

Renal Health Limited

Chase Park Neuro Centre

Inspection report

8 Millfield Road
Whickham
Newcastle Upon Tyne
Tyne And Wear
NE16 4QA

Tel: 01916912568

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Chase Park can accommodate 60 people in two adapted buildings. There were 42 people living at the service when we inspected. Facilities include a coffee shop and swimming pool area, accessed by members of the public.

People's experience of using this service: People received person-centred care which promoted positive outcomes to their well-being and independence. Care records detailed how people liked to be supported and were individual to the person. The service worked in partnership with other health and social care agencies to support people's rehabilitation.

There were regular reviews of people's needs to make sure they received the support they required. People had regular input from other health care professionals and external agencies, for example GPs and therapists.

Environmental risks had not always been identified and assessed. Individual risks to people had been fully assessed and mitigated to help keep people safe. Medicines were not always managed safely; there were gaps in people's medicine administration records. This meant people may not have had their medicine administered.

There was a governance framework, designed to assess the quality and safety of care, which was not always effective. The management team completed audits of the service and created action plans to improve the quality and safety of the service. However, these did not include actions to mitigate the risks we found.

Staff were kind and caring with people; they respected their privacy and dignity. People received safe care from a competent staff team. Some staff had not completed the required training.

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 supported this practice.

People were supported to attend activities in the local community and within the service. People were encouraged to maintain social relationships.

Following the last inspection, we asked the service to complete an action plan detailing what they would do and by when to improve the key questions of safe and well-led to at least good. At this inspection we found the service had addressed the initial safety issues identified at the last inspection. However, we identified new risks and safety issues during this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

We identified a continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the safety of the service. Details of action we have asked the provider to take can be found at the

end of this report.

Rating at last inspection: Requires Improvement (report published August 2018). This is the second time the service has been rated as requires improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. As part of our process we will be meeting with the provider and requesting an action plan to be completed to address the issues identified. We will re-visit the service in-line with our 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Chase Park Neuro Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Chase Park is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the registered manager sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with four people who used service, three relatives and eight members of staff including the registered manager and nominated individual. We reviewed the care records for four people, the medication records for five people and the recruitment records for five members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management . Preventing and controlling infection.

- The premises were not always safe for people. For example, keypad entry codes were written next to the door locks, sluice doors were open and clinical waste bins were not safely locked. A bathroom people were using had equipment stored in it. The director and registered manager took action to address the immediate risk.
- Premises checks did not highlight the health and safety issues we found.
- Not all cleaning products were stored safely as people were able to gain access . People could access two cupboards, one was unlocked and another where the code to open the door was written on the door frame, which contained five large bottles of cleaning solution, one bottle of cleaner deodoriser and a large container of fish food. People who could not safely assess risk to themselves could have used these inappropriately which may have resulted in serious injury.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was regular testing of equipment, water, electrical, gas, waste transfer, lift servicing and other premises testing to help keep people safe. The service had recently been awarded five stars by the food standards agency.
- Personalised risk assessments were completed in partnership with people to help keep them safe.
- People and relatives felt safe living at the service. One relative told us, "It's definitely safe."
- Staff followed good infection control practices. Regular cleaning of the service took place; there was a dedicated domestic team and house keeper.

Using medicines safely.

- Medicines were usually administered safely but we found signatures missing from three people's records. This meant that we were unable to determine if the medicine had been given to the person at the prescribed time . Medicine stock checks showed people had received their medicines and that the administration records had not been completed correctly.
- Some people were receiving medication via a transdermal patch. Records did not show where on the body the patch was applied which meant we could not be assured they were receiving these safely and as prescribed.
- People received 'as required' medication, for example pain relief. Staff lacked detailed guidance about how to administer these safely; this meant people may not get the medicines they need.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely in locked treatment rooms; there was a comprehensive medicines management policy.
- Staff had received medicines training and had their competencies regularly assessed.

Systems and processes to safeguard people from the risk of abuse.

- The safeguarding policy was available in easy read formats for people and their relatives. People and their relatives knew who to contact if they had concerns.
- Staff had received safeguarding training; they could tell us what action to take if they identified possible abuse. They told us, "I've had training and I know what abuse looks like" and "I've just had safeguarding training, it was online."
- Accidents and incidents were recorded and fully investigated.
- Lessons learned from incidents were documented and used as learning experiences for staff.
- The registered manager had notified the CQC of all safeguarding concerns and escalated these appropriately to the local authority.

Staffing and recruitment

- People were supported by staff who were safely recruited.
- There were suitable staffing levels to support people in line with their assessed needs. A relative told us, "There's a nurse on duty 24/7. That keeps us happy."
- The service had recruited a full permanent staff team and had greatly reduced their usage of agency staff. Additional checks were completed to verify nurses and agency staff were suitable to work at the home.

Learning lessons when things go wrong

- The registered manager regularly reviewed all accidents and incidents to identify any trends and used this as part of the service's action plan for improvement.
- All incident investigations were clearly documented and shared with relevant partnership agencies.
- Outcomes and lessons learnt from investigations were shared with people, relatives and staff.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw staff asking people for consent when supporting and asking for people's choices for meals and drinks.
- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.

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

- People had in-depth holistic assessments of their needs which covered their physical, mental and social requirements .
- People's treatment and support were delivered in line with current national best practice standards and guidance, such as National Institute for Health and Care Excellence (NICE) and MCA.
- The service was also delivering best practice training to external agencies, for example accredited hydrotherapy.
- Staff support: induction, training, skills and experience
- Staff had completed a comprehensive induction and received on-going support. A staff member commented, "We get regular supervisions every four to six weeks or instant ones if you need them."

