Barchester Healthcare Homes Limited

Chester Court

Inspection report

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Northumberland
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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

The inspection took place on 22 February 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last carried out an inspection on 25 September 2014, where we found the provider was meeting all the regulations we inspected.

Chester Court accommodates up to 41 older people, most of whom have nursing needs. There were 41 people living at the home at the time of the inspection.

There was a manager in post. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We spent time looking around the premises and saw that all areas of the building were very clean and well maintained. There were no offensive odours in any of the bedrooms or communal areas we checked.

Safe recruitment procedures were followed. Some people and staff told us that more staff would be appreciated. We observed that staff carried out their duties in a calm, unhurried manner on the day of our inspection. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who lived there such as specialist feeding techniques.

We checked medicines management. We found that there were safe systems in place to receive, administer and dispose of medicines. One of the medicines fridges was faulty and a new one had been ordered.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff.

There was an activities coordinator employed to help meet the social needs of people.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings and surveys were carried out.

A number of checks were carried out by the manager. These included checks on health and safety, care plans, infection control and medicines amongst other areas. We checked the maintenance of records and noticed that there were some recording omissions in several of the food and fluid charts we viewed. The manager addressed this immediately and instigated a new system to ensure that these were completed accurately.

Staff informed us that they were happy working at the home and morale was good.

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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

The home was clean and well maintained. Checks were carried out on all aspects of the environment to ensure it was safe.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed.

Some people and staff told us that more staff would be appreciated. We observed that staff carried out their duties in a calm, unhurried manner on the day of our inspection.

Is the service effective?

Good

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived.

We saw that staff sought people's consent before providing care. Staff followed the principles of the MCA.

The chef and staff were knowledgeable about people's dietary needs.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

An activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings were held and surveys carried out.

Is the service well-led?

Good

The service was well led.

An experienced registered manager was in post. People, relatives and health and social care professionals spoke positively about her. Staff informed us that they enjoyed working at the home and morale was good.

A number of checks were carried out by the manager to monitor the quality and safety of the service. There were some recording omissions in several of the food and fluid charts we viewed. The manager addressed this immediately and instigated a new system to ensure that these were completed accurately.

Chester Court

Detailed findings

Background to this inspection

The inspection took place on 22 February 2016 and was unannounced. This meant that the provider and staff did not know we would be visiting.

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.

The inspection team consisted of three inspectors and a specialist advisor who was a nurse.

We spoke with 12 people and four relatives. We conferred with a reviewing officer and a community matron for nursing homes from the local NHS trust; a local authority safeguarding officer and a local authority contracts officer.

We spoke with the manager; deputy manager; one nurse; six care workers and the chef. We read four people's care records and five staff files to check details of their recruitment and training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "It's safe and there's always someone around." There were safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. We conferred with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We checked medicines management. We found that the service had up-to-date medicines policies and procedures in place, which were regularly reviewed, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Appropriate arrangements were in place for the receipt, recording, administration and disposal of medicines including controlled drugs. Controlled drugs are medicines which are subject to stricter controls since they are at risk of misuse. We observed staff explain to people what medicines they were taking and why. Staff also supported people to take their medicines and provided them with drinks to ensure they were comfortable.

We checked the storage of medicines. We noticed that medicines were stored in locked rooms. Medicines trollies were used to transport medicines to people. Fridges were available for the storage of those medicines which required refrigeration. We noted however, that some recorded temperatures for one of the fridges were outside of the recommended limits. The manager told us that the fridge was faulty and they had organised for a new fridge to be delivered. All medicines requiring refrigeration were stored in an alternative medicines fridge.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and evaluated regularly.

We noted that accidents and incidents were recorded and analysed. This procedure helped to ascertain if there were any trends or themes so that action could be taken to help prevent or reduce the likelihood of any further incidents. The manager had purchased high low beds which lowered to the floor to prevent the risk of injury. In addition, sensor mats had been obtained and 'Live link movement sensors.' The manager explained, "These are linked to the nurse call and are like a laser light and when resident moves they trigger nurse call." This meant that action had been taken to reduce the risk of falls and injuries.

