

# Roseberry Care Centres (England) Ltd

# Chichester Court Care Home

## Inspection report

111 Chichester Road  
South Shields  
Tyne and Wear  
NE33 4HE

Tel: 01914545882

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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 24 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

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

Following the recent Covid-19 outbreak the provider had developed a robust action plan to strengthen the infection prevention and control (IPC) practices in the home. Staff complied with the requirements to wear protective personal equipment (PPE) and regularly washed their hands. The home was clean and tidy.

Care plans had been updated and transferred onto the provider's care planning paperwork, so they reflected people's current needs. We advised how additional information about interventions required to meet people's specific needs and preferences was needed. Fluid charts were not always fully completed to confirm people had enough to drink and daily fluid targets were not always set for different people.

People told us they were happy and safe. They said staff were kind and supported them to promote their independence.

Staff knew about the safeguarding and whistle blowing procedures and were confident about speaking up. Sufficient staff were on duty to meet people's individual needs and new staff were recruited safely.

Medicines were being managed safely. Risk assessments were carried out where required and incidents and accidents investigated.

Staff were well supported and received the training they needed.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 13/05/2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 12 July 2019.

### Why we inspected

The inspection was prompted due to serious concerns about people's health and wellbeing following an outbreak of coronavirus. We conducted the inspection to ensure the Infection Prevention and Control practices were safe and the service was compliant with IPC measures. This was a planned comprehensive

inspection as the service had not been rated since this provider took over the service.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the responsive and well-led sections of this full report.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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

One inspector carried out this inspection.

#### Service and service type

Chichester Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave short notice of the inspection because we needed to be sure it was safe for us to visit the service.

#### What we did before 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.

#### During the inspection

We spoke with three people who used the service. We spoke with six members of staff including the regional manager, registered manager, a nurse, care workers and a domestic staff member. 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 four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information including 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and staff felt the home was safe. One person commented, "I am very safe, I like it here." One staff member told us, "They [people] are safe, we make sure they are safe."
- Staff completed safeguarding training and understood how to report safeguarding and whistle blowing concerns. They said they hadn't needed to use the whistle blowing procedure but were confident to do so. One staff member said, "I haven't used it [whistle blowing procedure], I would use it though if needed."
- Previous safeguarding concerns had been referred to the local authority and fully investigated.

Assessing risk, safety monitoring and management

- Where potential risks had been identified, risk assessments were carried out to identify the measures needed to minimise the impact on people.
- Risk assessments were being reviewed as part of a transition to the provider's preferred format for carrying out risk assessments.
- Personal emergency evacuation plans (PEEPs) were up to date and readily available to staff and others in an emergency.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People and staff felt staffing levels were sufficient to provide personalised care. One person commented, "There are plenty of staff around." One staff member said, "Staffing levels are okay at the moment. We all work as a team, we can definitely see to people's needs."
- There was a visible staff presence around the home; staff responded quickly to people's requests for help.
- The registered manager regularly reviewed staffing levels to check they were at the correct level.
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- Medicines were managed safely. One person described how they previously found taking their medicines difficult. They commented, since moving to Chichester Court, "I am now getting my medicines on time."
- Medicines were received, stored, administered and disposed of safely.
- Staff had access to guidance about medicines people took only 'when required'. This required further development to include personalised information, such as signs and symptoms for staff to look out for.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Detailed records were completed following incidents and accidents.
- Incidents and accidents were analysed monthly and used to help identify trends and learn lessons.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Staff support: induction, training, skills and experience

- Staff received the support and training they needed. One staff member commented, "I am very well supported. [Registered manager] has a lot of experience. She knows her staff very well."
- People complimented the staff for their skills and experience.
- Staff received regular supervision and had completed the required training for their role.

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

- People were supported to maintain a balanced diet. One person told us staff encouraged them to drink regularly. They commented, "I like to drink water, staff make sure I get plenty."
- People identified as being at risk of poor nutrition were referred to healthcare professionals for advice and guidance. Recommendations were incorporated into care plans for staff to follow.
- People gave positive feedback about the meals. One person said, "The meals are lovely."
- People were supported to eat and drink in line with their individual needs. Most people were independent with eating and drinking. Staff regularly asked if people needed any help.

