality of the service being provided.

Chater Lodge

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 was planned to check 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.

This inspection took place on 10 November 2016 and was unannounced.

The inspection team consisted of one 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 visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information within the PIR along with information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 41 people using the service. We were able to speak with six people using the service and three relatives. We also spoke with the registered manager, the deputy manager, the regional director, the chef, a maintenance and laundry person and nine care workers.

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 observed the care and support being provided to people in communal areas of the service. This was to help us understand the type of experience that people had while using the service. By doing this we were able to decide if people felt comfortable with the way they were supported.

We reviewed a variety of records that related to the care and support that people received and also records

about how the service was managed and maintained. This included six people's plans of care. We also looked at associated documents including risk assessments and medicine records. We looked at four staff recruitment files, staff training records and audits that the registered manager had completed to monitor the quality of the service.

Good

Is the service safe?

Our findings

People who were able to speak with us told us that they felt safe living at Chater Lodge and felt safe when staff assisted them with any support or care. This was due to the fact that most people felt staff were trained to work safely. A person using the service said that they did feel safe, that staff looked after them and they did not worry about safety.

We had mixed views about the staffing levels. People did say that staff knew them and made them feel safe. They said that staff did assist when needed. A relative said, "I think [person's name] is safe but occasionally they are left too long on the toilet for my liking. Usually she is ok." When call times were discussed with the registered manager, they assured us that this would be assessed and the length of wait times monitored. Staff did tell us that if anything happened out of the normal, or a staff member was sick then they may need to tell people they would be there as soon as possible. Staff we spoke with told us that they would always tell the person that they would be with them as quickly as possible.

People we spoke with felt that generally, there were sufficient numbers of staff on each shift to meet their needs. However it was felt that at busy periods, such as lunch time or early morning, that extra staff were needed. While people said their needs were met, they often had to wait for assistance. One person said, "I really do think they could do with a few more carers to be honest." The relatives we spoke with also agreed with these comments. Some care staff thought extra staff at busy periods would help. One said, "We have to serve breakfast as well as give people morning care." A person using the service said." One person said that they had been left during their care and the staff member had not returned for 30 minutes. A relative said, "I worry about that because I am not here and I do know he is not able to use the bell – how long is he left? I can't say." Other people we spoke with were positive about the care and support they received, one person told us, "The staff are always checking on us and the manager is so very good, we can always chat."

The staffing levels at the service were discussed with the manger who explained that staffing was monitored and assessed using a calculation of people's needs. They told us that additional staff were also deployed during the busy periods of the day. We described the experience during the ground floor lunch period and they assured us that this would be looked at and addressed.

People confirmed that they received their medicines at the correct time. During our observations of staff administering medicines, we saw that medicines were handled and stored safely. The medicine administration records had been completed and were up to date. We saw that if medicines were refused, then staff used the appropriate record to show this. Staff understood how people liked to receive their medicines and offered them choice and information. Staff offered medicines to people with a gentle prompt if the person needed this, showing respect and supporting people's dignity.

We undertook a small sample audit of medicines and records, these were all appropriate and correct. The storage area was orderly, clean and well organised. The registered manager showed us records of regular audits and spot checks that were completed to again ensure the safety of medicines. Staff confirmed that the registered manager completed audits and monitored their practices. We observed staff dispensing

medicines safely and our discussions showed that staff were knowledgeable about the medicines they administered and stored.

Any risks associated with people's care and support had been assessed when they had first moved into the service. Action was detailed for staff to follow, making certain that risks were minimised or fully eliminated by the procedures in place. These risk assessments were regularly reviewed to make certain they were effective and still relevant.

All incidents and falls had been fully recorded with the area in which it occurred, the time and what had taken place prior to the occurrence. These incidents were then monitored for any repetition and new risk assessments were completed. We saw that a regular review took place to check if there were any patterns of incidents, such as regular times or areas that may pose a risk to people or may have impacted on the incident. We saw that action was taken to reduce or eliminate any risks.

Appropriate checks had been carried out prior to any new members of staff starting work at the service. References had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. A DBS check provides information as to whether someone is suitable to work at this type of service. This meant that people using the service were protected by the pre-employment checks that had been carried out.

