Barchester Healthcare Homes Limited

Chacombe Park

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?	Requires Improvement

Summary of findings

Overall summary

Chacombe Park accommodates and provides care for up to 77 older people, some of whom are supported with dementia care needs. There were 55 people in residence when we inspected, with one other person hospital and expected to return to the home.

At the last inspection the service was rated 'Good' when we published our report on 25 November 2015. At this inspection we found the service remained overall 'Good', with 'well-led' requiring improvement.

A registered manager was in not in post when we inspected although we had received an application to register a manager and their application was being processed. The new manager was subsequently registered on 20 November 2017.

There had not been a registered manager in post since the last registered manager voluntarily cancelled their registration on the 18 April 2016. Their successor left without submitting an application to register as manager and this sequence of events resulted in the provider having to appoint another manager. Although the provider had made timely arrangements for Chacombe Park to be managed until a new manager was registered it remained a legal requirement that a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were safe. There were sufficient numbers of experienced and trained staff to safely meet people's assessed needs. There were appropriate recruitment procedures in place to protect people from receiving care from staff that were unsuited to the job.

People's needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening. Risks to people's safety were reviewed as their needs and dependencies changed.

People were treated equally and shown respect as individuals with a range of needs that came together from diverse backgrounds. They received care and support from staff that knew what was expected of them and they carried out their duties effectively and with compassion. Care plans were personalised and reflected each person's individual needs and provided staff with the information and guidance they needed to manage risk and keep people safe.

People's capacity to make informed choices had been assessed and the provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support.

People were encouraged and enabled to do things for themselves by friendly staff that were responsive and attentive. Their individual preferences for the way they liked to receive their care and support were respected. Staff had insight into people's capabilities and aspirations.

There were appropriate arrangements in place for people to have regular healthcare check-ups. People had access to community healthcare professionals and received timely medical attention when this was needed.

People who needed encouragement and support with eating a healthy diet received the help they required. They had enough to eat and drink, the menu choices were appetising and the people we spoke with said they enjoyed their meals.

Medicines were appropriately and safely managed and staff had received the training they needed in the safe administration of medicines. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People, and where appropriate, their family or other representatives were assured that if they were unhappy with the care provided they would be listened to and that appropriate action would be taken to resolve matters.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service was not always well-led. There had been arrangements for the service to be managed since the previous registered manager left. However the service had been without the continuity of a registered manager being in post for over 6 months. The new manager was registered with the Care Quality Commission (CQC) in November 2017.	**Requires Improvement**

Chacombe Park

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 checked 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 comprehensive inspection took place on 27 and 30 October 2017 and was unannounced. This inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire which is an independent consumer champion for people who use health and social care services.

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 it does well and improvements they plan to make. We took this information into account when we inspected.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with four people using the service and five visitors. We also spoke with five care staff, the new manager, the deputy manager and a senior manager from the organisation. We undertook general observations throughout the home, including observing interactions between the staff and people in the

communal areas. We looked at the communal facilities throughout the home as well as four bedrooms when we spoke with people in their own room.

We looked at four people's care records and records in relation to staff training and recruitment. We also looked at other records related to the day-to-day running of the home and the quality of the service provided. This included quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. All the people we spoke with said they felt safe in the home. One person said, "I'm looked after here and that keeps me safe and sound." A visiting relative said, "I don't have any doubts at all about [relative] being safe here. Sometimes I think there could be more staff around but it's a big home and they [staff] might be helping them [people] in their own rooms when I visit. [Relative] says they [staff] are always 'on hand' when needed."

People were protected against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. The provider had ensured that there were sufficient numbers of experienced and trained care staff on duty, including temporary agency staff, to safely provide people's care and support in a timely way. There had been difficulties recently in recruiting new staff, particularly qualified nursing staff, despite the concerted efforts of the provider. Agency staff were deployed to cover vacancies and ensure that people's needs were being met and we saw that staffing rotas were being covered so that people were kept safe. There have since been numerous significant successes in recruiting more permanent staff and the recruitment drive was on-going when we inspected. New roles have also been created by the provider with the appointment of two new care practitioners. Their role will be to directly support the nurses and minimise the future use of agency nursing staff.

Staff knew how the service was to be provided to each person they supported. People's care plans provided staff with guidance and information they needed to know about people's needs. Care plans were individualised and risk assessments were updated as changes to people's dependencies occurred. A range of risks were assessed for example, people who had been assessed for the risk of falling had plans in place with preventative actions to minimise the risk of this happening.

People received their medicines in a timely way and as prescribed by their GP. All medicines were competently administered by staff that had received the necessary training. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy.

There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

Staff knew what to do in the event of a fire or emergency. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire practices throughout the year. All

appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills as well the training they needed to care for people with a range of needs. They had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life. Staff received the regular refresher training they needed and they were supported to keep up-to-date with best practice. People could be confident that they were supported by care staff who had the appropriate supervision and support to carry out their role effectively

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. They were able to explain their roles and responsibilities in relation to the MCA. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff acted in accordance with people's best interests.

People's care plans contained information about the way in which they preferred to receive their care and spend their time. They were enabled to join in with organised activities if they wanted to.

People said they enjoyed their meals, and had enough to eat and drink. One person said, "I get plenty to eat and I enjoy what they cook for us." Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. People were able to choose menu alternatives if they wished to. There were drinks and snacks available throughout the day. People could choose where they ate their meals and staff supported those who needed some assistance. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the home.

