

## Barchester Healthcare Homes Limited

# Chater Lodge

### 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

We carried out an unannounced inspection of the service on 19 December 2017.

Chater Lodge 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 care home can accommodate 45 people in one adapted building. There were 39 people receiving care and support at the home at the time of our visit.

The service was last inspected 10 November 2016 and the rating for that inspection was Good. Since the last inspection there has been a new registered manager recruited.

There was a manager registered with the Care Quality Commission (CQC). 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 continued to receive safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. Staffing levels were adequate. Safe recruitment was followed to ensure suitable staff were employed.

Medicines were managed and stored safely. Arrangements were in place to make sure the premises were clean. Staff had completed relevant hygiene training. Incidents and accidents were reported and managed.

People continued to have their needs assessed. Staff received training to ensure they had appropriate skills to carry out their roles. People were supported to have sufficient amounts to eat and drink. People were supported to receive care across different services. People were involved in regular monitoring of their health and wellbeing. People were consulted about decisions about their environment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by staff who were kind and compassionate. People were treated with respect and dignity at all times. They had a good relationship with the staff, who had a strong emphasis on supporting people's diverse needs. People experienced positive compassionate care to ensure people felt at home. Relatives were positive about the care people received.

People received personalised care that met their needs. Concerns and complaints were dealt with and responded to. People were encouraged to share their views about the home, but they were not always informed of any actions taken if they had identified concerns. We made a recommendation to the provider about the management of feedback from surveys. Discussions took place to support people at their end of life.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided. There was a registered manager in post. Staff were supported to raise concerns and use the whistleblowing policy. Information systems were used effectively to monitor the quality of care.

The service worked in partnership with other organisations including the local authority, safeguarding and CQC.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains 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.

The inspection was a comprehensive inspection, which took place on 19 December 2017 and was unannounced. 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information we held about the service such as notifications, which are events which had happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We observed care and support being provided in the communal areas of the service. During our visit we spoke with eight people who used the service, one friend of a person and three relatives. We spoke with one senior carer, two care assistants, one laundry person, the maintenance person and one cook. The deputy manager, registered manager and the provider's representative also spoke with us.

We looked at all or parts of the care records for six people, the training and induction records for five staff and four people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

# Is the service safe?

## Our findings

People continued to receive safe care. All people we spoke with told us they felt safe living at the home. One person said, "They [staff] make me feel safe, they are there if I need them." Three relatives and one friend of a person told us they felt their relations and friend were safe in the home." One relative said, [relation] would tell me if something was amiss."

The registered manager described the reporting process for safeguarding concerns. There were systems in place to record and monitor safeguarding issues and concerns. All staff had training on abuse and this training was renewed and refreshed regularly. Staff understood what constituted as abuse and that abuse should be reported.

Records we looked at identified all safeguarding's had been reported and dealt with in line with the provider's policy and procedures. Where issues had required urgent action this was addressed and lessons learned. For example, locks and key coded locks had been replaced to ensure exits were secure and people were safe.

People's needs were assessed. Risks were identified and managed. Risk assessments reflected people's current needs. For example, people at risk of falls were monitored on a monthly basis. Individual risks were identified and managed and a robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people.

Systems were in place in case of an emergency, such as risk of fire. There was an emergency evacuation plan for each person which was easily accessible. Weekly fire tests and monthly checks of equipment were carried out. The home had robust checks for equipment and maintenance of the premises. This was to ensure equipment was in full working order should an emergency occur and the building was maintained.

People told us they felt the service could do with more staff. Three people told us sometimes they felt rushed when staff came to support them. One relative told us they had concerns about the number of staff. They said, "There is two staff on the floor with one other staff floating between the two floors. My relative requires two staff to assist them, which leaves only one other member of staff to cover the floor." The relative was concerned about other people who may need two staff at the same time.

Staff confirmed the number of staff on duty. One member of staff felt there wasn't enough staff all the time. Another member of staff said, "We all pull together, we are one big family. Any shortfalls due to staff absence are covered by other staff."

We spoke with the registered manager, who told us they used a dependency tool as a guidance to identify the number of staff working to the needs of people living in the home. The registered manager also said the service used agency and bank staff when needed. We looked at the staff rota, which confirmed the number of staff on duty. The registered manager told us they had recently recruited three night staff. They also told us they were looking at volunteers to support activities. The last service survey review dated 2016 had

identified that people felt there was not sufficient staff working at the home. A Health Watch report dated November 2017 had identified staffing levels could be higher. The provider's quality monitoring review dated 2 November 2017 had identified 10 bank staff were to be recruited where possible. This showed us the provider would take action if and when required to ensure there was sufficient staff in place to keep people safe. During our visit we did not see anyone waiting for assistance. Call bells were attended to in a timely manner.

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. Four people confirmed they get their medicines on time. One person said, "As far as I know I do, I am sure they [staff] know what time I should have it." Staff who administered medicines received appropriate training and had their competency assessed. Staff adhered to policy and procedures for administering medicines to people.

