

Grandcross Limited

Chichester Court Care Home

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

Chichester Court is a residential care home providing personal and nursing care to 37 people aged 65 and over. The service can support up to 50 people.

The home was divided into two separate units, one provided general nursing care and one provided support to people who lived with dementia. Both units had separate adapted facilities.

Improvements had been made since the last inspection and people, relatives and staff were very positive about the changes introduced by the new registered manager. These included changes to the environment, staffing and person-centred care.

Without exception people and relatives told us the service was well-led and all said they would recommend it to others. One relative told us, "The new manager is excellent. Staff create a home from home and it makes a more relaxed atmosphere."

People told us they felt safe with staff support and staff were approachable. One person told us, "The staff are brilliant." Another said, "The staff would sort out any problems, not that we have any." Arrangements for managing people's medicines were safe.

People and staff told us they thought there were enough staff on duty to provide safe and individual care to people. One relative said, "I can't speak highly enough of the care here. It means I can sleep at night."

There was a better standard of hygiene than at the last inspection. Changes were being made to the environment to promote the orientation and independence of people who lived with dementia. A relative commented, "Work has been done on the dementia unit."

There was an improved standard of record keeping to ensure people received personalised care that met their needs. People's privacy and dignity were respected.

The atmosphere was relaxed and tranquil. A range of activities and entertainment were available to keep people interested and stimulated. One relative told us, "[Name] has started socialising more."

Staff were subject to robust recruitment checks. Communication was effective, staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about safeguarding and the care provided.

People were provided with good standards of care by staff who were trained and supported in their roles. We have made a recommendation about following best practice guidelines for keeping nursing staff clinical competencies up-to-date and for clinical supervision arrangements.

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.

There was a strong and effective governance system in place. The management team carried out a regular programme of audits to assess the safety and quality of the service. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

Incidents and accidents were investigated and actions were taken to prevent recurrence. The premises were well-maintained and clean.

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 4 January 2019) and there were multiple 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 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 the service 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.

Chichester Court Care Home

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.

Inspection team

The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chichester Court is a care home. People in care homes receive accommodation and nursing or 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 information we had received about the service since the last inspection. We sought 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 12 people who used the service and 10 relatives about their experience of the care provided. We spoke with 10 members of staff including the regional manager, the registered manager, deputy manager, one nurse, one senior support worker, four support workers and the kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and three medicines records. We looked at four staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Staffing and recruitment

At the last inspection the provider had failed to ensure staffing levels were sufficient to provide person-centred care to people and to ensure an adequate standard of cleanliness around the building. 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 improvements had been made and the provider was no longer in breach of regulation 18.

There were enough staff to support people safely, to ensure people's needs could be met and to ensure a good standard of cleanliness around the home.

- People and staff told us there were enough staff available. Observations showed staff had time to interact with people. One person said, "There are always enough staff around, I don't need to use my buzzer."
- Staff worked on a one-to-one basis with some people they supported.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- Improvements had been made to hygiene since the last inspection.
- The home was cleaner, tidy and fresh smelling. One person commented, "The place is spotless now." Another person said, "The place is much cleaner, but there's always room for improvement."
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned.
- Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt safe with staff support. One person commented, "Of course I feel safe, I wouldn't be here otherwise."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Information was available for people, relatives and staff about adult safeguarding and how to raise

concerns.

Assessing risk, safety monitoring and management

- Risks were well-managed and detailed risk assessments were in place. A relative commented, "[Name] is safe here. One of the reasons they came was because of the number of falls at home- there's only been one minor slip here."
- Where there had been an escalation in a person's behaviour that others may find challenging, the service sought advice and guidance from health care professionals to mitigate the risks identified.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others. A relative commented, "The last care home couldn't manage but staff here are so calm."

Using medicines safely

- Peoples' medicines were managed safely. Systems were in place to ensure that all medicines were ordered, administered, stored safely and audited regularly.
- Medicines administration records indicated people received their medicines regularly. This was confirmed by the people we spoke with. One relative commented, "[Name] gets their medicines on time."
- Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

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.

