

The Percy Hedley Foundation

Chipchase House and Ferndene

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

About the service:

Chipchase House and Ferndene is a residential care home providing accommodation and personal care to 48 adults in one adapted building and 10 separate bungalows. People who live at Chipchase House and Ferndene have varied health and social care needs, including mental health, physical disabilities, learning disabilities and dementia.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People had seen an improvement to the service they received. The management team had strived to achieve high standards through continuous improvement and development. The quality and safety of the service was monitored through necessary checks and audits.

People's care needs were thoroughly assessed. Risks to people's health, safety and well-being were identified and minimised. Medicines were well managed. Staff provided support which met with people's current needs and the records reflected this. Accidents and incidents were investigated and reported as required.

Staffing levels had increased. Staff were now well supported to provide high quality, person-centred care to people. Staff recruitment continued to be safe and staff training was up to date. Competency checks were carried out to ensure staff remained suitable for their role.

People felt safe at Chipchase House and Ferndene, with support from caring staff, who knew them well. People's privacy and dignity were protected, and staff were respectful. Staff encouraged independence, and people were involved making decisions and developing their care plans.

People were well engaged in social activities and supported to pursue their hobbies and interests. This promoted socialisation and community involvement and helped to reduce loneliness.

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.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 17 October 2018). We identified three breaches of regulations related to safety, staffing and governance of the service.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Chipchase House and Ferndene until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chipchase House and Ferndene

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. This inspection was planned to check 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.

Inspection team

The inspection was conducted by one inspector, an assistant 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

Chipchase House and Ferndene is a 'care home'. People in care homes receive accommodation and personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about Chipchase House and Ferndene since the last inspection. We contacted the local authority and other professionals who work with the service for information. We used this to plan our inspection.

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.

During the inspection

We spoke with twelve people who lived at Chipchase House and Ferndene about their experience of the care provided. We spoke with staff, including care staff, an occupational therapy assistant, a domestic assistant, the chef, the activities coordinator, the registered manager and the provider's head of residential services. We also spoke with one professional visitor to the service and one friend of people who use the service.

We reviewed four people's care records and 10 people's medicine records. We looked at information regarding the management of the service. This included five staff files and records related to the quality and safety of the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured that systems were properly in place to assess risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people identified through care planning or changes in need had been assessed and steps were taken to minimise the risk of occurrence. For example, where people were at risk of falls, there was a detailed care plan and specific risk assessment in place to support the person and reduce the risk of falls and injury.
- Accidents and incidents were consistently recorded and reported to the registered manager who conducted investigations and analysed these events.
- The premises were safe. All relevant health and safety checks on utilities, lifting equipment and fire safety equipment were carried out, as well as there being appropriate risk assessments in place. Up to date contingency plans were in place in the event of an emergency.

Using medicines safely

At our last inspection the provider had not ensured medicines were always managed in a safe manner. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were well managed and stored securely in line with best practice. Staff followed a clear system to ensure the safe ordering, storage, administration, recording and disposal of medicines.
- Medicine administration records were well maintained and up to date.
- Regular audits were carried out by staff to ensure people had received their medicines as prescribed. This was overseen by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Chipchase House and Ferndene. One person said, "I'm safe, not isolated. It's fine and dandy."
- There were systems in place to help reduce the risk of abuse to people. The registered manager ensured all safeguarding concerns were raised with the local authority for assessment and possible investigation.
- Staff were trained and understood how to raise safeguarding concerns. Staff were aware of the provider's whistleblowing procedure.
- Information was displayed throughout the home for people, visitors and staff on who to contact if they had a concern.

Staffing and recruitment

- Staffing levels had improved and were continuously reviewed by the registered manager. Staffing levels were determined using a dependency tool, to ensure enough staff were deployed to meet the needs of people.
- Staff were attentive to people; they did not have to wait a long time for assistance.
- Staff recruitment remained safe. People who used the service continued to be involved in the interviewing and selection of new staff.

