Barchester Healthcare Homes Limited

South Chowdene

Inspection report

Chowdene Bank
Low Fell
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 24, 26 & 30 June 2015. Seven breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet these legal requirements. These related to the breaches of regulation regarding safeguarding people, safe care and treatment, staffing, meeting nutritional and hydration needs, person centred care, receiving and acting on complaints and good governance.

We undertook this focused inspection to check if the provider was now meeting the legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for South Chowdene on our website at www.cqc.org.uk.

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 26 people living at the home at the time of the inspection.

The service had not had a registered manager since November 2015; there was an acting manager in post. 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.

Staffing numbers were assessed using the provider's dependency rating tool and there were sufficient staff to meet people's needs. Staff and people told us they had more time to spend with people and were less tasks focussed in their work.

Some medicine care plans and records could not demonstrate that people received all their medicines as prescribed. Care plans and records around creams and ointments did not demonstrate these were being used as prescribed. Action was not always taken when issues about medicines management were identified by audits.

Staff had not received appropriate supervision and appraisal. We found that little progress had been in made since our last inspection on providing staff with supervision. Staff had not received an annual appraisal of their performance.

People were supported to eat and drink to maintain their wellbeing. Systems and processes were now in place to ensure that people ate and drank enough to maintain their wellbeing. We observed a positive mealtime experience where staff had time to support people in a dignified manner.

We saw that care plans were personalised and were subject to regular review. These plans contained

personalised details about peoples likes and dislikes, detailing how best to support them.

The service had a process to respond to and learn from complaints; we saw that actions had been taken to learn from complaints.

The service had not had a registered manager in post for six months. Staff and relatives told us this had a negative impact on the service.

The processes in place to complete agreed actions was not robust. We saw that actions had not been completed in agreed timescales and the process used to manage these was not robust. Feedback from people and relatives had been sought and acted upon to improve the service offered.

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

We could not improve the rating for 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always safe. Some medicine care plans and records could not demonstrate that people received all their medicines as prescribed. Action was not always taken when issues about medicines management were identified by audits.

Staffing numbers were assessed using the provider's dependency rating tool and there were sufficient staff to meet peoples needs.

We saw that the service reviewed all accidents and incidents, and took actions to ensure that future risks were minimised.

Is the service effective?

Requires Improvement

We could not improve the rating for 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always effective. Staff had not received appropriate supervision and appraisal.

People, or their representative, had consented to their care.

People were supported to eat and drink to maintain their wellbeing. People enjoyed a positive mealtime experience.

Is the service responsive?

Requires Improvement

We could not improve the rating for 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was responsive. Care plans were personalised and were subject to regular review.

The service had a process to respond to and learn from complaints.

Is the service well-led?

Requires Improvement

We could not improve the rating for 'Is the service well led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not well led. The service had not had a registered manager in post for six months. The processes in place to complete agreed actions was not robust.

Feedback from people and relatives had been sought and acted upon to improve the service offered.

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 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.

We undertook an unannounced focused inspection of South Chowdene on the 19 and 22 April 2016. This inspection was carried out to check that improvements to meet legal requirements had been made after our comprehensive inspection on 24, 26 & 30 June 2015. We inspected the service against four of the five questions we ask about services; 'Is the service safe?'; 'Is the service effective?'; 'Is this service responsive?' and 'Is the service well-led?' This was because the service was not meeting legal requirements at the time of our last inspection.

The inspection team was made up of an adult social care inspector, an expert by experience and a specialist nursing advisor. An expert by experience is someone who has used or knows someone who has used a similar service.

Before the inspection we reviewed information we held about the service, including notifications from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for feedback and were informed they had no recent concerns about the service.

During the inspection we spoke with 12 staff including the acting manager, as well as 10 people who used the service and nine relatives or visitors.

Four people's care records and daily notes were reviewed as well as five medicine records. Other records reviewed included policies and procedures, accident and incident records, records relating to the Deprivation of Liberty Safeguards and food and fluid monitoring charts. We also checked staff recruitment, training, supervision and appraisal records as well as the acting manager's quality improvement process.

