

Chadderton Total-Care Unit Limited

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Inspection report

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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: Chadderton Total Care is a residential care home providing personal and nursing care for up to 146 people. At the time of the inspection 124 people were using the service. The service provides care for people with a variety of social and nursing needs including physical and learning disability, dementia related disease, and acquired brain injury. The home consists of five units on ground floor level.

People's experience of using this service: We found improvements were required in key areas including medicines management, staff deployment and treating people with dignity. Internal and provider level audits had picked up on the majority of issues we noted during the inspection, however senior/nursing staff had not always reported issues of concern to the registered manager.

Medicines were not always managed safely. People did not always receive the medicine they were prescribed and the storage conditions had not been recognised as being unsuitable to keep medicines at the correct temperature.

Staff had appropriate skills and knowledge to deliver care. Staff understood where people required support to reduce the risk of avoidable harm.

People told us Chadderton Total Care was safe and staff were kind and treated people well. Staff had built positive caring relationships with people they supported and their families.

All the people we spoke with told us that the registered manager and staff listened to their views, acted to resolve concerns, when needed, and met people's needs.

People's capacity to consent had been assessed in line with legal requirements.

Where people required support at the end of their life, this was carried out respectfully, compassionately and with professionalism.

We have made a recommendation that the provider reviews the deployment of staff on all units to ensure that staff have appropriate oversight to keep people safe.

We have made a recommendation that the provider increases staffing levels on the young disabled person's unit to ensure that people receive individualised care and that staff are refreshed with the necessary training and supervision to ensure that people are always treated with dignity and respect.

At the last inspection we identified one breach of Health and Social Care Act (Regulated Activities) Regulations 2014 relating to person-centred care. At this inspection we found that the majority of people at Chadderton Total Care received person-centred care and the provider was no longer in breach of this regulation.

At this inspection we identified two breaches of the Health and Social Care Act (Regulated Activities)

Regulations 2014 relating to medicines management and good governance. You can see what action we told the provider to take at the back of the full version of this report.

More information is in the full report.

Rating at last inspection: Requires improvement (report published February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we identified some areas which required improvement.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to the reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme. If any concerning information is received we may inspect sooner. Chadderton Total Care will complete an action plan detailing how then plan to meet the breaches of Regulations laid out in this report.

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 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 ●

Chadderton Total Care Unit Limited

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 undertaken by two adult social care inspectors, a medicines inspector, an assistant inspector and two experts by experience who were both family carers of people using services in different areas.

Service and service type: Chadderton Total Care is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), 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 spoke with 14 people and ten relatives to ask about their experience of the care

provided. We spoke with nine care staff, the home service manager, the senior staff, the staff trainer, the deputy manager and the registered manager. During the inspection we also spoke with one visiting health and social care professional.

We reviewed the care plans and risk assessments for ten people, five staff recruitment files, the training matrix for all staff and a range of records relating to the management 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.

Using medicines safely

- People did not always receive their medicines as prescribed. For example, one person had been without their pain relief patch for ten days because the service ran out of stock. On the second day of the inspection this medicine had been provided.
- Staff did not always liaise reliably with other services involved in administering people's medicines. For example, two people's medicines were not ordered in a timely manner to ensure that they did not run out of their prescribed medicines.
- Staff were not always clear about their responsibilities and role in relation to medicines. For example, one person who required medicine to manage diabetes had been given a standard amount of a medicine rather than staff following the guidelines in place.
- The service did not always store medicines safely in line with national guidelines. We found one medicine that was kept in the drug fridge clearly stated on the packaging that it should not be kept in the fridge. Fridge temperatures were not consistently recorded to ensure medicines were stored appropriately.

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

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were well documented.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- Communal areas were sometimes left unattended by staff which meant people were not always observed and monitored. For example, one person was observed to be coughing and due to their distress, a member of the inspection team had to summon a member of staff to assist the person.
- We recommend the provider review the deployment of staff on all units to ensure that staff have appropriate oversight to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- The registered manager submitted monthly safeguarding logs to the local authority in line with their monitoring obligations.
- We asked people if they felt safe. Comments included; "Staff are there when you need help", "The doors are kept locked", "I feel like I'm good hands", "The buzzers are left within reach", "Staff know me well" and

"Whenever I use a buzzer, someone comes."

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area.

Staffing and recruitment

- The provider operated systems that ensured staff were recruited safely.
- Staffing levels were sufficient to support people's needs; however, the geographical layout and deployment of staff made monitoring, oversight and observation of people difficult. Staff told us, "It is sometimes difficult to monitor the unit depending where staff are, the layout is far from ideal," and "I am always aware of where other staff are so I don't leave an area unstaffed."
- Care staff answered call bells promptly on the day of our visit. People we spoke with told us they did not use their call bells very often, but when they did, care staff came within a reasonable time. We saw staff responded to people's request for support during the day.