The registered manager had a calculation tool that assisted with the numbers of staff used at the service. While people were safe, had their needs met and were supported at meal times, staff were not always deployed appropriately at all times of the day. For example, the ground floor dining room experience was rather rushed and some people had to wait to be assisted. We saw that staff had additional assistance from extra people such as the registered manager, at some times during the lunch period but when these extra people left, staff were rushing to meet everyone's needs.

We looked at the maintenance records that were readily available for staff to access if necessary. We found that regular safety checks had been carried out on the environment and the equipment used for people's care and support. Checks were also being carried out on the hot water to ensure it was safe. Fire safety checks and fire evacuation practice had been completed and was monitored to make certain all staff took part and in a timely manner. The service vehicle used for any outings or appointments was routinely checked for road safety and for the comfort of people. Emergency evacuation procedures were also in place.

The registered manager was aware of their responsibilities for keeping people safe. They and staff we spoke with knew the procedure to follow when a safeguarding concern had been raised. They referred this to the relevant safeguarding authorities and to the Care Quality Commission (CQC).

Good

Is the service effective?

Our findings

People who used the service, and were able to speak with us, told us that they were asked for their consent before any support or care was provided. This gave people the opportunity to decide if they wanted this support and how it was to be provided. People said that they were looked after and felt the staff team had the skills and knowledge to meet their personal needs. The relatives we spoke with agreed with this too. One person who used the service said, "Several [staff] have been here a very long time and really know what they are doing." Another person who had a sore skin area said, "They [staff] know to put cream on it for me. It's not good and it's not bad but it can be very sore at times. They do seem to know what to do with this –it's not got any worse anyway."

Everyone we spoke with who used the service and their relatives agreed that staff did know their job and how to support people. Our observations during this inspection showed us that staff were aware of the needs of people. They also spoke to people using the service in a courteous manner and with consideration for people's dignity.

The registered manager told us that new members of staff had completed an induction period when they had started working at Chater Lodge. Members of staff we spoke with and our review of training records confirmed this.

The training records showed us that appropriate training was monitored and had also been updated when needed, this ensued staff had current knowledge in areas they required. The training programme included training on such areas as safeguarding people, food hygiene and moving and handling. Staff told us that they had opportunities to discuss their training and also to ask for any additional training that they felt would be beneficial to their job role. Staff we spoke with also told us that they enjoyed their job and two people said that they looked forward to going to work each day.

People's care and support were provided in line with relevant legislation 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.

Care records showed that the service was working within the required principals of the MCA and where necessary, people had their capacity to make decisions assessed. The 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 Act.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). The registered manager was aware of the legislation and had considered these requirements during the planning of people's care. The service currently had eight authorised DoLS applications in place, these were reviewed at the allocated time. All relevant conditions were reviewed and the correct procedures followed to ensure these were appropriate. Staff demonstrated an understanding of the MCA and how this affected the people they supported. We saw that mental capacity assessments and associated records had been completed in people's plans of care. The registered manager described their responsibilities for people who did not have the capacity to make their own decisions, this meant that people were appropriately supported by the service.

Our observations confirmed that staff offered choices to people and waited for them to make a decision, no rushing them. We saw that whenever possible, people had been involved in making day to day decisions about their care and support. Staff provided explanations about what they were about to do before they actually provided any support, respecting their dignity and independence.

Most people using the service told us the meals served at Chater Lodge were good and that they had a choice, their relatives also agreed. One person using the service said, "It is good – It is always hot yes –you can have what you want - there is plenty of food all day." Another said, "Food all fine thank you – I haven't got anything to complain about the food. "We observed a lunch time in the upper and lower floor dining areas. Drinks were offered with the meals and people were gently woken if they were sleeping and asked if they wished to eat. Three relatives said that the food was good, two others said that the food was not always as their relative liked it but that there was plenty. Food was also available during the day if people needed to eat at another time or if they were hungry.

The registered manager had a monitoring system in place to assess the correct levels of staffing needed and additional action plans were in place for busy periods of the day. People told us that their meals were good. People's nutritional and dietary needs were regularly assessed and a balanced diet was being provided . Those at risk of not eating sufficient amounts were closely monitored and supported. We noted staff discussing one person who had enjoyed a large breakfast but little at lunch time. Staff said they would ensure this person ate well at the later meal time.

