Barchester Healthcare Homes Limited

Chater Lodge

Inspection report

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 23 December 2014 and was unannounced. When we last inspected the service on 22 August 2013 we found the provider was compliant with the standards we assessed.

Chater Lodge is a care home without nursing. The service provides care and support for a maximum of 45 older people. At the time of our inspection there were 36 people using the service. Part of the first floor accommodation (known as Memory Lane) is specifically for people with dementia.

The service had a registered manager. 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.

People told us they felt safe. People were protected from the risk of abuse because staff had received training and knew what to do and who to report to should they

Summary of findings

suspect abuse. Accidents and incidents were recorded but the action taken to reduce any further risk was not. Some people, relatives and staff said they sometimes had to wait for staff to attend to them and staff were very busy in the mornings. People said they got their medicines as prescribed by their doctor.

People told us they liked the staff. Staff had received all the training they required and were due to receive updated training about dementia care. People were asked for their consent before receiving care and treatment but the principles of the Mental Capacity Act 2005 were not always followed. People had their needs assessed and a plan of care was developed for each assessed need. Some plans of care were not as focused on the person or specific in their detail as they should have been to ensure that staff were fully aware of people's individual needs and how to meet them.

People told us about the things they liked to do and we observed people engaged in activities which they enjoyed. Information about people's life history and preferences were recorded for most but not all people. Social and recreational activities on offer did not fully reflect everyone's individual interests and hobbies People were supported to eat and drink and maintain a balanced diet. They said they liked the meals provided. People had access to healthcare professionals when required but there was one incident where a person had not attended a doctor's because staff had failed to arrange it.

People said the management team were open and approachable. There were quality monitoring process in place and these included seeking the views of people who used the service and their relatives.

Summary of findings

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 was not consistently safe.

People were protected from abuse because staff knew how to recognise the signs of abuse and how to respond to this. Risks were assessed and people were able to take informed risks. Some people felt that staffing numbers were not always sufficient. Evidence of action taken in response to accidents and incidents was limited. Staff recruitment procedures ensured that in so far as possible only staff suitable to work at the service were employed.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Staff received the training and support they required to do their jobs and meet people's needs. Consent to care and support was obtained but staff did not always follow the principles of the Mental Capacity Act 2005. People were supported to eat and drink and maintain a balanced diet. Plans of care did not always focus on the person. They did not properly instruct staff about the action to take to meet needs and keep people safe.

Requires Improvement

Is the service caring?
The service was caring

Positive and caring relationships were developed between staff and people who used the service. People told us they liked the staff and they had their privacy and dignity protected.

Good

Is the service responsive?
The service was responsive.

People received care and support in the way they preferred. Most people were able to follow their hobbies and interests. The provider had a complaints procedure but had not recorded all verbal complaint or the action taken to resolve the issue. Therefore we could not be certain they were responded to appropriately.

Good

Is the service well-led?
The service was well led.

People and staff were asked for their feedback. The management approach was open and inclusive. Quality assurance systems were in place so the provider could monitor the quality of service provision and drive improvement.

Good

Chater Lodge

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.

This inspection took place on 23 December 2014 and was unannounced. The inspection team consisted of two CQC inspectors.

We planned this inspection at short notice following concerns that we received about people's care. These concerns were the subject of police and local authority safeguarding investigations at the time of the inspection.

Before our inspection we looked at and reviewed historical data we held including safeguarding and statutory notifications. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with six people living there, two relatives, four members of staff, and a registered manager. We used the Short Observational Framework for 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 looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at four people's care records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us that if they had any concerns at all about people's welfare or safety they knew who to contact and would do so. Staff we spoke with knew about recognising the signs of abuse and knew when and how to report their concerns. This included other authorities outside of the organisation. A staff member told us they would contact the area manager at head office and told us there was a poster for staff which contained important telephone numbers to use if they had any concerns. This showed the provider ensured staff were alert to the possibility of abuse and could take appropriate action should they suspect it.

People had their risks assessed for known harms associated with receiving care. For example, risks of malnutrition, developing pressure sores and falling. Risk management plans were in place where risk was identified.