Preventing and controlling infection

- The premises were clean; a team of housekeepers worked on a schedule around the home to ensure all areas were cleaned.
- Staff used personal protective clothing such as disposable aprons, gloves and hand gel to reduce cross infection when delivering personal care.
- Domestic staff received appropriate training and followed best practice guidance. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- The management team had made improvements to the service following the last inspection. Lessons learned had been shared with staff to continually improve the service they provided to people.
- The registered manager shared lessons learned with the provider's board of directors. This was monitored by the head of residential services and shared amongst the organisation to encourage best practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received effective supervision and appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff were now well supported by senior care staff and the registered manager. They attended regular supervision and appraisal sessions which checked their competence, identified learning needs and any development areas. Senior care staff observed staff perform their duties daily.
- People were supported by trained and experienced staff whose skills and knowledge were up to date. This included courses specifically designed to increase staff awareness of topics relevant to people's current needs, such as positive behaviour strategies, epilepsy and choking.
- New staff had completed a thorough induction and training in key topics continued to be refreshed. A member of care staff said, "I got lots of training before I started."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed which included, physical, mental and social needs. People set and achieved good outcomes with support from proactive staff. For example, one person was supported by staff to find and attend an English course. They had gained a qualification and had now found successful paid employment.
- Care plans clearly described people's needs, wishes and choices about care delivery, to enable them to have a good quality of life.
- The support people received was regularly reviewed to ensure it reflected their current needs.
- Staff supported people in line with best practice guidance and relevant legislation.

Ensuring consent to care and treatment in line with law 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in the MCA and applied the principles to the support they provided to people. This ensured people's legal and human rights were upheld.
- Decisions made in people's best interest were made in accordance with legislation and people's wishes, with their families and external professionals involved.
- There were five people with legally authorised restrictions in place for their own safety. The registered manager was awaiting outcomes of further assessments submitted for authorisation. Applications, authorisations and their expiry dates were tracked by the registered manager to ensure restrictions remained lawful. The Care Quality Commission had been informed of these restrictions in line with legal requirements.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. The chef had met with people to discuss new menu ideas and their dietary requirements. There was ample choice from home-cooked meals, snacks and drinks.
- People with specific dietary needs were well catered for. For example, vegetarian and diabetic options were available.
- Staff carefully followed guidance from external professionals when specialist feeding techniques were required. For example, to reduce the risk of choking or ensuring nutrition was received safely through a percutaneous endoscopic gastrostomy (PEG). A PEG is a small tube inserted into a person's stomach to provide a means of feeding when oral intake is not suitable.
- People enjoyed a positive meal-time experience. The dining area was pleasant and encouraged socialisation amongst people. The kitchen facilities were safe and clean. One person said, "The food is wonderful, the chef puts meat aside for me. He's a lovely man."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood the importance of people receiving timely interventions from external professionals. Staff were proactive in involving other services in people's care, to help them lead healthier lives and improve their well-being. A member of staff said, "We have really good communication and partnership working with services like joint loan equipment stores, wheelchair services and the occupational therapy departments."
- People were supported by staff to attend appointments with their GP, consultant or dentist for example. Information regarding these visits was documented in people's care records.
- The provider offered additional on-site services to enable people to have consistent access to occupational therapy, physiotherapy or day services.

Adapting service, design, decoration to meet people's needs

- People's private living areas were adapted to meet their individual needs and decorated to their own personal taste. People's rooms were filled with their personal belongings.
- Communal areas of the home were adapted and designed to meet people's needs. The provider had

taken what action they could to improve the existing building.

- The premises were old, but plans were in place for new modern apartment blocks to be built to accommodate people in a nearby location. People had been included in these plans and were keen to move. Records showed people had been given choices about the new apartments.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated caring values. They treated people well; with kindness and empathy. People consistently told us staff were nice and friendly. An external care manager said, "I feel that the staff are caring."
- Staff presented the right attitude to deliver considerate and gentle support which met people's individual needs. Staff knew people very well and had time to communicate with them, to understand their wishes and choices.
- Staff promoted people's rights and ensured they were not discriminated against in any way. An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Diverse needs around religion, meals and activities were individually assessed in people's care plans.

Supporting people to express their views and be involved in making decisions about their care

- Staff recognised when people needed help from others, such as obtaining advice, guidance and independent support. Staff supported people to be involved in and make decisions about their care.
- Staff had time to properly engage with people and provide meaningful emotional support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People received consistent support from an established staff team.
- People's right to privacy and confidentiality was respected. Staff recognised when people were in discomfort or distress and acted discreetly to intervene and provide support.
- People had choice and control over their lives. Staff encouraged people to maintain and develop their independence. This had helped people to achieve their goals. One person had transferred into an individual flat within the grounds of Chipchase House. This meant they now had their own kitchen and living room. This increased their independence and they were able to have their sister stay over.

Is the service responsive?

Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained person-centred information about them, including one-page profiles and a life history.
- Care plans documented how people chose to be supported whilst ensuring their needs were safely and appropriately met. These were evaluated, and changes were quickly implemented and communicated to staff to ensure continuity.
- People and their representatives were involved in developing care plans. Regular reviews were carried out.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and appropriate care plans were in place with specific details on how people were able to communicate. For example, one person used a symbols book to communicate as well as physical movement. Staff had knowledge of what these symbols and moves meant and were able to respond.
- Information was displayed throughout the home in various formats, such as easy read, pictures and symbols. This included who to contact with a concern, who the local community police team were and, information on voting in local elections.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social care plans helped reduce social isolation and encouraged stimulation. They reflected people's individual needs, wishes and preferences with regards to activities, hobbies and interests which enhanced their lives.
- People were supported to maintain relationships with their family and friends. The registered manager told us, "Staff have helped with family contact. A parent has been poorly so can no longer drive. Staff have come in to take a person to spend quality time with their parents."
- A dedicated activities co-ordinator organised a variety of engaging activities for people. People were given maximum choice of what they wanted to do and regularly went on outings, trips and holidays. Organised activities and events were displayed throughout the home. There were positive links with the community

including businesses, schools and the local church.

- Since the last inspection, staff had started to work with an external company to enhance people's mental, physical and emotional wellbeing. Activities were well received and accessible to all. An action plan was in place to continue to increase people's health and wellbeing. One person told us, "I'm going to the cinema tonight, I'll be back late. I don't go to bed till late and get up late. I like to get out to get fresh air in my lungs."

Improving care quality in response to complaints or concerns

- Complaints were received and investigated by the registered manager. People who raised a complaint received an acknowledgement that their concerns were being dealt with, an explanation and an outcome.
- People and visitors knew how to raise a complaint or concern. They told us they were confident that the registered manager would address their issues.
- Any learning from complaints or minor issues was shared with staff to improve their practices and the service people received.

End of life care and support

- There was currently no-one receiving end of life care. However, training was available to staff when needed.
- Where they chose to, people had shared their end of life wishes which included religious, cultural and spiritual preferences. This would help staff to care for people appropriately when they were no longer able to express those wishes or in an emergency.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not ensured effective systems were in place to assess, monitor and improve the service; and to fully mitigate risks to people. Records were not always well maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improved governance arrangements and a quality assurance process were embedded into the service. Audits were regularly completed to monitor quality and safety. Checks were thorough, and any issues raised were addressed immediately by the registered manager.
- Audits were analysed by the registered manager to look for key themes. These were escalated to the head of residential services and onto the board of directors to ensure issues were addressed quickly or to initiate further improvements to the service.
- The registered manager and staff had a clear understanding of their roles and responsibilities. The provider had policies and procedures in place which included best practice guidance. This enabled staff to provide a quality service.
- Record keeping had been improved. We found most aspects of the service contained comprehensive records with accurate details. Minor issues were addressed by the registered manager during the inspection.

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

- The service was operated by a well-established registered manager and an experienced care team. They were passionate and motivated to provide person-centred care. Staff shared the provider's values, which included, "People are at the heart of everything we do"; "We inspire others" and, "We continually seek to improve."
- The registered manager and staff had a solid understanding of how providing consistently safe, high-quality care helped people to achieve positive outcomes.
- Staff felt respected and valued in their roles. They were listened to and supported by the registered manager and provider to deliver person-centred care. A member of care staff said, "I love it here, it's great,

staff are great."

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 understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something did go wrong.

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

- There was regular engagement with people to keep them involved in how the service was operated. This included a regular 'residents' meeting and a food forum. There was a designated person who represented the people who used the service at internal meetings.
- The registered manager welcomed feedback from the public and gathered people's views to help improve the service through surveys.
- Staff meetings gave staff an opportunity to be involved in how the service was run and share their ideas for improvements. Staff said the registered manager was approachable and listened to their ideas and suggestions.

Continuous learning and improving care

- The provider and registered manager had improved the care people received following the last inspection. They told us lessons had been learned. There was good understanding of the service priorities and steps had been taken to address issues. The registered manager had shared their learning in staff meetings to continually improve working practices.
- There was a clear plan in place to improve and develop the service further. This included moving the service to a brand-new, state of the art facility, which included separate apartments for people.
- The registered manager was keen to develop themselves and was applying for a course about technology and innovation in care. New skills and knowledge gained from this course would enable the registered manager to mentor the provider's new technology manager in terms of what they would want to see implemented, to enhance the service further.

Working in partnership with others

- Staff had maintained positive relationships with external professionals and other local services to help meet people's needs and achieve positive outcomes.
- The registered manager regularly hosted a network of other registered managers from similar external services. A visiting professional told us, "(Registered manager) acted as a role model for new managers, sharing a wealth of experience and knowledge."
- The registered manager worked in conjunction with other organisations to improve the care industry. They were due to take part in a pilot scheme to promote value-based recruitment. A visiting professional said, "(Registered manager) is part of a pilot to develop the course which will shape the values and skills needed by organisations for successful recruitment and retention."