We spent time looking around the premises. We saw that all areas of the home were clean and there were no offensive odours. Staff wore personal protective equipment such as gloves and aprons when necessary.

We checked staffing levels at the home. A staffing tool which was linked to people's dependency was used to ascertain how many staff should be on duty. We received mixed comments about whether there were sufficient staff on duty. Some people and staff said that more staff would be appreciated. During our

inspection we observed that staff carried out their duties in a calm, unhurried manner. Staff also reacted quickly during a health emergency. We looked at staff rotas and noted that these confirmed the staffing levels which had been assessed by the manager.

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

Good

Is the service effective?

Our findings

People and relatives told us that they considered that the service effectively met people's needs. Comments included, "The staff know exactly what I want," "The staff are very well trained, anyone that faults the staff mustn't know what they are talking about," "The staff are very friendly and very knowledgeable" and "The staff are very helpful."

Staff told us that there was training available. One staff member said, "Yes, there's plenty of training. I'm up to date with mine." The community matron for nursing homes told us that she had delivered training in areas such as venepuncture [taking of blood] and catheter care. She was positive about the skills of nursing staff.

The provider had its own business school which provided a range of qualifications from vocational courses to Masters degrees. The Business School was made up of a number of key academies and nursing development programmes. These included the learning and development academy, the laundry and housekeeping academy, the chef academy, the leadership academy, nursing and research opportunities and the vocational qualifications academy.

The manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people who lived there such as Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

Staff told us and records confirmed, that they undertook induction training when they first started working at the home. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us that they felt supported by the manager and deputy manager. Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The application procedures for this in care homes and hospitals are 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 were being met. Records showed that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of liberty and

whether written applications needed to be submitted to the local authority. The manager was liaising with the local authority with regards to DoLS applications.

We noticed that mental capacity assessments had been carried out and saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. Staff were knowledgeable about the principles behind the MCA and best interests decisions. This meant that people's rights to make particular decisions had been protected as unnecessary restrictions had not been placed on them.

People told us that staff asked for their consent before carrying out any care or treatment. This was confirmed by our own observations. We saw staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions and listening to their views about what they wanted.

People were complimentary about the meals. Comments included, "The meals are canny [good]," "The food is nice, we had a lovely broth last night with crusty bread" and "There is anything you want for breakfast really; I have bacon, egg, cereal and toast." People also told us that they had access to a range of drinks to ensure they remained hydrated. One person said, "They get me fresh juice all the time, I'm supposed to drink a lot."

We observed the lunch time period. The tables were attractively set and fresh flowers were displayed on each table. There were written menus on the table which gave a description of each meal choice. There was a choice of lasagne or poached salmon.

People appeared to enjoy their meal. One person said, "This is the nicest lasagne." Another said, "Please compliment the chef on the lasagne." Staff were very aware of people's needs. We heard one member of staff ask a person who had a dementia related condition whether they would like poached salmon or lasagne. The person said they would like lasagne. However, the member of staff was concerned in case the person had just repeated the latter option, so she reversed the menu choices to make sure. The person still requested the lasagne. This awareness of how people communicated helped ensure that their nutritional needs and preferences were met.

We saw staff assisting some people to eat when they were unable to do so independently because of their condition. We heard staff ask people, "Do you want salmon?" and "Do you want another, cup of tea, drink of juice?" A staff member observed that one person was having difficulty eating their meal. The staff member discreetly attached a plate guard to the person's plate which helped reduce any spillages.