We noted that staff in all areas of the service were on hand to support people and assist with serving meals. The registered manager told us that this was the routine to make certain that people do not have to wait too long. Staff also routinely sat with people using the service to eat and chat when everyone had been provided with a meal. This helped to ensure that people were prompted when needed, that they had support and staff also saw how much people were eating. We heard staff gently encourage people to eat a little more and telling people what was for dessert.

The dining area on the first floor was a calm and relaxed experience for people and staff were calm and smiling while supporting people. We observed that the dining area on the ground floor was more rushed and staff did not always have the time to immediately assist people when needed. For example, one person was struggling with choosing a meal and there was initially little interaction with the staff team, but eventually one staff member became free and checked on this person as they had become agitated. The staff appeared to be rushed when trying to meet everyone's needs, however, staff were kind and patient while assisting people.

Records and our discussions with staff showed that people using the service had access to any relevant health professionals such as district nurses, GPs and chiropodist. One person using the service said, "No problems with getting the doctor for you. I have lots of medicines for my ailments and I see the doctor to review these." The outcome of health visits were fully recorded in plans of care and discussed by staff at the

team change over meetings. This showed that staff were kept informed of any new issues and changes in the support people required.

Good

Is the service caring?

Our findings

Our observations and the most comments from people using the service were that all staff were caring and considerate. We had such comments as, "Good, kind patient, they don't rush me at all" and "Good care they help me get washed and dressed." One person said, "I wonder how they put up with us –I wouldn't do this job for all the tea in China. The carers are very nice and friendly. They are chatty good girls. If you treat them right they treat you right." Another said, "They are kind and nice people. They speak to me well, very caring people." We saw that people were confident when discussing anything with a member of staff.

People using the service who were able, were involved in making their own decisions about their support. Our observations showed that staff encouraged people to do things for themselves where possible and provided support when needed. This meant that staff encouraged people to maintain their independence and retain the skills that they had. Staff provided support to people in a dignified way and respected their privacy.

All the people using the service said that carers always closed their door and curtains before carrying out care and support. We also saw staff do this, one person said, "When they give me a bath, they are very good with that, using towels to cover me."

Throughout the inspection we observed staff coming down to the level of the person they were speaking with, speaking gently and with consideration for privacy. We also heard staff in the corridor gently singing as they worked, or speaking with people using the service in a kind and compassionate way. They asked if the person had enjoyed a visit from family for example, showing that they kept up with who had visited the service. Another staff member was chatting about a meal that the person had enjoyed when they had been taken out for a while. This showed us that staff were kind and caring towards people using the service. Our conversations with people using the service and also with relatives confirmed this, everyone we spoke with agreed that all staff were caring.

We heard staff interacting with people using the service throughout our inspection. One staff member was walking along a corridor and we heard them greeting a person using the service and asking them how they were. The conversation was friendly and clearly enjoyed by both people. Before moving on the staff member said, "It's good to see you again and I hope to see you soon." We heard domestic staff in people's rooms talking and laughing as they went about their work.

Good

Is the service responsive?

Our findings

There was a formal complaints process in place and people knew what to do if they were concerned or worried about anything. People using the service and their relatives confirmed this. One person said, They [registered manager] is always popping in to check things, I can talk if I feel low." When we asked if they would speak out about concerns, people confirmed that they would. One person using the service and their visitor told us that they had a few 'grumbles' when they first arrived but that these had quickly been 'sorted out and properly too."

Records showed that an extensive pre admission assessment was completed before any new person moved into the service. The registered manager explained that any person who had needs that staff were unable to meet would not be admitted. If a person's needs changed after admission, then training would be sourced to provide staff with the skills they needed to support the person appropriately. Additional support from experts in the required field would also be obtained.

We reviewed six plans of care to ensure these reflected the full needs of people. We saw that care plans had information that showed such things as what time they chose to be woken in the mornings or what food they particularly enjoyed. One person using the service confirmed this by telling us, ""I can please myself, when I get up, when I go to bed."

Plans of care were regularly reviewed to make sure that current information was available for staff to provide the correct care and support to people. Information clearly showed the preferences of the individual, for example, one file stated, "Likes to wash own face and hands if given the flannel." Such information made certain that each person received their support in the way they needed. The plans of care seen were 'person centred' because they contained information about people's life history, their preferences and how they wanted to be supported.