A record was maintained of all accidents and incidents The registered manager told us they reviewed all accident and incident records. We saw that they had not always recorded the action they had taken to reduce further risk. We discussed this with them and they agreed to do this The manager was also required to send this information to their senior managers at head office. This meant that accidents and incidents could be reviewed and analysed so that preventative action could be taken.

Local authority safeguarding and police investigations were in progress at the time of our visit. While these investigations were not complete the registered manager had addressed some of the issues that they had raised. For example they had spoken with staff about the importance of addressing people's dietary and pressure sore needs robustly.

The provider employed a health and safety officer. A health and safety audit had recently been carried out an audit to check that the environment was safe and complied with health and safety legislation. We saw that all staff had received training about fire safety and that checks were carried out to test fire safety equipment such as fire alarms and emergency lighting. The premises were well maintained, clean and decorated and furnished to a high standard. This meant The premises and equipment were managed to keep people safe.

One person had been assessed as requiring thickened fluids because of an increased risk of choking. The person decided they did not want thickening agents to be added to their fluids. This was discussed and agreed with the person's doctor and speech and language therapist. Another person was able to bring their dog to live with them after the risks of doing so had been assessed. They were supported to continue to be responsible for the dog's care, including taking it out for walks. This meant that people could take informed risks and their freedom to do this was respected.

Most people told us there were enough staff to meet their needs. One person said they did sometimes have to wait for staff to attend to them but not for too long. Staff we spoke with said they were able to meet people's needs. One relative told us that call bells were not always answered promptly. We observed that call bells were answered within a reasonable time during our visit.

A staffing tool was used to calculate the required number of staff on each shift. We were told this was based on people's dependency levels. We saw that one person required staff to assist them with all their needs yet they had been assessed as having medium dependency needs. Staff felt that an additional member of staff was required in the morning because this was a particularly busy time. The registered manager agreed that dependency levels required a review to help ensure that there were sufficient staff available and that more staff were required at busy times of the day.

We looked at processes for recruiting new staff and spoke with the registered manager about this. Pre-employment checks were carried out so that the provider could check people's employment history, conduct and criminal record. Pre- employment checks are important so that each staff member is screened for suitability for the role of providing care and support.

People told us they received their medicines in the right way and at the right time. The arrangements for managing people's medicines were safe and followed best practice guidelines. We did see one incident where one person was prescribed a cream to be applied twice a day but had only been give it once a day. The registered manager agreed to investigate this. All records of medicines administered were accurate and up to date. Medicines were stored securely

Requires Improvement

Is the service safe?

and in line with requirements. A record was maintained of all medicines received and returned. This meant that staff could monitor and check that medicines were given as prescribed.

We asked about arrangements for people managing their own medicines. We were told that there was nobody who used the service who wished to do this but that this could be accommodated subject to a risk assessment. Staff had received training about the safe management of medicines and were able to demonstrate a good understanding of this. For example, staff knew about a change in requirements for the storage of a pain reliving medicine one person had been prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us they liked the staff and said they knew what they trained and knew how to meet their needs.

Staff told us they had received the training they required to do their jobs. There was an on-going programme of staff training. We saw that the majority of staff had received the training they required to meet people's needs and keep people safe. Staff had received training about supporting people with dementia. The deputy manager had recently completed further training in dementia care and was in the process of cascading this to all other staff

People told us that staff always explained what they were doing and asked them for their consent. Staff we spoke with explained how they obtained consent and promoted choice. They gave examples of offering people choice and respecting people's right to refuse care and support.

The Mental Capacity Act (MCA) 2005 sets out how to act to support people who do not have capacity to make decisions about their lives in a way that protects their human rights. It recognises that people may have the capacity to make certain decisions but not others. The provider had policies and procedures in place about the MCA and staff had an awareness of the Act and its requirements. We saw that most people had their mental capacity assessed as the MCA requires but staff were not assessing people's capacity to make decisions about individual specific aspects of their day to day lives. They were also not recording decisions that had been made by others as being in people's best interests. Two people had not had their mental capacity to make decisions assessed. Another person's plan of care contained contradictory information about their capacity to make decisions. There was a risk therefore that these people's human rights would not be sufficiently protected. We spoke with the registered manager about this and about the requirement to make decision specific mental capacity assessments.

