Chadderton Total-Care Unit Limited

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Inspection report

Middlewood Court
Chadderton
Oldham
Lancashire
OL9 9SR

Tel: 01616270027
Website: www.total-care.org.uk

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15 October 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**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 five separate 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. Each unit has its own manager who is responsible for the day to day running on the unit. At the time of the inspection 96 people were living at the home.

People's experience of using this service and what we found
We found improvements were required with the management of medicines and the systems and processes to assess the safety of medicines. Issues we identified with the administration, recording and storage of medicines had not been identified through internal audits.

People felt safe living at the home. Staff knew how to identify and report any safeguarding concerns, with training provided and refreshed annually. Enough staff were deployed to meet people's needs, with plans in place to cover shortfalls due to sickness or absence. Accidents and incidents had been documented and reviewed to identify trends to prevent reoccurrence and keep people safe.

People spoke positively about the care provided, referring to staff as kind, caring and friendly. People's privacy and dignity was respected and they were encouraged to maintain their independence by completing tasks they were able to do.

People and staff were involved in the home with their views sought through meetings and questionnaires. The home had been creative in providing ways for people to maintain contact with loved ones during the COVID-19 pandemic. Relatives had sent numerous messages of thanks, many of which were displayed.

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 April 2019) and there were two 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 enough improvement had not 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. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 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 carried out by two inspectors and two medicines inspectors.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 5 October 2020 and finished on 15 October 2020, at which point we had received all the additional information we had requested from the provider and analysed this. We visited Chadderton Total Care Unit Limited on 6 October 2020.

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

During the inspection
We spoke with 11 people living at the home about their experiences of the care and support provided. We also spoke with 11 staff members, which included nursing staff, care staff and the registered manager.

We reviewed a range of records relating to the safe, caring and well-led key questions. This included 12 people's care records, staff personnel files, health and safety records, audit and governance information.

After the inspection
We requested additional evidence from the registered manager. This included safeguarding, staffing, quality monitoring and governance information.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 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.

●Records showed some people did not receive their medicines in the right way. People had either not received a particular medicine or been given this at the wrong time.
● 'As required' medicines, transdermal patches, emollient creams and thickening agents were not managed safely. Record keeping of these medicines was either inconsistent or not in place.
● We found certain medicinal products, such as thickening agents, were not stored safely.

The provider had failed to ensure the safe management of medicines. This is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The home had a clear medicine policy that followed national guidance. Staff had received training and had their competency to administer medicines checked periodically.
● Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.

Systems and processes to safeguard people from the risk of abuse
● People felt safe living at Chadderton Total Care Unit. One person told us, "Yes I feel safe here, the staff are good with me."
● Staff had received training in safeguarding which was refreshed annually and knew how to report concerns. One staff member stated, "If there was a safeguarding issue I would speak to my manager and we would contact the relevant people like that MASH (safeguarding) team."
● Safeguarding concerns had been reported in line with local authority guidance, with a log kept to document referrals, actions taken and outcomes.

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

● Risks to people's safety and wellbeing had been identified and assessed.
● Care files provided staff with clear guidance on how to minimise risks to people and keep them safe.
● Where people had experienced falls, unplanned weight loss or were at risk of skin breakdown, referrals to the necessary professionals for guidance and/or assessment had been made.
● Analysis of accidents and incidents had been carried out to identify trends and help minimise a reoccurrence.
● The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance.

Staffing and recruitment
● Enough staff had been deployed to meet people's needs. The home used a system to ensure each unit had enough staff on shift, with clear contingencies in place to cover sickness or absence.
● People and staff we spoke with confirmed staffing levels were sufficient. Comments included, "Yes, there is always enough staff on" and "I have never gone short and I haven't had to wait for anything."
● Safe recruitment procedures were in place. Staff personnel files viewed contained all required documentation.

Preventing and controlling infection
● The home had robust cleaning and infection control processes in place.
● Additional measures had been implemented due to the COVID-19 pandemic, including increased deep cleans, restrictions on visitors to the home and a regular testing regime.
● Staff confirmed they had received the necessary guidance and support to keep people safe and follow procedures. One staff member stated, "We have been fed information on a daily basis, had lots of guidance and support and always had enough PPE."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the provider reviewed staffing levels on one unit to ensure people receive individualised care and ensured staff had the necessary skills and support to ensure people were always treated with dignity and respect. The provider had made improvements.

- People told us their dignity was maintained and privacy respected by sufficient numbers of staff. One person told us, Yes, they respect my privacy and dignity. They knock on doors (before entering), close the door and cover me with a towel when helping me bathe."
- Staff were knowledgeable about how to ensure people's privacy and dignity was respected. Comments included, "I always think if that was my mum how would I want them to be treated. We support people based on their preferences and choices" and "I ask each person for permission before doing anything, ensure they are covered when providing personal care."
- Staff encouraged people to complete tasks for themselves, in order to maintain functioning and promote their independence.

Ensuring people are well treated and supported; respecting equality and diversity
- People spoke positively about the care and support they received. Comments included, "Staff are very friendly and very kind" and "Staff are nice. They are very friendly, hardworking, kind and caring."
- The home had received numerous positive messages via social media and other channels about the care they provided, especially during the pandemic. One relative had stated, 'We are so happy with the care [relative] is receiving, can't thank you enough."
- During the inspection we saw lots of positive interactions between staff and people, including the appropriate use of humour, physical contact to provide reassurance and care being given in a private and dignified manner.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met. People who wished to continue to celebrate their faith, were supported to do so.

Supporting people to express their views and be involved in making decisions about their care
- People received care in line with their wishes from staff who knew people well and knew what they wanted.

● People told us they were offered choice. One person said, "I choose whatever I want each day, what to eat, what I wear and how I spend my time. We are not made to do anything."
● Quarterly surveys were normally distributed to gather people's views about the home and care provided. Due to COVID-19, the process had been disrupted, with the last survey being completed in January 2020. People's feedback and the providers responses were displayed on noticeboards throughout the home.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

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.

● Audits of medicines were not robust as they had not identified the issues we noted during inspection. Some areas of concern, such as the management of emollients had been deemed to be meeting required standards when audited with no issues noted. This was not what we found.

Systems and processes to assess the management of medicines were not robust. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. Aside from medicines audits, we found these were robust and had been used to generate actions and drive improvements.
● The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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 the home to be an inclusive environment. Both people and staff's views and opinions were sought and acted upon and they were also involved in making decisions about how the home was run.
● Staff told us they felt supported and enjoyed working at the home. Comments included, "The staff have generally worked here a long time which I think says something" and "I always say it's not a job that you can

do unless your heart is in it. The team here is a good one, we can be open and honest."

● Resident meetings had been held quarterly. Meeting agendas covered the environment, care provided, social activities, complaints, staffing and management. Updates were provided on actions or points raised previously at the start of each meeting.

● Regular staff meetings had not been held, however staff told us this was not a concerns as communication was very good, information was discussed at daily handovers and meetings were held if important information needed to be passed on. The unit and registered manager were approachable and available should they need to raise any concerns.

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings and daily interactions with care staff.

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.

● The home was a City & Guilds Centre who supported the assessment process for people completing a level two or level three qualification in care.

● The home had links with local schools, a cub pack and dance troupe, who all normally visited the home. As the schools were currently unable to visit due to COVID-19, a letter writing scheme had been set up to maintain communication between the children and people living at 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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess the safe management of medicines were not robust.