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

- People were supported to maintain a healthy and balanced diet.
- People were referred to other health and social care professionals, for example the dietician, if a risk was identified.
- Care plans were detailed and included people's preferences on how to be supported with eating and

drinking. Pictorial menus were available to aid people in making choices.

Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to move-on from the service when they were confident and felt able to be independent.
- Staff worked closely with other health care professionals, for example occupational therapists, to make sure people received the care they needed to meet their individual needs.
- People experienced an effective transition into the service.

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

- The home was appropriately adapted for people to access with large corridors, spacious bedrooms and clear signage to help people find their way around.
- One area of the home did require some refurbishment as chairs in the dining area did not match and paint was chipped from the walls.
- There was a quiet/meditation room on the second floor for people to use if they wanted alone time or to sit with family.
- Bedrooms were personalised and people had their own possessions displayed around the rooms.

Supporting people to live healthier lives, access healthcare services and support

- The service had introduced a healthy living club activity session and people, staff and relatives could attend together to improve their overall well-being.
- The service had its own therapy team who supported people to access a wide range of activities. This included the use of the hydrotherapy pool, therapy dogs and individual plans developed with occupational therapists.
- People were referred to other health care teams, for example hospital consultants, dietitians and the speech and language team, to help make sure their needs were met.
- Care plans showed advice and guidance from other health care professionals was being followed and reviewed regularly.

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.

Good: 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 were treated kindly by staff; staff were friendly and caring with people and knew them well.
- People and relatives were positive about the support from staff. One person said, "They're fantastic." One relative commented, "They are all brilliant. They listen to us and they don't prejudge." Another relative said, "They make a fuss of him, it's like a family."
- Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of their sex, race, age, disability or religious belief.
- The service used a range of accessible communication methods to make sure people could have a say in their care.
- Staff had time to support people and engage with them. Staff knew people well and we saw people laughing and joking with staff whilst being supported.

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

- The service promoted advocacy and there was information available for people and relatives to access these services.
- Relatives told us that they had supported people in decisions around care needs and how they would like to be supported.
- Staff took their time whilst supporting people; they had time to talk and listen to people and relatives.
- Staff worked with people to make sure all needs were met. One relative explained that their family member was unable to communicate but staff had clicked with them and could tell straight away if they were in any discomfort.

Respecting and promoting people's privacy, dignity and independence.

- Staff discreetly supported people whilst providing care. Staff always knocked on bedroom doors before entering and asked people's permission before supporting them.
- People were encouraged to be independent and develop their own skills.
- One person told us that they were learning to knit. One person was being supported to make their own porridge for breakfast.
- People had personalised rehabilitation plans to promote their independence, these included personal safety, life skills and well-being.
- The service had received many compliments from people and relatives. One relative told us that they were so please with the care they had left a review on a care home website giving the service 10 out of 10.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had person-centred care plans which highlighted their strengths and promoted their independence.
- Care plans reflected all aspects of people's care; they included a life history, individual preferences and interests.
- Relatives told us they had been involved in regular reviews to make sure people's needs were being met. One relative told us, "They take on board what you have to say."
- People were supported to attend activities in the community and within the service. People told us they attended local groups, attended the health and well-being group and joined in the music sessions at the service.

Improving care quality in response to complaints or concerns.

- The registered manager responded to all complaints in line with the service's complaints policy.
- Complaints were investigated fully, outcomes were shared with people, relatives and staff and lessons learned shared with the wider team.

End of life care and support.

- People had their end of life wishes assessed as part of their care planning.
- End of life care plans showed how people would like to be supported, reflecting on people's dignity and choices, and what their final wishes would be.
- Staff had received training in delivering end of life care and the support required for families.

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.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People and relatives were positive about the staff culture at the home. One person said the management team were, "great, just great."
- One relative said about the registered manager, "They are brilliant. So friendly and they do the job."
- The management team told us that people and their outcomes were at the centre of everything. They were passionate about the support people received and making a positive difference to people's lives.
- Relatives commented that the registered manager was always available to speak to if they needed to address any concerns.
- Staff morale had improved since our last inspection. One staff member told us, "There's been a massive difference with the new manager. There's more staff available and there are no issues."

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

- The governance framework was not fully effective; staff were not identifying some issues.
- The management team had regular governance meetings to discuss issues and assess how the service was performing.
- The registered manager was in the process of completing their registration with the CQC. They were fully aware of their legal responsibilities.
- The management team had an open and honest approach which was improving the positive staff culture.
- When things did go wrong, lessons were learned and apologies provided.

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

- People, staff and the public were consulted about the service.
- Communication was a big focus for the management team; staff received regular updates from the registered manager.
- People, staff and relatives were asked for their feedback and the results were used to improve the service. There was a "You said, We Did" display board at the main reception showing how the service had used feedback to improve aspects of the service and the quality of care provided.

Continuous learning and improving care

- The service had a permanent therapy team which allowed for individual care needs to be met with the use of hydrotherapy, occupational therapy and psychologists.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people.
- The Clinical Commissioning Group gave positive feedback about improvements at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The premises were not always safe for people using the service. Risks due to health and safety had not been fully identified, assessed and mitigated.</p> <p>Medicines were not managed safely.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>