Learning lessons when things go wrong

- The management team reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.

Preventing and controlling infection

- We observed, and people told us staff practiced good infection control measures.
- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them, such as aprons and gloves.
- Chadderton Total Care Limited had received an overall rating of 94% in a care home infection control audit carried out by the local authority in April 2018.
- The provider also achieved four out of five stars in an independent food safety inspection in January 2019.

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

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

Staff support: induction, training, skills and experience

- People told us that the staff understood their needs and that they appeared to be well trained. One person told us, "Staff know me very well, they know my needs."
- Staff received training that equipped them with the knowledge they needed to support people. We saw training provided in the home was mapped to the Care Certificate.
- Training was provided in-house by a qualified teacher/trainer who had designed a bespoke training package for the home.
- New staff completed an induction programme and were supported by a mentor, working under supervision before having their competency assessed to work independently.
- Nursing staff were registered and kept their registrations with the Nursing and Midwifery Council up to date.
- People and relatives felt confident they were supported by staff with the right skills, knowledge and experience.

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

- The registered manager or a nurse assessed people prior to admission to ensure their needs could be safely and effectively met at Chadderton Total Care.
- Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

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

- Most people and their relatives we spoke with were complimentary about the food provided and confirmed they received enough to eat and drink. Positive comments included, "When I was admitted in the hospital, I couldn't wait to come back, I missed the food here," "The food is always nice," and "Everyone gets two choices of meals and if they don't like what there is they can have a sandwich, I've had meals here with them and people definitely have enough to eat."
- Other comments included, "Well I like the food here, I can't speak for anyone else though. They come round every day with options and you just tell them, there are good portions and you can have coffee, tea, lemonade and biscuits throughout the day if you want," and "Meals are ok I suppose."
- The home met people's specific dietary requirements, for example those who required a soft or pureed diet, or thickened fluids, with guidance available in care files and on the units for staff to refer to. During the inspection we saw people received food and drink in line with this guidance. A staff member told us, "I did

the dysphagia training about the swallowing and the thickener. Yes, there are residents who have thickened drinks. This is kept in the nurse's office."

- The home monitored people's weights with the frequency being determined by a nutritional screening tool. A staff member explained, "If someone's weight is a concern they have their weight taken weekly, if not then it is monthly."

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

- People told us that staff were attentive to their health needs. We saw in people's care records that they had access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and dementia specialists when they needed them.

- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.

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

- The home was undergoing a programme of refurbishment, with priorities identified and addressed. One unit had been completely redecorated since the last inspection and was now much brighter and more suitable for the people living there.

- We saw consideration had been taken to ensure the environment within each unit had been adapted to meet the needs of people who lived there, including plain flooring and walls, contrasting handrails, pictorial signage

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.

- People had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions had been made and records showed how decisions had been reached and who had been involved.

- Staff were mindful of requesting people's consent prior to providing care. During the inspection we heard staff asking people, "Is this ok?" and "Are you ready for?" before they provided support. Staff told us if people refused support they would stop, and return later to try again. One staff member told us, "I always ask people before I help them."

- The home used a matrix to monitor all DoLS applications, which included the date of application, dated received or authorised, date of expiry and date of re-application.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We found that people at Chadderton Total Care were treated well. However, on the young disabled person's unit we saw that people were not always treated with dignity and respect. For example, on three occasions different staff were seen supporting two people to eat at the same time, without giving them the individual attention and support that met their personal needs. A relative told us, "Once or twice I've seen a carer between two people, feeding them."
- People did not always feel they were treated with care and kindness. One person told us, "The carers are all younger than me and they talk to me like I'm a little baby."
- On this unit we also received some positive feedback, relatives shared with us; "When staff assisting [relative] to get dressed they always make them laugh to take the edge of them getting agitated" and "Staff are very caring, I know they're busy, even so, they're very caring, they don't talk down to [relative] and I know they would ring me if there was anything wrong at any time."
- Staff remembered people's birthdays. They helped relatives organise events and celebrations that were important to people and the kitchen staff prepared birthday cakes for people.
- We recommend the provider review the staffing levels on the young disabled person's unit to ensure that people receive individualised care. We also recommend that staff are refreshed with the necessary training and supervision to ensure that people are always treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring. One person told us, "Staff are very kind." We observed staff treating people with kindness on all the units. However, some interactions between staff and people were brief and not sustained and were generally related to completing tasks. This was particularly noticeable on the young disabled person's unit.
- Staff spoke warmly about people and their caring role, one staff member said, "I love doing what I do, it makes a difference." Another told us, "I am proud of the care I give to residents."
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. People of all faiths were welcome at the service and we were told their religious beliefs would be considered as required. For example, one person received a meal specific to their cultural needs. The service provided a special meal specific to another person's taste.
- People's rights to a family life were respected. Visitors were made welcome at any time. One relative told us, "I am always made to feel welcome and can visit at any time."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives were given the opportunity to provide

feedback about the service through regular reviews and through the completion of annual questionnaires.

