

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chase Park Neuro Centre is a care home providing personal care to up to 60 people. The service provides support to people aged 18 and over, some of whom were living with a neurological condition. At the time of our inspection there were 41 people using the service.

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

Medicines were not managed safely. Improvements were needed in the records and guidance for topical and when required medicines. Further information was also needed for how people should take their medicines.

We found a dirty and ripped shower chair and a lack of shower chairs within the home to meet people's bathing preferences. Following our inspection, 5 additional shower chairs were purchased.

Bathrooms were not big enough to allow them to get dressed in there. This did not uphold people's dignity.

The general environment was tired in relation to decor. The manager shared with us a refurbishment plan which was due to commence in 2024 throughout the two buildings.

We found window restrictors in one corridor of the building opened further than the legal requirement. We made a recommendation about window restrictors and risk assessments relating to this. This was addressed by the provider immediately following our inspection visit.

The manager and staff were open and honest. Whilst we did receive a lot of positive feedback, some staff shared negative feedback regarding the management and culture of the service. We discussed this with the manager who said they would undertake meetings to listen to all views. Staff were keen to learn and drive improvement to ensure people received the best possible care.

The provider did not have a policy relating to duty of candour on the first day of our inspection visit and we made a recommendation about this. This was in place by the second day of our inspection.

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.

Systems were in place to safeguard people from the risk of abuse. Risks to people were managed by staff following appropriate risk assessments. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Relatives and friends were encouraged to visit the home and spend time with their loved ones.

People's preferences and choices were being upheld. People were offered choices during mealtimes and enjoyed the food provided in the service. The home ensured people had access to health care professionals when required and worked in a multi-disciplinary way with therapists employed by the service.

People and relatives told us staff were kind and caring. We observed positive interactions between staff and people living in the home.

People told us they enjoyed the activities provided within the service and feedback about the therapies provided was excellent.

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

Rating at last inspection and update

The last rating for this service was good (published 19 March 2020)

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care being provided to people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider acknowledged the shortfalls found during this inspection. They took action following the first day of inspection to begin to address some of the shortfalls found regarding medicines, records and the environment.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chase Park Neuro Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicine management, safe care and treatment, person centred care, records and provider oversight and monitoring at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always 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

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 3 inspectors and 1 medicines inspector.

Service and service type

Chase Park Neuro Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chase Park Neuro Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in place. However, the current manager had been in post for three months and had an application to register recorded with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 12 and 19 December 2023. We spoke with 10 people who used the service and 6 relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, administration manager, occupational therapist, clinical lead, family liaison lead, nurse, support staff, housekeeping staff and the cook.

We reviewed a range of records. This included 4 people's care records and 4 recruitment files. We looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records and medicine stock. We reviewed a variety of records related to the management of the service, including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- Medicines were not managed safely.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness.
- Where people self-administered medicines or had medicines administered covertly, for example disguised in food or drink, this was not always clearly documented.
- Guidance and records were not in place to support the safe administration of topical medicines. We found guidance was not clear for creams which were to be applied by care staff and application records were missing.
- Some people had their medicine administered through a Percutaneous Endoscopic Gastrostomy (PEG). We found this was not done in line with good practice guidance.
- A running balance system was in place to demonstrate medicines were given correctly. However, when there were gaps or discrepancies in stock counts they were not always escalated for investigation.

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

- An audit system was in place, and this had picked up some of the issues we found relating to medicines.

Preventing and controlling infection

- People were not always protected from the risk of infection.
- Some areas of the home and equipment were not clean. We saw a ripped and dirty shower chair in use. There was a rusty radiator and broken and stained tiles in a shower room and we saw dirty washing in a laundry basket next to a bath. We also saw PPE equipment not stored correctly in one bathroom.
- There was a lack of shower chairs. A shower chair was being used across 2 floors of the home. One person told us, "There is no head rest on the shower chair and I tend to flop to one side. There is 1 shower chair over 2 floors. The staff bring it in and don't clean it before they put me in it. It's not very hygienic."