The provider also had policies and procedures in place about the Deprivation of Liberty Safeguards (DoLS). These are arrangements to help secure the human rights of people who need their freedoms restricting in order to protect them. Some people had to have their liberty deprived in order to keep them safe. Staff had followed the correct procedures and legislation. This meant that people only had their liberty deprived following a best interest decision and authorisation from the DoLS team. .

People told us they liked the meals provided. One person said, "The food is fine here, I get enough to eat and there is a choice. During our inspection we observed staff provide people with a regular supply of hot and cold drinks and snacks. One person said "If you ask for something in particular staff will get it for you." At lunch time we saw that staff supported people who needed assistance in a respectful and appropriate way. Staff sat with people at the table and had their lunch with them. They engaged with people during the meal time. The atmosphere was congenial and relaxed.

People were shown plated up meals to help them make their choices. This particularly helped people with a cognitive disability. Staff knew about people's dietary needs and described how they encouraged people to eat and drink. A staff member explained how they reminded people to drink throughout the day and encouraged people by providing their favourite drink. People had their risk of malnutrition assessed and management plans were in place to reduce this risk. One person who had lost weight was referred to appropriate healthcare professionals. We also saw that staff were recording food and fluid intake for people at risk of malnutrition or dehydration. There was limited records of people being offered drinks and snacks through the night and this was a missed opportunity to encourage food and fluid intake where such encouragement was needed

People told us they could see a doctor or nurse whenever this was required. Records confirmed this. For example, people had been referred to a speech and language therapist and to a community psychiatric nurse. Some people were having an eye test on the day of our inspection. One person said they were very pleased about this because they were going to get some new glasses because their eyesight had changed. One person had recently been into hospital. Their discharge letter said the doctor should follow up the person's care but here was no record of a doctor's visit. We spoke with the manager about this who acknowledged this had not happened and said they would follow this up.

We spoke with a member of a community nursing team. They told us that staff referred people to team

Requires Improvement

Is the service effective?

appropriately. They said that staff were helpful and that communication was good. They also said that staff had taken on board some training the community nursing team had delivered and had changed their practice.

Good

Is the service caring?

Our findings

One person said “Staff never come on duty or leave without saying hello or goodbye”. They do make you feel as if they are there for me and they are really good with relatives too.” Another person said, “There is a nice happy atmosphere it’s as good as home and I feel included.” We observed staff interacting with people in a kind and respectful way. People were engaged and appeared to enjoy chatting with staff. One person told us they had had been experiencing some pain. They said they mentioned it to care staff and had been surprised how quickly a nurse had visited and increased their medication. One person’s relative told us that staff were always kind to people.

Staff we spoke with said they would use the service for a member of their own family. One staff member said their role was to make the service feel as if it was a family and to make sure people felt they could rely on and had confidence in staff.

We were informed by the registered manager that ‘resident’s’ meetings were held but there had not been one for over six months. A new activities organiser had recently been recruited and we were told part of their role would be to facilitate more ‘residents’ meetings with an aim of six meetings annually. Satisfaction questionnaires had recently been sent out to people who used the service and to staff. We were told the results of these would be made available to all interested parties.

People had their needs assessed before they moved in. We were told that people and or their family would be involved in this and asked to contribute to the plan of care. We saw that some plans of care had been signed by people’s relatives but others had not. Many people were unable to participate in developing their plan of care. Staff had recorded important information about people’s life histories and preferences in most of the care records we looked at but not all. This information was important as it helped staff to understand people’s preferences and the ways they preferred to receive care and support. Records showed that people’s relatives had been consulted and their feedback was taken into account.

People told us that staff maintained their privacy and dignity. They told us that staff always knocked before entering their room and always ensured they were covered up when receiving personal care.

Staff told us that protecting people’s privacy and dignity was addressed at their induction training when they first began working at the home and was an on-going topic at staff meetings.

Good

Is the service responsive?

Our findings

People told us that staff knew how to meet their needs and provide care and support. One person said, “Staff ask when I would like a bath or a shower and they are usually able to accommodate my requests”. They have a lot of people to care for so occasionally I have to wait a bit but they always explain.”