We observed that medicines were administered safely. Staff were aware of how people preferred to take their medicines. Allergies were recorded on the MAR to ensure staff were aware if the person was allergic to certain medicines or food. Systems were in place to ensure medicines were accounted for and the medicine trolley was left safe and secure while staff administered medicines to people.

People were protected from the risk of infection as the provider had infection control procedures for staff to follow. Arrangements were in place to ensure the provider was following relevant guidance for infection control and made sure the environment was clean and free from infection. People told us the home was clean. Staff described the equipment used in line with current guidance for infection control. For example, gloves and aprons were worn when changing bed linen or providing personal care. The home had a five star rating for food hygiene. Staff had completed a food hygiene course to ensure they prepared and stored food correctly. This showed us the service had very good hygiene standards.

## Is the service effective?

### Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People told us they felt staff were well trained. One relative said, "Staff understands my relations needs and what care and support they should have." Staff underwent a robust induction, training, support and supervision that they needed to work effectively in their role. The registered manager told us the system in place to monitor staff training identified when staff training was up for renewal or needed a refresher course. Records of supervision we looked at identified that the management discussed staff learning and development.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. People told us they were aware of their care plan and care reviews. One relative told us their family member had a fall before they came into the home and were assessed for using a wheelchair. They said, "[name] does not need the wheelchair now, because of staff perseverance and support to get my relative walking again. [Name] now has a walking frame." Thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People received a positive experience at lunch time. People told us they had enough to eat and drink. Staff confirmed people received a varied and balanced diet. One member of staff said, "People have a good breakfast and good choice of food. It depends on their preference and what they want to eat." Kitchen staff were knowledgeable of people's preferences and served food accordingly.

We observed lunch time in both dining areas of the home. People were offered a choice of drinks and a choice of what they wanted to eat. Staff showed people a choice by having plates of food made up for show. There was a daily menu, however if people did not want what was on the menu they were offered an alternative. For example, two people had an omelette and one person chose sandwiches. Where people were reluctant to eat staff encouraged them to ensure they had sufficient food. Staff told us they would monitor people's intake of food and if necessary implement a food chart and also refer them to the GP or relevant professional. Records we looked at confirmed this.

People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. People told us the service does and would contact the GP if they needed one. One person said, "The district nurse comes and visits me, they are very good." We spoke with the district nurse who gave positive feedback about the home. The district nurse told us the home took a proactive approach when people showed signs of deterioration. They told us staff were always kind and compassionate with people whenever they visited. This showed us the service liaised with health care professionals.

People received care and support which was delivered in line with current standards and guidance. People were involved and consulted on decisions about the premises and the home environment. Bedrooms we looked at were set out with people's personal possessions, like they had at home. This gave the person



familiar surroundings so they could settle at the home. A resident meeting confirmed discussions about the premises had taken place. The outside garden area was easily accessible and secure. People were able to access the outside space of the home independently.

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. We checked whether the service was working within the principles of the MCA.

Staff could judge when people had capacity or not. They used specific techniques to ensure people understood what staff were asking of them. For example, when staff were performing tasks for a person, they ensured that the person was ok with what they were going to do before they performed the task. If a person appeared confused, staff gave an alternative or another explanation of what they needed to do to see if they could elicit a response.

Care records confirmed detailed capacity assessments had been completed and reflected a holistic approach for each individual decision about the care requirements of people. Where best interest's decisions were required these had been completed and confirmed any relevant professionals had been involved. Efficient and robust systems were in place to ensure appropriate DoLS applications if necessary would be submitted to the assessing authority. We saw where a number of referrals had been authorised and that staff were adhering to restrictions if required.

## Is the service caring?

### Our findings

People had a good relationship with the staff and people continued to experienced positive caring relationships with them and other people living in the home. People were supported to keep in contact with family and friends. One person said, "Family and friends can call in anytime there are no restrictions." We observed a family member having lunch with their relative during our visit. This showed us people were encouraged to share specific times and activities with their family members.

We saw and spoke with a number of visitors throughout the inspection and they gave us positive feedback about the service and staff.

People told us staff treated them with dignity and respect at all times. One person said, "Staff call me by my preferred name." Another person said, "They [staff] knew my name straight away, it makes me feel I matter." Other people described how staff covered them up to protect their dignity when providing personal care.

Staff told us they ensured people were treated with kindness, compassion and respect. Staff had a good knowledge of people's life history, needs and preferences. This showed us how staff gave support to meet people's individual and diverse needs. We observed staff ensuring people were well dressed and presented. Staff spoke to people in a calm, polite and kind way. Staff demonstrated a real empathy for the people they cared for. We observed staff knocking on people's bedroom doors and asking if they could come in before they entered. This showed us people were respected and their views were taken into consideration.

People received information about external bodies, community organisations and advocacy. The registered manager told us they welcome the involvement of an advocacy service and accessed relevant information when needed. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. We saw leaflets and information on the noticeboard in reception. This told us people and their families had access to relevant information should they choose to use it.

## Is the service responsive?

### Our findings

People continued to receive care that met their individual needs. People's needs were assessed to determine if the service could meet their needs.