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

- Immediately following the inspection, the manager sent us evidence additional shower chairs had been purchased.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a system in place to record accidents and incidents, but this was not routinely analysed to look at patterns or trends.
- The manager showed us they had already identified this deficit and had begun to implement an ongoing review of incidents from January 2024.

This evidence demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Annual servicing of the equipment was up to date. Regular checks of the home's fire safety system had been completed.
- People had risk assessments and management plans in place to guide staff on how to keep them safe. These included for example the management of the risk of falls and choking.
- We saw the manager had implemented lessons learnt from recent complaints and shared learning with the staff team.

Staffing and recruitment

- Staff were generally recruited safely but we saw agency staff inductions were not in place and one staff had some gaps in employment history not explored. One staff had commenced employment with an Adults First check and no evidence of a risk assessment in place whilst their full DBS check was completed.

This evidence demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured there were sufficient staff were deployed to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place for staff to follow. Staff had received training in how to protect people from harm and abuse and those we spoke with understood their responsibilities around safeguarding.
- The provider and manager understood their responsibility to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC).
- People and relatives spoke positively about the home and staff. One person said, "Safe, yes it is safe here." Another said, "Safe? Yes, completely safe. Staff caring makes me feel safe."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- A thorough assessment of people's care and support needs was completed prior to their admission to the service. This was used to plan people's care.
- Staff were kept up to date of changes to people's care and support needs through regular staff handover meetings and weekly multidisciplinary reviews.

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

- Some areas of the home were tired and scruffy in relation to decor.
- The manager shared with us a refurbishment programme due to commence in 2024, which covered the whole building. We asked them to prioritise design and layout of bathrooms.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and well trained.
- Mandatory training was up to date and staff had received regular supervision from senior staff.
- During our inspection we observed staff using hoisting equipment to assist people to move. They looked comfortable and trained in using the equipment. One person told us "They are doing their job well. I don't even think about it and their words make it a lot better. "

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

- People were supported to eat a healthy diet. People were weighed regularly and advice was sought from health professionals if people lost weight.
- People and relatives gave us positive feedback about the food. One person said, "The food seems better. They are getting to know what you like and put it on. I like meat and two veg and that's what I am getting now."
- Most people got their meals in their rooms. Staff sat and chatted with people as they supported them and asked regularly if everything was ok. The food smelt good and people seemed to enjoy the meal. Cold and hot drinks were served and second helpings were offered.

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

- The service had its own in house occupational therapy, physiotherapy and psychotherapy team.
- People we spoke with said the therapies were excellent. One relative said, "The OT picked up straight away that [Name] wasn't feeding himself as well and realised some staff were feeding him. There were clear instructions given to staff and it's improved again massively."

- People had access to a range of health and social care professionals and appropriate referrals had been made when required. For example, people at risk of choking had been referred to the Speech and Language Therapy team.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- We struggled to locate records to evidence that any decisions made in people's best interests had been reviewed in line with the MCA and the appropriate individuals had been involved. This was resolved by the end of the inspection.
- We heard staff asking people for their consent before assisting them and saw people were supported to make their own choices were able.

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.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We observed people being taken between bathrooms and their bedrooms covered in towels, as bathrooms were not big enough to allow them to get dressed in there. This did not uphold people's dignity.
- One person told us there was not enough bathing equipment.
- Staff said there used to be a changing table in a shower room but they did not always find it safe to use with all people.
- Records did not always evidence how people were involved in their care, especially for those people who were unable to communicate verbally.

The failure to ensure people were involved in their care and support and the environment accommodated their needs was a breach of Regulation 10 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with said they were treated with dignity and respect. One person said, "They put a blanket over me while hoisting me to go for a shower."