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

- Staff supported people to access health care services when required.
- Care records showed health professional were involved in people's care. This included GPs, community nurses, specialist nurses and therapy services.

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

- The service had been adapted to suit the needs of people living with dementia. This included theming some areas to provide visual stimulation and signage to help people orientate around the home.

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 provider followed the requirements of the MCA; DoLS authorisations had been granted for all relevant people. The registered manager monitored DoLS authorisations to ensure they remained valid.
- Where people were unable to consent to restrictions placed on them, an MCA assessment and best interest decision was completed first.
- Staff asked people for their consent before providing assistance. During lunch-time staff ensured people received their meal how they wanted it. They encouraged people to choose what they wanted to eat and offered condiments and seasoning separately.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well cared for and staff were kind and considerate. They commented, "The staff are great, most of them. I have a good laugh with them." and "The staff have been really, really good. If I wasn't settled with the staff and happy here, I would go."
- People had opportunities to discuss their religious and cultural beliefs. Specific care plans were written, highlighting people's needs in these areas.

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

- People were encouraged to express their views and make choices. Staff regularly offered people choices about what they wanted to eat, snacks, drinks and activities.
- People's communication needs had been assessed and their requirements documented in communication care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person commented, "They (staff) are nice, they treat me good."
- Staff understood the importance of promoting dignity; they adapted their practice accordingly when caring for people.
- Staff encouraged people to promote their independence. One person commented, "I have my own room, I call it my little flat. I do my own cleaning."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care had been planned to meet their current needs and preferences.
- The provider had taken over the service in May 2020. They had been transferring people's care plans into their own format and updating them as required. This piece of work had just been completed when we inspected.
- Initial care plans developed required further development, to ensure they included information about specific strategies required to support people effectively. They also required additional information about people's preferences.
- People were supported to plan for their future care wishes, including end of life care.

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.

- Information could be made available in various formats, such as easy read and pictorial.

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

- People were supported to participate in regular activities that were meaningful to them.
- Two people told us about how staff supported their wish to help around the home. People commented, "I have just finished my work. It is not heavy work, just nice work. I enjoy it, you feel as though you are doing something" and, "I help the cleaners. I have a cloth, I do a bit of dusting and a bit of hoovering."
- People were supported in various ways to maintain contact with family. One person said, "I have three daughters, they phone me all the time."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. There had been no complaints made about the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider operated a structured approach to quality assurance. This consisted of a range of regular checks. A regional manager also completed monthly checks of the home.
- These quality assurance checks had not been effective in ensuring the quality of supplementary records was improved to ensure they were accurate.
- Daily fluid charts were not always personalised to individual people's needs. This meant people had unachievable targets which were often not met.
- Supplementary charts and records were not always signed off to confirm senior staff had reviewed them. This had been raised consistently during staff meetings.
- There had been a delay in the provider reviewing and updating care plans to ensure they reflected people's current needs and preferences. The Coronavirus pandemic had delayed the start of this piece of work. An action plan had been developed in September 2020 following the Coronavirus outbreak at the service and concerns raised by health professionals.

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

- The provider aimed to develop an inclusive culture based around the needs of people.
- Staff described the positive teamwork which they experienced whilst working at the service. They said, "I like it here, everyone cares for everyone else."
- The home had a positive and welcoming atmosphere. One staff member said, "It is very friendly here, very, happy."

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

- The registered manager submitted the required statutory notifications to CQC following significant events at the home.
- Staff told us the registered manager was approachable and provided clear direction. One staff member commented, "We are totally supported, [registered manager] asks every day if we are okay. She goes above and beyond to help you. She is definitely a good manager."

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

- People and staff had regular opportunities to provide feedback about the service.
- Staff meetings were held regularly and staff felt their views were valued. One staff member said, "I feel my views are listened to."
- People told us they could speak with the staff or manager at any time. The provider was planning to carry out formal consultation with people.

#### Working in partnership with others

- The provider worked with the local authority and other health services to work towards promoting good outcomes for people.