People were aware that they had a care plan. Two people told us that staff talked to them about their care and updated their care plan when required. People expressed their likes and dislikes and preferences in their care plans. People had a key worker, which is a member of staff responsible for reviewing and updating people's care plans on a monthly basis. Records we looked at confirmed care was planned and detailed to ensure people's needs were fully met. People had been involved with these discussions and had consented with their care needs.

People and relatives told us they felt listened to. Both people and their relatives told us they had completed forms to feedback their view of the home. One person said, "I have completed a form and it's confidential. The registered manager told us they send out an annual survey. We saw a copy of the one sent out in 2016, but there was no action plan available during our visit for issues that were found, so we could not tell if action had been taken to rectify or improve where issues had been raised.

We recommend that the provider seeks guidance from a reputable source to ensure they are managing and actioning the feedback they receive from surveys.

People were confident they could make a complaint. One person said, "I can always go to [name of registered manager]; she pops in and asks if I have any complaints." None of the people we spoke with could remember if they had a copy of the complaints procedure. One person said, "I imagine I had one when I first came here, it's probably in my care plan. I would go and speak with the registered manager if I had any complaints." We saw in each person's room there was a copy of the complaints procedure in easy accessible format that people could understand.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. The service had a complaints procedure and complaints log to monitor concerns and complaints. We saw where concerns had been received. They had all been followed up and responded to in a timely manner.

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One member of staff told us they used gestures and sign language to ensure people understood when they had difficulty communicating. For example, if they were living with dementia or lack capacity.

People had the opportunity to discuss with staff their end of life wishes should this be required. People had expressed their own preferences, what they wanted to happen at their end of life and advance arrangements in the event of their death. One relative told us their family member had been put on end of life, but they had not received a specific end of life care plan. We spoke with the registered manager and

they told us they had started the process and discussed plans with the GP. We saw on the person's care plan that discussions had taken place and the district nurse had been contacted to devise a specific plan for the person. The district nurse commended the service on their end of life care. They gave us an example where a person who had been on end of life care, but due to the staff involvement the person's life had been prolonged and had been taken off end of life care.

People were supported to follow their hobbies and interests. One person told us they enjoyed the quizzes. They said, "It keeps your mind active, they could do more of them." Relatives told us they felt the home had not provided a full programme of activities recently. Staff told us they invite outside entertainers to the home as well as providing other activities themselves. One member of staff said, "An entertainer came to the home and visited people in their rooms if they wanted them to." We saw people participating in group and individual activities during our visit. However, the activity board did not match the activities people were participating in. We spoke with the registered manager and they told us that unforeseeable circumstances had meant the two members of staff responsible for activities were unavailable. They said that care staff had to accommodate where they could. This meant there were limited activities at times.

The registered manager said they had planned to put volunteers in place over the next month to help support people to follow their hobbies and interests. We saw this issue had also been highlighted in the provider's quality improvement review undertaken in November 2017. There was an action plan to ensure activities were planned in line with people's choices and preferences. There were also plans to ensure people were provided with adequate stimulation in regards to activities. This included people less ambulant or found it more difficult to move from their rooms. This told us there were plans in place for staff to support people to achieve their goals and aspirations.

## Is the service well-led?

### Our findings

There was a manager registered with the Care Quality Commission (CQC). 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. The registered manager carried out their role of reporting incidents to CQC.

People said they were happy with the service they received. We asked people if there was anything about the home they wanted to improve. One person said, "The only little improvement I would like is to have an early morning cup of tea." A family member told us the person was limited to their fluid intake and this could be a main factor to the time of their drinks. Another person said, "I don't know what you mean, what could they improve. I think this is the best home in the area."

People were aware of the registered manager and felt she was approachable. Staff told us the registered manager was very supportive and the management team lead by example. One member of staff said, "There is an open door policy and we can speak with the registered manager at any time." Another member of staff said, "I receive constructive feedback from the manager through staff meetings and supervisions."

The registered manager was aware of the day to day culture of the home as they completed a daily walk around. This was to make sure people were receiving the care relevant to their needs and that staff were deployed correctly. The registered manager told us their vision of the service was to be one of the best homes and ensure staff provided great quality care. They shared with us the improvements they were implementing and areas they needed to focus on. For example staffing levels and meaningful activities.

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they understood the policy and felt confident to use the policy if required.

There were systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing weekly and monthly audits, such as, the provider quality improvement review, environment of the home, medication and infection control. The registered manager told us they shared good practice with other homes owned by the provider. The provider's representative confirmed this. The provider's representative also told us; although the registered manager was new to post they had been working at the home for a number of years and were fully supported by the management team to improve the service. The registered manager showed us where improvements had been made to the premises since the last inspection. They also described further improvements that were being implemented. For example, the garden area to be more accessible from the lounge for people who use wheelchairs.

Staff and resident meetings had taken place. Copies of meetings we saw showed the meetings were informative and helped to keep people and staff up to date about people's needs, and what was happening

in the home. Discussions had taken place about staffing levels, activities and the WOW project to keep people informed. This reflected a positive service and showed us they were open and transparent.

We found the service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of care needs.