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

- People told us they were happy with the support they received and had a good relationship with the staff who supported them. People who could not communicate verbally looked happy and relaxed in staff company.
- Relatives we spoke with gave us positive feedback. One said, "The staff here are brilliant and know him inside out and talk to him as part of the family." Another said, "The staff are very attentive and get anything we need, they check on [Name] all the time."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, however a clear complaints log with outcomes recorded was not in place. We made a recommendation about this.
- There has been a spate of complaints in October which the manager stated she had addressed and put lessons learnt events in place. We saw staff meeting minutes where this had been discussed. Two weeks of additional staffing to provide training had also been put in place in response to the complaints raised.
- People and relatives we spoke with said they could raise any issues of concern with management or the family liaison lead and felt they were listened to.

The provider is recommended to keep a full complaints log with the outcome of complaints recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans reflected people's current needs and preferences.
- Staff generally knew people and their support needs well.

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

- During our inspection, people were involved in a variety of activities. A local school came and sang carols for everyone. People also accessed the local community and used community facilities such as the cinema. There was a cafe at the service which was used for social activities and for visiting relatives and friends.
- There was a focus on rehabilitation and the manager told us they had increased accessibility to the hydrotherapy pool by reducing other community partners hiring it and also supplementing hours so people who needed this could access it more regularly.
- One relative told us, "The improvement in [Name] has been massive with massage and therapies. They do as much as they can with her."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A system was in place to meet people's communication needs such as visual timetables and electronic

devices. People's communication needs were recorded, although some information in care plans was more detailed than others. Easy read information was available for people.

End of life care and support

- People's wishes and requests were recorded in their plan of care.
- Staff were trained to provide end of life care.

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.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- An effective quality monitoring system was not fully in place.
- We identified shortfalls relating to the management of medicines, bathing equipment, some staffing records and duty of candour that the provider's quality assurance system did not find.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure effective oversight was in place was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A manager was in place who had joined the service 3 months ago and had applied to be registered with CQC.
- The manager was very receptive to our feedback during this inspection and responded immediately to areas of improvement we identified.
- People, relatives and staff told us they could raise concerns although some said they had not always been made aware of outcomes.
- We noted staff worked well together. One staff member said, "I think inclusion and diversity is good here. People from another race have been accepted by another race. There is no discrimination".

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

- The manager understood the duty of candour. However, there was no policy in place to meet the requirement of the regulation and paperwork was not in place that linked to notifiable safety incidents.
- The manager told us she had spoken to both families and there were documented lessons learnt in place.

We recommended the provider implement a policy relating to duty of candour with immediate effect.

- Immediately following the inspection the manager sent us a copy of the new duty of candour policy and procedure.

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

- The manager had identified recently morale had been "poor" and she had experienced some resistance from staff when she came into post. However, key staff we spoke with said relationships had improved recently.
- The deputy manager told us "I feel listened to. Some things we didn't agree on were changed so I felt listened to." The clinical lead said, "I am able to raise any problems with [manager]. We have both have opinions and I can say I don't agree with something she has implemented and she listens. If I need her support I get it straight away."
- Some people and staff told us there could be communication difficulties with staff members whose first language was not English. We discussed with the manager about orientation and communication for all staff via induction.
- We observed lots of positive interaction and warm relationships between people and staff.
- The manager was honest and open with us during the inspection. They recognised there were actions to be taken but spoke positively about plans to drive improvements at the service.

Working in partnership with others

- Health and social care professionals gave positive feedback about the management team.
- One healthcare professional who visited the service weekly told us, "I do feel the staff team are caring and people are well looked after."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	We saw people did not always have their privacy and dignity upheld.

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	Medicines were not managed safely. Window restrictors in one corridor exceeded the maximum opening size. We found a shower chair in use that was dirty and ripped and was being used between 2 floors of the Villa building.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Oversight needed to improve relating to accident/incident oversight of themes and trends. Staff recruitment - There were some gaps in employment history not explored and not all agency staff had been inducted.