People's nutritional needs and preferences were recorded in their care plans. We spoke with the chef who told us that they had received written information about people's likes and dislikes and any special diets people required. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We noted that people were supported to access healthcare services. We read that people attended appointments with their GP, consultants, dentists, opticians and podiatrists. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments from people included, "The staff are angels – very caring" and "It's nice and cosy here, the staff are lovely here, it's lovely and clean in here." Comments from relatives included, "They treat everyone as family," "You always feel welcome, even the dog loves it" and "The staff are very caring. I've just had a carer in and she said, 'She [person] looks so peaceful, I love her.'"

We observed that people appeared happy and looked well presented. We saw staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. One staff member started talking about her child, this prompted people to talk about their own grandchildren. Talk then turned to how they were disciplined at school!

We found that staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We found that people's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. One person said, "They know about me – they are brilliant." We read that one person loved cats. Their relative had brought in pictures of cats to put on their walls. Another person liked to read magazines and enjoyed a foot rub. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Care plans included people's end of life wishes. Information about their 'hopes and concerns for the future' was also completed. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We noted that people and relatives were involved in the care planning process. Care plans were signed by either the person or their relative. We read one person's care review and noticed that their relative had stated, "I am happy with care provided for [name of person]." A 'monthly care profile review' was also completed which was discussed with the person. This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care.

Good

Is the service responsive?

Our findings

People and relatives informed us that staff were responsive to people's needs. Comments included, "It's absolutely first class" and "This is the best home, I did my homework [before placing my relative here] it's a big decision."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and gave staff instructions about the frequency of interventions. They also detailed what people were able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

The care documentation contained a pressure area assessment and care plan. Assessments had been carried out to show if people were at risk of developing pressure ulcers. We saw re-positioning charts in use. Specialist pressure relieving equipment was in place and was set to the weight of the person and checked daily by the nurse. This meant that people's care records contained a detailed care plan to instruct staff what action they should take to maintain skin integrity and showed that people were receiving appropriate care, treatment and specialist support when needed. The deputy manager was the tissue viability link nurse. She spoke enthusiastically about her role saying, "My passion is wound care." She showed us her wound care award that she had received in 2014. We noticed that this award was kept in a cupboard instead of being on display in the home to demonstrate to people the skills and experience of staff that supported them. No one at the home had a pressure ulcer. The deputy manager said, "The secret is strong leadership and giving ownership to the carers to enable them to recognise the first signs of skin damage."

We saw that emergency health care plans (EHCP) were in place in some of the care plans we viewed. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems. One person became unwell during our visit. Staff carried out checks of the person's physical health such as their blood pressure, temperature and pulse. Due to the person's rapid deterioration, the paramedics were called. Although an EHCP was in place, it was felt that it was necessary to admit this person to hospital for further tests and investigations.

A weekly meeting was held with the nurse practitioner. The deputy manager told us, "We have a multi-disciplinary meeting every week with [name] the nurse practitioner. She sees the residents and discusses any problems. This helps us keep up with our reviews and checks."

A staff handover procedure was also in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We checked how people's social needs were met. People told us that activities provision had improved. One person said, "We're starting to get a bit more entertainment, it's starting to improve." Another person said,

"They have an entertainment manager who comes in every day. There's someone coming in today and tomorrow it's Beetle Drive."

There was an activities coordinator employed. On the afternoon of our inspection, he had organised a sing-a-long. There was much laughter when a relative brought their dog along and the dog started to howl along to the singing. One person said, "Look even the dog is singing," "No" another person said, "They're telling him to shut up!"

One person told us that he enjoyed gardening and maintained the gardens whilst in his wheelchair. He said, "I'm out all day doing the garden – we've won prizes for our flowers." The manager told us, "He does everything with the gardens, he does the weeding and has moved the hanging baskets to where they could be seen better." The service had won gold in the Northumberland in Bloom competition. They had also reached the finals of the provider's best garden competition. We saw a photograph of the person with the host, Charlie Dimmick, [gardening expert and television presenter].