The internal and external communal areas were viewed as were the kitchen, lounge, dining area, bathrooms

and, when invited, some people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on the 24, 26 & 30 June 2015 breaches of legal requirements were found. These included a failure to ensure sufficient staffing to meet the needs of people, to raise safeguarding alerts correctly, to review and learn from accidents and incidents and to ensure that medicines were handled safely. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

We looked at how the service managed people's medicines; we spoke with staff and observed their practice as well as looking at records and audits of medicines. Appropriate arrangements were in place for the administration, checks of stock balances, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in a locked treatment room and only the senior member of staff on duty held the keys for the treatment room.

Topical medicines application records (TMARs) were used for recording the application of creams and ointments, and included instructions on how to apply them and how often. However they did not include details of where staff should apply the creams and ointments. We reviewed some TMARs and found that creams and ointments were not recorded as being applied as regularly as prescribed. This meant we were not confident people were receiving their medicines as prescribed. The manager was responsible for conducting monthly medicines audits, to check that medicines were being administered safely and appropriately. We saw the completed report for March 2016 which highlighted a number of actions that needed to be taken. However it was not signed or dated by the person who completed it, it was not discussed with or approved by the Manager and there was no action plan noted to correct the issues highlighted. This meant the service did not have a robust system to improve the quality of support to people. When we brought this to the attention of the acting manager they agreed to take immediate action.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we talked to the acting manager about the process they followed to calculate staffing, as well as talk to people and staff about staffing numbers. We saw that the acting manager used the provider's recognised tool to assess how many staff were needed throughout the day. We saw that each person's level of need had been assessed and this was then aggregated and used to calculate the overall numbers of staff needed. This was reviewed regularly and we saw in peoples records that individual's had been reviewed as their needs changed over time. People we spoke with told us they thought there were enough staff on duty to meet their needs. One person told us they had been ill, but staff had time to check on them. They told us, "I was feeling ill the other day, and all the staff kept popping in to see me in my room. They are all lovely people." Staff we spoke with all told us that staffing had improved. They told us they now had time to spend with people and were less task focused. We observed that staff responded quickly to people's requests for support, whilst still ensuring that observation of people in communal areas continued. During mealtimes we observed that nursing staff were now deployed alongside care staff to support people

and this made the experience more relaxed.

We looked at records the service kept about safeguarding, as well as talked to staff and people about how people were kept safe from possible risk of harm. We saw that the service had not submitted any safeguarding notifications since our last inspection. Other service records we reviewed did not evidence any other incidents which could have been safeguarding alerts. Staff we spoke with were clear about what potential abuse might occur in the service, and knew how to report this. All the staff we spoke with felt able to raise any concerns about people's welfare. People we spoke with and their relatives all felt people were safe in the service, and that if they had any concerns they felt able to raise them with staff.

We looked at accident incident records and saw that the acting manager had taken steps to investigate and learn from these incidents and that any possible improvements had been made. Records for the previous four months showed staff had clearly described the original incident. They analysed the causes of these incidents and outlined actions that had been taken and by whom to reduce a reoccurrence. For example, one person had a choking incident. Immediate action was taken to monitor and support this person at mealtimes, staff were made aware of the risk, and referrals made to external professionals for assessment. This incident was shared with the person's family members and after external professional advice the person's risk assessment was reviewed again and care plan updated. Staff we spoke with were able to tell us about some of the recent incidents, what had changed immediately, and then what long term changes had happened to prevent reoccurrence. We saw that the service now learned from all incidents and the process was robust.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on the 24, 26 & 30 June 2015 breaches of legal requirements were found. These included a failure to ensure staff received regular supervision and annual appraisals, that people were supported to eat and drink to maintain their wellbeing and that peoples consent to care and treatment was gained and recorded. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

At the last inspection we found that staff were not receiving regular supervision and appraisal of their performance. The provider sent us an action plan where they stated, 'All staff will receive an annual appraisal before the end of December 2015, including completion of a personal development plan covering the next 12 months and at yearly intervals thereafter. A schedule of supervisions to be carried out on all staff will be in place by the end of November 2015 and all staff will receive a minimum of 6 supervisions each year.'