People had a plan of care that instructed staff about how to meet their individual needs. We looked in detail at four people’s care records. A plan of care was in place for each assessed need. For example, a plan of care for communication instructed staff on the most effective way to communicate with the person and this included non-verbal communication such as body language. Plans of care for personal hygiene were detailed and focused on the person. They instructed staff about how to meet this need in the way the person preferred. Some plans of care were less detailed and did not provide clear instruction to staff as to how they should meet people’s needs and keep them safe.

One person said about the staff, “You only ever have to ask once for something.” We saw that staff communicated with people effectively. They knew and understood people’s needs and preferences and were able to describe how to meet their needs. We saw a staff member reciting poetry with a person who used the service, this person was engaged and enjoyed the experience. Staff had recorded people’s life histories and information about what was important to them such as their hobbies and interests. We saw that most but not all the care records we looked at contained this information. This information was important so that staff could get to know the person and their preferences. In particular when people had difficulty with communication it helped staff to know them and their preferences. Information about peoples preferred hobbies and interests was not always used to develop the plan of care.

We saw that people were engaged in activities or chatting with staff in the communal lounge. There were objects of interest and reminiscence in the corridors and communal areas for people to engage with and discuss with staff. Reminiscence is known to be beneficial for some people with dementia. Another person said they had a daily newspaper delivered. They said “I really like reading the paper every day it’s what I would do at home. I was pleasantly surprised when I asked about it and staff said that’s fine. “

We were told about forthcoming training to be delivered to all staff. This was new and updated training about dementia and was planned to be cascaded to all staff including those not involved directly in the delivery of care.

One person said, ”I make my own entertainment really and don’t need anything organising but some people need more stimulation and there isn’t always a lot to occupy them”. They said its better in the summer when they can go out into the garden. Another person told us their family lived overseas but were in regular contact with the home. They said staff kept them informed about what they had been doing and if there were any issues. They said their relative felt re-assured despite being so far away. One person had received some rehabilitation support from the local NHS physiotherapy service and had carried on with their exercises and had just about re-gained their previous level of function. They said staff had encouraged them to keep going.

People told us they would speak with staff if they had a complaint or a concern. Records were maintained of complaints and compliments. We saw that there very few complaints recorded and were informed that not all verbal complaints had been recorded. We discussed this with the registered manager who agreed to consider all complaints to ensure that lessons could be learned in response to people’s complaints.

Good

Is the service well-led?

Our findings

The service was led by a registered manager, a deputy manager and senior care assistants. Staff and a relative told us that managers were approachable and accessible.

Satisfaction questionnaires had recently been sent to people who used the service, relatives and staff. We were told these had been sent to the provider's head office for analysis and the results would be rated and reported on. This meant the provider could use this feedback to develop the service and improve. A senior manager visited the service every two months to carry out an audit of the service. This visit included speaking with people who used the service and checking that staff were following policies and procedures. An action plan was developed with timescales. We saw that the registered manager was following the action plan and making required changes. There was also an internal programme of quality monitoring. The registered manager carried out monthly audits and submitted the results to senior managers for further review and analysis.

Staff meetings were regularly held so that staff could provide feedback and any changes communicated. We saw that changes were made to improve the quality and safety of the service. For example, staff were informed at the last meeting about the importance of accurately recording people's wounds so that a clear audit trail could be maintained. They were also told about the importance of recording food and fluid intakes and making sure people had their position changed to reduce the risk of developing pressure sores. Staff received supervision with their line manager so that staff performance could be monitored and staff had opportunities to discuss their learning and development needs.

Staff told us their managers were approachable and listened to them. We were told that the registered manager had carried out unannounced checks at night. These visits had identified that an additional member of staff was required at night and action was taken. There were also daily heads of department meetings so that changes could be communicated.

We were informed that an activities organiser was being recruited and that people who used the service were consulted about this. Each candidate was asked to facilitate an activity and people who used the service were asked for their feedback. This meant that people were actively involved in developing this aspect of the service.

Staff were clear about their roles and were enthusiastic and motivated. They told us about the dementia training they had received or were about to receive One member of staff said their role was to make the service feel as if it was a family and to make sure people felt they could rely on and had confidence in staff.