We received mixed comments about the activities that were offered. Some people told us that they had sufficient things to do and chose if they wished to participate or not. Others felt that there were not enough activities or outings available. We did see staff offering people living with dementia a variety of things to occupy them. People were smiling and chatting with staff or dancing and one person said, "I love dancing don't you?" A staff member told us, "People here always enjoy a sing and dance, we do laugh together and we try to play the songs that they especially like and remember." Another staff member said, "We often talk about when people were young and then try to re-create that time of their lives."

People were gathering to continue their knitting as a long scarf was being knitted together to go around the corridors on the lower floor. Some people said they had sufficient activities or opportunities to follow hobbies, but others said they would like to go out more in the service vehicle. A staff member did say that there was not always a driver free to take people out in the minibus, but some outings had been undertaken, but not as many as they would have liked. We also saw photographs of other entertainment such as the local procession of floats where Chater Lodge had won for their theme of the A team. Staff also offered support for people to use the Wi-Fi available and some used a kindle for their reading. Arrangements were

being developed for people to also Skype their family to support contact even if family members were abroad.

People living with dementia had music playing in the lounge and also quietly at the midday meal time. Some people using the service had chosen to dress up with a fancy hat and they and staff members were singing and smiling. Staff clearly knew about the lives of the people they supported. Staff asked people about their family members and talked about things the person had enjoyed doing in the past.

Good

Is the service well-led?

Our findings

People using the service and their relatives told us that they regularly saw the registered manager around the building at various times of the day. They also said that they knew what to do if they had a complaint, although none had made a formal complaint. One person using the service said that they may have had a grumble but that things had quickly been "ironed out." A relative told us, "I went to look at four homes and it was the way the manager and deputy spoke to residents as they showed me around that made my decision for me, they [staff] all know them [people using the service] by name."

Staff members we spoke with told us that they felt supported by the registered manager, they said that they could speak to them if they had any concerns or worries about anything. They also said that the manager was readily available to listen to them if they wanted to talk about any subject. One staff member told us that the registered manager had been helpful with personal issues when needed as this was causing some distress. They said that the manager understood that staff had family as well as their professional role. This had meant that staff felt confident and comfortable working at the service and did not want to leave as the staff worked well together.

There were regular staff meetings that were recorded and showed actions when these had been agreed. Staff told us that they could speak out and openly discuss matters at staff meetings. They told us that they felt part of the development of the service and that their opinions were encouraged.

The provider regularly competed audits of the service as did the registered manager. Staff and people using the service said that the registered manager was always walking around the building. We noted during our view of the premises that people in their rooms called a greeting to the manager and talked openly with the registered manager. One person later said, "She is wonderful, she comes in and always listens to me."

Questionnaires were used to gather opinions about the quality of the care and support that was delivered. These were issued to people using the service and their relatives. After being collated, any areas that required attention or adjustment were reviewed and appropriate actions decided. The provider audits and those completed by the registered manager also supported development of the service on a more frequent basis.

A formal complaints process was in place and this was displayed for people's information. People we spoke with knew what to do and who to talk to if they had a complaint or concern of any kind. People using the service and their relatives confirmed this.

There were systems in place to regularly monitor the quality and safety of the service. Checks were being carried out on a daily, weekly, monthly, three monthly and yearly basis. These included checks on such things as the equipment being used such as hoists, hot water temperatures, bed rails and the condition of the beds, emergency lighting and the roof space and external areas. There was a clear record of when each area was due to be checked and the maintenance person expressed a thorough knowledge of the routines

and processes that were in place to monitor the safety of the service. All paperwork was clearly labelled and stored to enable staff to access these if the maintenance person was not in the building. For example, in the event of a fire alarm sounding, the fire safety records could be gathered and the appropriate recording and monitoring records updated.

We were told by staff that when they had reviewed plans of care, the registered manager then looked at these records to ensure all areas were completed and had been clearly recorded. The registered manager explained this system that ensured all staff were able to write acceptable plans of care. One staff member said that this had helped with their personal recording and hand writing. The registered manager and senior staff also regularly audited records consisting of such areas as medicines records, accidents and incidents and medicines storage. These regular checks and audits provided information that showed any areas requiring improvement and also ensured the safety of people using the service.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.