We looked at the records kept by the service for staff supervision and appraisal, as well as speaking to staff. We looked at the supervision files for 23 staff and found that 19 of those staff had identical records of what had been discussed in supervisions in December 2015 through to March 2016. These records were focused on the management of people's food and fluid's and monitoring/ record keeping and did not contain any other details about staff or people using the service. On these 19 files we did not find any staff appraisals had been recorded since our last inspection. On other records of staff we found that one staff member had one supervision in 2015, none in 2016 with no appraisal since 2012. Staff we spoke with told us they had not received individual supervisions, and they had not attended an annual appraisal since our last inspection. When we brought this to the acting manager's attention they were unable to find any records to show supervision and appraisals had taken place as stated in the action plan. The acting manager was able to show us a supervision record they had developed and assured us they would start implementing supervision and appraisal processes immediately. This meant staff had not received such appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At out last inspection we found that consent records were not consistent, and it was sometimes unclear how the service gained consent from the person or their relevant representative. Care records had been updated and as part of the process people had been asked to give their consent as part of this process and this was clearly recorded. Where people could not consent we saw that relevant others had been involved and there was evidence of their agreement.

We looked at how the service supported people to eat and drink to maintain their wellbeing. We observed the mealtime experience over the two days of our visit, looked at care plans and monitoring records for people who were at risk of losing weight, as well as speaking to people and staff. One person said, "The food

is good. I get all I need", another told us "The food is the best I've had". A person who was cared for in their bedroom told us, "The food is very nice and the staff are very helpful". Another person told us," The food is reasonable, if anything I get too much"

People's assessments and care plans identified people who were at risk of losing weight or not drinking enough. These records showed that referrals were made to external professionals for advice and that plans were in place to support people. Monitoring records were completed by staff to show what people ate and drank throughout the day. We reviewed these monitoring records and saw that they clearly described the amount of fluids that people were to consume each day, and these were evaluated throughout, and at the end of each day. We saw that people were receiving the required amounts of fluid each day. People who had prescribed dietary supplements were receiving them, and that peoples weights were monitored and these were subject to audit and review.

We observed the mealtime experience was much improved, the tables were set attractively with tablecloths, placemats, napkins, condiments and there was a menu card on the table with at least two choices for each course. The choices of food were displayed on the menu boards, which were so people would have been aware of what was being served before the meal. Pictorial menus were also available to help people visualise the planned meals, if people no longer understood the written word. We observed that staff showed people both meal choices. This meant they could see and smell the food which was particularly beneficial to people who were living with dementia.

The food was well presented and hot and cold drinks were available. We saw that some people required pureed meals. We noticed that each part of the meal was pureed separately and placed on the plate in distinct portions to make the meal look more appetising and help people to distinguish what they were eating. For people being served their meals in their rooms we saw the trays were pre-prepared with placemats, napkins, condiments and plate covers. The atmosphere was calm and there was conversation between people on the tables. Staff interacted well with people and were available to support people with tasks such as cutting their food up. Where people required encouragement to eat their food staff provided this in a quiet and unhurried way, for example staff sat next to the person and interacted with them in a positive manner. This meant levels of support were improved and consequently the risk of weight loss was reduced. The cook was made aware of people's dietary needs, likes and dislikes, as well as who needed fortified foods. They showed us the file with people's dietary needs documented to demonstrate this. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on the 24, 26 & 30 June 2015 breaches of legal requirements were found. These included a failure to ensure that care plans reflected people's needs as they changed over time and that complaints were not effectively managed by the service. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

We looked at four peoples care plans in detail, and spoke to staff, people and relatives about their involvement in the care planning process. The written care plans contained personalised details about how best to support people in a way of their choosing. Records showed where people had been involved with the creation of their care plans and relatives we spoke with confirmed they had been consulted by staff in care plan reviews. We saw that plans were subject to regular review and were updated as and when people's needs changed. For example records showed that after a person fell as they got out of bed an immediate review took place. Actions were completed and measures put in place to reduce future risk and care plans updated. Staff we spoke with told us they had better communication and updates about changes to people's needs now as they had more time to record details in peoples care plans.