People's physical health was promoted and there was timely healthcare support from the local GP surgery when required. We saw in people's care plans that detailed visits of health appointments had been recorded including any follow up appointments that were required. Timely action had been taken by staff whenever there were concerns about a person's health.

Good

Is the service caring?

Our findings

People's privacy was respected. People were treated with kindness and staff provided their support in an unhurried manner so that people were enabled to do things for themselves without feeling 'rushed'. Their support was discreetly managed by staff so that people were treated with compassion and in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

Visitors to the home were made welcome and people were able to meet with them in private. People were supported to maintain links with family and friends. One visitor said, "I'm always made welcome, especially at reception." By contrast another visitor said, "Sometimes when I ask about [relative] they [staff] seem to be busy and say I need to check with the nurse. Perhaps they don't realise that can come across as a bit unhelpful." With the person's agreement we shared this comment with the manager. Overall, however, the visitors we spoke with were happy with the attitude of the staff and found them polite and friendly.

People were enabled to personalise their bedrooms with their belongings and mementos they valued and had chosen to have around them. One visitor said, "[Relative's] room is just how [relative] likes it. Of course it's not it's not [relative's] own home but in the circumstances it's the best it can be."

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. Staff responded in a timely way when people needed assistance or reassurance. They took time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them. People were supported to do things at their own pace.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. When talking with people staff presented as friendly and used words of encouragement that people responded to positively.

There were suitable arrangements in place for people that may require an advocacy service.

Good

Is the service responsive?

Our findings

People were encouraged to make choices about their care and how they preferred to spend their time. We saw that people were able to choose how and where they spent their day and were able to move freely around the home. All the people we spoke with felt they were treated as individuals by staff that knew and acted upon their likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. We were made aware by the manager that the activities board on the first floor was inaccurate. This was because during refurbishment of the décor the original board had been mistakenly put back up on the wall by the workmen. The manager confirmed that this was being replaced by a display that reflected all the on-going activities, including changes made on the day to planned activities.

People received personalised care and support. People's individual support needs had been assessed prior to their admission to the home. They received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. These included, for example, assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. Records kept in each person's room detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken.

Care plans were reviewed and updated information showed that people's individual needs and preferences had been taken into account and acted upon with the person's involvement. Care plans contained all the relevant information that was needed to provide staff with the guidance and insight they needed to enable them to consistently meet people's needs.

People that were able to make decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Complaints were addressed in a timely way by the provider in accordance with their policies and procedures.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in post when we inspected on 27 and 30 October 2017 but a new manager was registered with the Care Quality Commission (CQC) on 20 November 2017. The service had been without a registered manager since 18 April 2017 and in accordance with the policy of the CQC we had written to the provider after a period of 12 weeks had elapsed to establish if they had taken the appropriate action to rectify this. We accepted the provider's response that they had initially recruited a new manager but that this person had subsequently left before submitting their application to register with the CQC.

We found from speaking with staff that morale had only recently begun to improve since the appointment of the new manager in post. One person said, "We have always made sure they [people] were looked after but when they [manager] leave after such a short time I think it unsettled everyone. They [people and their relatives] like to put a face to the manager. They like to know who the 'boss' is. We [staff] didn't always feel we were being listened to." One relative said, "It's a big home and when they [manager] go after hardly any time it makes you a bit anxious because the carers start to look a bit stressed. I'm pleased that [new manager] has started and I think they [staff] look much happier. A staff member said, "We know it's really difficult to recruit but things are looking up now. There has been a lot of new staff taken on recently so that we don't have to rely so much on using agency [agency staff]. Don't get me wrong, they [agency staff] do a good job and most are regulars but sometimes too many different faces can mean they [people in residence] start to feel no-one seems to stay. Although they [people] don't lose out on getting the help they need I think they need to get to know who is helping them wash and dress and all the other things we do."

The new manager advised us that an audit of record keeping had identified that some records related to historical notifications had not always been previously completed to the standard expected by the provider or the CQC. An example included where a safeguarding notification dating back to 2016 had been submitted to the CQC and the Local Authority Safeguarding Adults Team. Although action taken at the time by the previous manager and staff to deal with the reported incident was timely and appropriate a follow-up report routinely requested by the Local Authority had never been completed. This historical failing had been rectified by the new manager when we inspected. It was acknowledged that the lessons learned needed to be sustained over time by a more rigorous and demonstrable quality assurance of the recording of actions taken following on from notifications.

There was an on-going 'drive' within the home to implement a programme of positive change to enhance people's quality of life. These changes include expanding staff awareness of people's experience of receiving care, encouraging and empowering families to become involved and for staff to actively explore ideas for improving the service. Over the coming months additional training opportunities for staff were due to be implemented.

The registered manager now in post presents as very approachable by people using the service and their relatives. One visitor said, "[Registered Manager] seems very friendly and keen to get things done. It's encouraging." A staff member said, "All in all I think things are moving in the right direction. Once all the new staff get going and [registered manager] has been here a while I think we will go from strength to strength."

People's care records were appropriately kept up-to-date and reflected the daily care people received. Records relating to staff recruitment and training were up-to-date and reflected the training and supervision care staff had received. The registered manager had identified that some 'bank staff' that worked infrequent shifts had not always had regular supervision meetings. This was being rectified at the time of our inspection.

Records relating to the day-to-day running and maintenance of the home were in place and kept up to date. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.

Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

People's experience of the service, including their relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. People were regularly asked about their experience of using the service and surveys were also used to supplement this information.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's Adult Safeguarding Team.

The rating from our previous inspection was prominently displayed in the foyer of the home. The provider also ensured that this rating was appropriately displayed on their website.