There was a complaints procedure in place. No formal complaints had been received and no one with whom we spoke said that they had raised any concerns. The manager told us that any minor concerns were dealt with immediately. She said that these had not always been documented, but explained that she would now record all minor concerns in order to demonstrate what actions had been taken to deal with all concerns, complaints and feedback.

Good

Is the service well-led?

Our findings

There was a registered manager in place. She had worked at the home for over seven years. People, staff and health professionals were very complimentary about her management skills. One staff member said, "She's great, so lovely and very supportive." A relative said, "She is very good – always available." A deputy manager was also in post to support the manager. The community matron for nursing homes said, "They run a tight ship." This was confirmed by the reviewing officer from the local NHS Trust.

Staff told us that they enjoyed working at the home and felt morale was good. Comments included, "I love my job" and "We're a good team here." An employee of the month scheme had just been introduced. The manager told us, "Everyone has the opportunity to be celebrated." We read a nomination which had been received in relation to one of the staff. A person who used the service had written, "[Name of staff member] is a very valued member to us all. [Name of staff member] is a person that puts her heart and soul into everything she does. She is able to communicate to all residents as if they were her own family."

Staff could also be nominated for the 'Barchester Care Award' which was awarded annually. This award recognised "outstanding staff and volunteers who are committed to the delivery of high-quality services and personalised-care." There were 13 categories ranging from "Registered Nurse of the Year" to "Maintenance Champion" and "Chef of the Year." The manager told us that both their house keeper and maintenance person had been nominated for a Barchester Care Award in the past. The provider had also gained certification with the 'Top Employers Institute.' The Top Employers certificate is awarded to organisations that achieve the highest standards of excellence in employee conditions.

The provider sought third party assurance by participating in a number of external accreditation schemes. They had achieved the Gold Award with the Royal Society for the Prevention of Accidents [RoSPA] for demonstrating "Well developed occupational health and safety management systems and culture, outstanding control of risk and very low levels of error, harm and loss." The provider was also a member of the Dementia Action Alliance. The Dementia Action Alliance "Brings together organisations across England committed to transforming the lives of people with dementia and their carers."

We checked the maintenance of records. During our inspection, the manager and deputy manager were able to promptly locate all the records we requested. These included staff personnel files, checks and audits, minutes of meetings and care plans. We noted however, that there were some recording omissions in food and fluid charts we viewed. Following our inspection the manager told us, "This has now been addressed."

The manager submitted a monthly clinical governance report to the provider. This included information about accidents and incidents, care plans, CQC notifications, complaints, DoLS, emergency hospital admissions, infection control weight losses, safeguarding incidents and tissue viability. The manager told us that these reports enabled her to review and assess all areas of the service. She said, "I can pick up on things straight away. If I click on nutrition [report], I can see the residents' nutritional status over five months and see what's gone on and what action have been taken. I can see for one gentleman who has lost weight that we referred him to the GP and dietitian - it gives me a picture of what's been going on." The manager told us

and our own observation confirmed that falls prevention equipment had been purchased when people had been identified at being at risk of falls such as sensor alarms and special beds.

Daily heads of department meetings were held which were known as "Stand up meetings." The manager told us, "This is where all the heads of department get together and say if there are any issues – staffing, premises, training - anything and they discuss what can be done about the issues raised." During these meetings the provider's weekly bulletin was discussed. The manager said, "These [bulletins] are important because there are issues which need to be discussed like health and safety." "Quality first conferences" were also held. The manager said, "This is where all the managers, directors and chief executive meet up and they [provider] tell us what they are expecting and ask us how we will meet these expectations. They [provider] are very good at involving us."

Barchester used a company called Ipsos Mori to undertake annual surveys on their behalf in order to gather feedback about the service. A report was produced called 'Your Care Rating'. We read the most recent findings from the 2015 survey. The home rated an overall score of 775 out of a possible 1000. The results were based on feedback from 20 people who lived at the home. Four key areas were evaluated; staff and care, home comforts, choice and having a say and quality of life. Responses showed that people were generally happy with the care they received at Chester Court.