- People and those acting on their behalf were actively involved in the care planning process and agreed the information recorded.
- Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating.
- People had communication care plans to provide guidance for staff to support people to express their needs. Staff demonstrated a good understanding of people's communication needs. For example, a staff member told us, "[Named person] requests a cup of tea by making a certain sign that we recognise."

Is the service responsive?

Our findings

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

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

At the last inspection we identified one breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014 relating to person-centred care. We found that staff were not always vigilant to people's needs and staff did not always seek permission to intervene.

At this inspection we found that the majority of people at Chadderton Total Care received person-centred care and the provider was no longer in breach Regulation 9.

- There were a range of activities available at Chadderton Total Care. We saw records of people's engagement had been captured. During the inspection we saw people playing bingo, taking part in quizzes and a musician was playing guitar. We saw the music had a positive impact on one person who had previously not appeared to engage with her surroundings and began singing along, clapping and tapping.
 - People told us they were happy with the activities on offer, comments included; "I enjoy the word games", "Usually I do what I like, I join some games if I fancy it" and "I enjoy Bingo games, at least I can use my one hand as I had stroke on my left."
 - A staff member told us, "I am excited about the entertainment committee with have recently formed, residents want to do lots of thing and I think it's going be exciting!"
 - People's preferred daily routines were captured in their care plans so staff knew how they liked to have care and support delivered.
 - People had communication care plans in place which explained any difficulties they may have and how best to communicate with them. For example, where people were non-verbal, we saw guidance for staff on how the person communicated their needs, such as pointing or nodding.
 - The home ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
 - Most care plans were regularly updated. People were consulted about their care and relatives were invited to take part in the review process. However, some care plans on one unit [dementia care] did not contain the most up to date information. We spoke to the registered manager about this who told us that the care plans were currently under review on that unit.
 - Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs.
- Improving care quality in response to complaints or concerns
- The complaints procedure was displayed clearly within the home. None of the people we spoke with had raised a formal complaint, though said they would speak to staff or management should they need to.
 - There was a system for logging complaints and analysing them to see if any action was needed to improve

the service.

- We saw seven complaints had been submitted since the previous inspection. Each had been dealt with in line with the providers policy.

End of life care and support

- There had been discussions with people regarding their preferred priorities for care which included decisions about their end of life care. Do not attempt resuscitation forms (DNARS) were in place for people where appropriate and had been discussed with the person or their representative.
- Staff were positive about the training they had received to support people at the end of life. One member of staff told us that they would, "Make sure that people coming to the end of their lives are always comfortable and have everything that they need."
- Staff were undertaking additional training so they could compile 'this is me' profiles to capture more personal information about people for advanced care plans and a project was underway to provide personal music players for residents which featured their own playlists.

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

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.

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

- Systems and processes had not been effective in monitoring and reducing risks to people including the administration of medicines.
- Nurses and senior carers had failed to communicate issues relating to medicines management to the registered manager despite problems being evident on the electronic medicines monitoring system.
- The registered manager checked that staff worked to consistently good standards by providing care and support that met people's needs. Staff received feedback about their performance.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify CQC of incidents at the home.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- People were happy living at the home and felt well-cared for.
- Staff were confident about raising any concerns with the registered manager.
- Relatives were kept informed of incidents involving their family members.
- All adult social care providers are required to have a statement of purpose (SoP). The home had an appropriate statement of purpose, which set out the aims, objectives and ethos of the service.

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

- The registered manager and staff sought people's views about their care and support. Residents meetings were used to seek people's feedback which had been acted upon. For example, people had asked for a programme of live entertainment performances.

- The provider sought people's, relative's and staff views through questionnaire surveys, 30 were sent out each quarter. At the time of our inspection the responses to the last batch of surveys were being analysed. Six responses had been received in October 2018. Three responded as being 'satisfied' and three had reported being 'very satisfied' with the care at Chadderton Total Care.
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.

Working in partnership with others; Continuous learning and improving care

- The service was working continuously with the local authority's quality improvement and safeguarding teams to monitor the service and make improvements.
- The registered manager was committed to continually improving the service and was open about areas of improvement.
- An action plan had been developed. We saw that the main kitchen had been upgraded since the last inspection and work to improve the quality of food for people with modified diets was ongoing.

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 The provider had failed to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of service users did not operate effectively.