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

At the last inspection we made a recommendation to refer to best practice guidance for the design of the accommodation for people who live with dementia.

- At this inspection improvements had been made and communal areas had been decorated and were well-furnished. A larger, airy, well-lit lounge had been created for people who live with dementia. This resulted in a much calmer, tranquil environment.
- The new registered manager was enthusiastic and had many plans to continue with the environmental improvements to keep people engaged and stimulated. These included creating themed areas on corridors and creating a social club and a café.
- Appropriate signage was in place to help maintain people's orientation.

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.

- The registered manager had submitted DoLS authorisations appropriately.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as social workers or GPs.
- Staff asked people whether they wanted any support and respected their decisions.

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

- Before people received care a detailed assessment took place to check if people's needs could be fully

met at the home.

- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.
- Information on best practice guidance was available for staff.

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

- People were supported to maintain their healthcare needs. People were registered with a local GP. One relative told us, "[Name] had an infection, I thought they were alright, but staff said they weren't and called an ambulance. Good thing they did as [Name] was very poorly. I can't thank them enough."
- People's care records also showed they had regular input from a range of health professionals for their physical and mental health needs.
- Where people required support from healthcare professionals staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- At lunchtime people enjoyed a positive dining experience. They received assistance with their meals if they needed it. People's specific dietary needs including cultural requirements were known to staff and catered for. One person commented, "I get plenty of food and plenty of drinks, I'm a tea pot."
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. A relative told us, "Staff sit and encourage [Name] to eat as they are losing weight."
- People and their relatives told us the food was of a good quality with a choice at each mealtime. One relative said, "[Name] loves the food here and is putting weight on, it can't be faulted, fantastic."

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and for any specialist needs. One staff member said, "There are plenty of opportunities for training." Nursing staff did not have the opportunity to use all their clinical skills on a regular basis such as for palliative care. We discussed with the deputy manager that arrangements needed to be put in place to ensure that nursing staff clinical competencies were kept up-to-date. The registered manager told us that this would be addressed.
- Staff received supervision, appraisal and personal development. One staff member said, "There are opportunities for progression."
- Supervision was carried out by the management team and we discussed that all staff who carried out supervisions and appraisals should receive training about the task. Arrangements also needed to be in place for clinical supervision for the nursing management team. The regional manager told us that this would be addressed.

We have made a recommendation that best practice is followed to ensure all nursing staff clinical competencies are kept-up-to date and all nursing staff receive regular clinical supervision.

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.

At the last inspection the provider had failed to ensure people received person-centred care and that their dignity was respected. These were breaches of regulation 9 (person-centred care) and regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations 9 and 10.

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

- At the last inspection people received task-centred care as staff did not engage with people and care records provided limited social information about people.
- Improvements had been made and people received more person-centred care. People and relatives said staff were kind and compassionate. They were all very positive about the care provided. One person told us, "Staff are very kind and when they have time they pop in and chat."
- We observed staff interactions with people were attentive, kindly, encouraging and appropriate.
- Staff were also aware of signs of distress and how to alleviate this. A relative said, "Staff comfort [Name] and stroke their hand and keep [Name] calm." Staff responded quickly and took time to reassure and sit with a person when they were upset.
- Improvements had been made to record keeping and social information was available. Staff had a good understanding of people's likes, dislikes and preferences. Scrap books were being completed with people and relatives that enhanced the information available to contribute to person-centred care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we received mixed comments about the laundry and people not wearing their own clothes and the frequency of bathing and showering for people.
- At this inspection improvements had been made. One person told us, "I even get my laundry back now, I didn't used to". A relative said, "We get all the correct clothes back."
- People told us they could bath and shower when they wanted. One person commented, "Staff keep my dignity when I'm having a bath, they keep me independent by encouraging me to do what I can."
- There were several records that showed care interventions carried out such as for bathing and showering. However, they did not accurately record if people had been bathed or showered. We discussed this with registered manager who informed us immediately after the inspection how it had been addressed.
- Specialist equipment was provided to help people remain independent when eating. Coloured crockery and plate guards were available for some people to use to maintain their independence.

