

Parkside Care Limited

The Chesters Care Home

Inspection report

418 Durham Road
Low Fell
Gateshead
Tyne and Wear
NE9 5AJ

Tel: 01914910750

Website: www.parksidecare.co.uk/thechesters

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

The Chesters Care home, provides personal care and accommodation for up to 33 people. There were 29 people living at the home at the time of our inspection.

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

People and their relatives told us they were confident staff had the right skills to care for people safely. However, issues had been raised by the local authority and a visiting professional regarding the level of skills which the staff and the registered manager had, to identify when there was a change in people's needs. As a result of the concerns raised, the registered manager and provider had begun to work with the local authority and various professionals regarding identifying when a change in people's needs occurred.

The registered manager and provider completed various audits to check the quality of care and service provided. Audits had identified the majority of issues. However, we have made one recommendation to the provider regarding the recording of information in relation to people's medication.

People, relatives, staff and the majority of visiting professionals told us the service was well-led.

The provider had various infection control procedures in place. People received safe care and were protected from abuse. Risks to people had been assessed and these risks were included in people's care plans. People had received their medication as prescribed.

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

Rating at last inspection

The last rating for this service was Good (published 8 February 2020).

Why we inspected

We undertook this targeted inspection to check specific concerns we had received about safeguarding issues; accidents and incidents; medication; risks to people; staff being competent to identify a change in people's needs and overall management/approach of the registered manager of the service. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

The Chesters 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.

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

The inspection was undertaken by one inspector.

Service and service type

The Chesters 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. Registered managers 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

The inspection was announced.

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 infection control nurse. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with the registered manager, the administrator, the nominated individual and two people living at the service.

After the inspection

We spoke with seven relatives, five members of staff and three visiting professionals. We also wrote to visiting professionals to seek their feedback, but they did not respond. We reviewed various documents in relation to people's care. We also sought clarification from the registered manager and nominated individual to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about people's safety including, incidents and accidents, people's medicines and safeguarding issues. We will assess all of the key question at the next comprehensive inspection of the service.

Medicines

- Medicines were managed safely. Staff had received appropriate training to support the safe administration of medicines. This included an assessment of their competency to carry out this role.
- Staff told us they were confident to administer people's medication. People told us they received their medication as prescribed. They told us staff were responsive to their requests for 'as and when' pain relief medication, for example paracetamol.
- A review of people's MAR charts did reveal a lack of detail regarding the recording of the application of topical medication such as creams and pain relief patches. In addition, where people who had been prescribed thickeners, there was a lack of recording regarding how much thickener staff had used.

We spoke to the provider regarding the above and they took immediate action to address these issues.

Preventing and controlling infection

- 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 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
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was using PPE effectively and safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had received safeguarding training as part of their induction and they also completed refresher training.
- People told us they felt very safe living at the service. Comments included, "Safe yes definitely, it couldn't be better. It's my home. Staff are great and homes are only as good as their staff." The majority of feedback from relatives was also positive and comments included, "It is just lovely, I know my husband is

safe."

- Staff were confident to spot any signs of abuse and were confident in the process they would follow to raise any safeguarding issues

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Care plans seen included detailed information to support staff to care for people safely, for example falls risk assessments and a choking risk assessment were in place for people. One relative told us, "When my husband was at home he fell down the stairs and I couldn't keep him safe. I know he gets safe care from staff and staff will keep him safe from harm."
- Staff told us they were confident to understand and follow various risk assessments which were in place to keep people safe.
- Daily handover meetings were held. This allowed updated information to be shared with staff regarding the status of people's health and well-being.
- Accidents and incidents were reviewed by the registered manager and provider to allow for the analysis of any emerging trends. The provider shared with us how they have introduced an electronic care planning system. This system will support the provider to carry out a more detailed analysis of all accidents and incidents within the service.

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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns we had received regarding staff competency and staff working with other agencies to provide consistent, effective, timely care. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff were provided with mandatory training to make sure they had the correct skills and knowledge. Staff worked with other health care professionals to deliver consistent and timely care to people.
- Staff told us they had received regular training. Where training was outstanding, the training matrix showed training had been allocated to staff for completion.
- People and relatives told us staff had the right skills and experience to support them. One staff member told us, "When relatives come and I am showing them around I tell them, I would be happy for my own mam and dad to live here."
- All staff we spoke with told us they were confident to be able to identify when there was a change in people's needs, including when people were nearing end of life. They told us where necessary, they would escalate any concerns to their manager for appropriate action.
- The majority of visiting care professionals told us staff had the right experience and skill level to look after people. Two visiting professionals told us staff knew people very, very well and were able to recognise when people needed emotional support and staff were quick to act. One professional told us staff were very quick to identify and contact them when people needed their input. They told us staff had listened to them and followed their instructions regarding people's after-care. However, one visiting professional told us they felt staff had not been able to recognise when people's care needs were changing. The registered manager and provider are working closely with an on-site professional to address this issue.

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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the culture and overall management of the service; governance of the service; partnership working with other agencies. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager completed a range of quality audits to check the overall quality of care and service provided. During inspection, we did identify some issues regarding the recording of information on people's MAR charts.

We recommend the provider reviews their documentation regarding the recording of topical creams, pain relief patch applications and thickeners.

- The provider also completed their own quality checks. However, these had not been completed as regularly or were as detailed due to the COVID-19 pandemic. The provider is currently transferring to an electronic care plan system which in turn will support a more robust approach regarding the oversight and audit of the service.
- Staff told us they felt confident to carry out all aspects of their role. They told us they felt supported by the management team at the service. Comments included, "[Registered manager's name] is very approachable, they always listen and have an open-door policy."
- People provided positive feedback regarding the registered manager. One person told us, "[Registered manager's name] pops in to see me, we have a chat. She is a lovely lady, she is the boss and has got good standards."

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

- People received person centred care. We received positive feedback from people, the majority of relatives and professionals regarding the level of care provided. Comments included, "I couldn't be happier with my husband's care. The care is like 'manna from heaven,' staff are compassionate and have total empathy for my husband. I could give you a whole list of things," and "My mam was in hospital and was deteriorating. My mam came back to The Chesters and she got better at home." One less than positive comment was shared, "My mam needed a recliner chair for her legs. The chair wasn't working properly and my mam told staff. It was only after I raised it with the registered manager the chair got sorted."
- One visiting professional provided positive comments about people's outcomes at the service. They told

us, "The care people receive is very good. To be honest there have been a few people who had behavioural issues before going to live in The Chesters, but staff have supported people very well and have brought them on."

- Staff told us they felt respected and were well supported by the registered manager and the provider. Staff told us they felt listened to and were confident to speak with the registered manager with any concerns they may have.

How does the service work in partnership with other agencies

- Staff worked in partnership with other agencies. Records showed evidence of partnership working with a number of local agencies. However, feedback from one professional expressed an initial previous reluctance from the registered manager to work in partnership with them. Following discussions, this issue has now been resolved.