Care plans were now more detailed and were individualised, for example saying what areas of self-care people could manage independently, the support required and how best to offer that support. People we spoke with told us that they felt staff treated them as individuals and involved them in the review of their care. Staff we spoke with were able to tell us about people's likes and dislikes, demonstrating they had a good understanding of people and their needs.

We looked at the services complaint records, and discussed the complaints process with staff and people. We saw there had been one formal complaint since we last inspected. We saw the issue had been investigated, and that an apology had been offered to the complainant and compensation offered for any financial loss. The records clearly demonstrated how the complaint was resolved and how the service met its duty of candour. The acting manager was able to tell us about the lessons learnt from this complaint, and we saw that information had been given to staff to prevent a reoccurrence. Staff we spoke with were aware of the provider's complaints procedure and told us they would support people or their relatives in raising a complaint. The provider's complaints procedure was visible in the service reception area. People and their relatives we spoke with told us they did not have any complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on the 24, 26 & 30 June 2015 breaches of legal requirements were found. These included a failure to have an effective quality assurance process in place for the service and a failure to respond to feedback from people. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

The service had not had a registered manager in post since November 2015. Since the last registered manager left the provider had appointed two acting managers, the second of these had started in post a month before our inspection to replace the first acting manager. Part of the services registration contained a requirement to have a registered manager in post. Relatives told us this lack of consistent/ leadership was an issue that affected the service. One relative told us, "Managerially, this place has been in turmoil. I believe the staff are unsettled by this gap. This has gone on for six months or more and needs attention." Another told us, "We like the home but without a manager, it is very unsettled. This is a hiccup that needs to be sorted." All the staff we spoke with felt the present, and previous, acting manager had been good for the service and had improved their morale. But they also said the uncertainty of who would be leading the service in the longer term caused them concern.

We looked at the acting managers action planning process, focussing on the actions the service agreed to undertake following our last inspection. We saw that progress had not been made in the development of a staff supervision and appraisal process, or in the management of topical medicines. We also found that some of the issues listed on the 'action plan management' tool were difficult to identify. They had been added by the 'external regulator team' and were grouped under the CQC regulations and domains. For example one action stated "schedule of supervisions to be carried out on all staff by end of November 2015 and all staff will receive an appraisal before the end of December 2015". Whereas we also saw on the 'action plan management' tool "Matrix to be developed by 08.04.16 for the forthcoming year and all supervisors and supervisees made aware of their responsibilities in regards to supervision and appraisals". These were slightly contradictory and the acting manager agreed the tool was difficult to navigate and search for outstanding actions. This meant that the service did not have in place a robust process to improve in line with agreed actions. In addition, improvements identified within the action plan had not been embedded in practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the survey the service undertook of people and relatives in 2015; there were five responses. In the survey the main positive themes were related to the home being safe, the quality of the food was good, people were treated with kindness, dignity and respect, privacy was respected, visitors could visit when people wanted them to and people could have their own things around them. The areas identified for improvement were related to the laundry service, not enough staff to meet the needs of people and activities and hobbies. We saw that following this survey action had been taken by the acting manager to improve these areas. People told us the laundry had improved, as had staffing. We also saw that a new

activities coordinator was in post and people and staff told us activities had also improved since our last inspection.

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 did not take formal enforcement action at this stage. 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 Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. The registered person failed to provide care and treatment in a safe way, including the proper and safe management of medicines. Regulation 12(2) (g)

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 Regulation 17 HSCA (RA) Regulations 2014 Good governance. The registered person had not assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014 Staffing. The registered person had not ensured that persons employed by the service provider in the provision of regulated activity had received

such appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2) (a)