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

- People confirmed they were supported to express their views and to be involved in making decisions. One person said, "There is plenty of choice. I can do what I want, I can get up and go to bed when I want, sit where I want."
- People's families said they felt involved in their family member's care. They also said they felt welcome at the service. One relative commented, "I'm involved in [Name]'s care planning and get regular updates every time I visit." Another relative said, "The staff are always pleased to see you, they know you by name."
- There were details available for people relating to accessing advocacy services. The registered manager told us they were used as required.

Is the service responsive?

Our findings

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

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 needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9.

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

- People were supported by staff who had a good understanding of their care and support needs. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Care records contained information for staff on how best to support people. They also included detailed information about their health needs.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

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.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. We observed that advertised information was in an accessible form to people who lived with dementia, who may no longer recognise the written word. For example, menus were pictorial.
- Information was available in people's care records about how they communicated.

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

- Improvements had been made to activities and people were more engaged and stimulated.
- People and relatives confirmed there was a variety of activities and regular entertainment. A person said, "I loved the D-Day singing it was like a professional show." A relative commented, "[Name] went to the recent D-Day commemoration with staff, we were astonished to see [Name] singing and even trying to dance, it was amazing and lovely as they don't recognise me."

- A comprehensive accessible activities programme was advertised which was altered weekly. Activities included, clay modelling, chair exercises, bingo, reminiscence and sensory games. One person told us, "I like the dominoes, snakes and ladders and sitting chatting in the garden." Another said, "I don't do activities as I prefer to stay in my room, but that is my choice."
- Links with the community were developed and people had the opportunity to go out on weekly trips to the park, shops and meals out. Regular church services took place. One person said, "I went to a recent church service and got two extra cups of tea."

Improving care quality in response to complaints or concerns

- A complaints procedure was available. Two complaints had been received and investigated appropriately.
- People and relatives told us they would feel confident to speak with staff about any concerns if they needed to. One person commented, "Complaints, it's the opposite. I don't think there is anything to complain about." Another person told us, "The place is spotless now and the food is great, nothing is too much trouble for staff. There is nothing to complain about."

End-of-life care and support

- The service provided care to people at the end-of-their life. We received positive comments from some recently bereaved relatives about a person's end-of-life care, where they had received a "comfortable and pain-free death".
- People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs.
- Information was available about the end-of-life wishes of people.
- The registered manager told us it was planned for all staff to be trained under the National Gold Standard Framework for best practice in end-of-life care.

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 inadequate. 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.

At the last inspection there was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- At the last inspection the audit and governance processes had either failed to identify or they had not been actioned in a timely way deficits identified at inspection including staffing levels and staff deployment, the environment, record keeping and activities provision.
- At this inspection improvements had been made to the running of the service to ensure people received personalised care. Regular, effective audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey responses.

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

- Without exception people, relatives and staff all spoke very highly of the registered manager.
- The registered manager was very enthusiastic and had introduced many ideas to promote the well-being of people who used the service and staff. A person said, "It's a very good, friendly atmosphere and the new manager is excellent, it's a work in progress but getting there."
- There was a positive culture where staff and management took pride in the care and support that they provided. Staff members said morale had improved and the registered manager was approachable. A staff member told us, "The manager is very hands on and gets involved."
- The registered manager and management team worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences. A staff member said, "The manager is really people focused" and a person commented, "Staff make me feel at home. I'd certainly recommend here to my friends."

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

- The service was committed to protecting people's rights with regard to equality and diversity
- People received a range of information and were kept informed about events in the service.
- People's views were regularly sought. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward.
- The registered manager had an open-door policy and people came with any concerns and other matters.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to. One staff member told us, "There's been a big difference working here recently, I do feel listened to."
- Regular resident/relative meetings were held to inform people and gather their views.

Continuous learning and improving care; working in partnership with others.

- There was an ethos of continual improvement and keeping up to date with best-practice in the service.
- Records confirmed staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

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 was aware of their responsibilities with regard to Duty of Candour. They told us of how they were open and honest but they had not needed to use the Duty of Candour as yet.