



# Review of compliance

<b>Barchester Healthcare Homes Limited</b> <b>Chater Lodge</b>	
<b>Region:</b>	East Midlands
<b>Location address:</b>	High Street Ketton, Stamford Rutland Lincolnshire PE9 3TJ
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	Chater Lodge is a care home without nursing. The service provides care and support for a maximum of 45 older people. The first floor accommodation (known as memory lane) is specifically for people with dementia.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Chater Lodge was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 14 August 2012.

### What people told us

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

People spoken with told us they liked the staff and were happy with the service provided. One person told us their health was 'infinitely better' since moving into Chater Lodge and that they were perfectly content and happy.

A relative spoken with told us that staff always respected people's privacy and dignity.

### What we found about the standards we reviewed and how well Chater Lodge was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was compliant with this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was compliant with this standard. People experienced care, treatment and

support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was compliant with this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider was compliant with this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was compliant with this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was compliant with this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People expressed their views and were involved in making decisions about their care and treatment.

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

We observed interactions between staff and people who used the service. Staff were friendly and professional. We saw that people who used the service were offered choices about the care and support they received.

One person told us they had their privacy and dignity respected. They also told us that staff would help them have a bath but asked them if they would like to be left alone in private while staff waited outside the bathroom. This person also told us that food was ok and if they didn't fancy what was on the menu the staff would always find them something else.

#### Other evidence

Staff explained to us how they offered choices to people who had difficulty with verbal communication. This included showing the person the choices available such as two plated up meals or two different sets of clothes and then encouraging the person to make the choice.

People who use the service were given appropriate information and support regarding their care or treatment. People were given written information about the facilities and services provided before they moved in. The acting manager told us this could be provided in other languages and easy read formats where this was required.

People were asked for information about their cultural and spiritual needs so that staff knew about and could respect people's equality and diversity needs. We saw that these were recorded within care plans. If a person who used the service preferred to receive care and support from male or female staff members then this was respected.

**Our judgement**

The provider was compliant with this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

We observed that people were offered care and support that met their individual needs and preferences. People were encouraged and enabled to participate in activities that were meaningful to them. People were engaged and occupied for the majority of the time.

We saw that care and support balanced safety and effectiveness with the right of the person to make choices. People were able to maintain as much independence as possible and to take informed risks.

One person told us that their health was 'infinitely better' and that coming to Chater Lodge had 'taken some getting used to but they were perfectly content and happy.'

A relative we spoke with told us 'the activities lady is very good, there are things going on most days'.

##### Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at care and assessment records for four people who used the service. Care plans and risk assessments were in place for all assessed needs and risks. Care plans were person focused and included information about the person, their preferences and life histories. This information assists staff to provide person centred care and support even where the person may not be able to clearly verbalise their needs and preferences. Care plans for communication were particularly detailed. Where people were unable to verbalise, staff knew how to read and interpret their non verbal cues.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. Each person had their capacity to make decisions assessed. Staff knew that if people had to have their liberty deprived in order to keep them safe. This would only be done following a best interest assessment undertaken by the deprivation of liberty safeguarding team.

We saw evidence in care records that people were referred to other healthcare professionals such as GP's and community nurses as soon as this was required.

The provider had a business continuity plan. This informed staff of what action to take in the event of an emergency and included contingency plans to respond to additional demands on the service.

**Our judgement**

The provider was compliant with this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

A relative we spoke with told us they knew how to make a complaint or raise a concern and felt that staff and the management team would listen to them and take appropriate action.

##### Other evidence

The provider responded appropriately to any allegation of abuse. We saw evidence that the provider had referred any information of concern to the appropriate authority in accordance with safeguarding policies and procedures. This ensured that people were protected by robust investigations and procedures designed to protect people who used the service.

We spoke with staff and looked at training records regarding safeguarding people from abuse. Staff knew when to report concerns and who to report them to. This included raising concerns with outside agencies such as the local authority safeguarding team. Staff had access to safeguarding policies and procedures and contact numbers.

Staff had received the training they required about safeguarding people from abuse. Staff had also received training about the management of challenging behaviour and

knew how to diffuse conflict and how to keep people safe.

**Our judgement**

The provider was complaint with this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard

##### Other evidence

We looked at medication administration records and storage areas. We spoke with staff about the management of medicines.

We checked the controlled drug register against the medicine in stock and found these to be accurate. Controlled medicines have to be stored securely, entered into a register and checked by two staff members. We saw that these procedures were being followed correctly.

Medication administration records were accurate and up to date. An audit trail of medicines received and medicines administered was maintained. The provider may find it useful to note that for one person there was a slight discrepancy in the number of tablets given and the number of tablets in stock. This meant that a person who used the service may not have received all the medicines prescribed to them.

Where people were prescribed medicines on an only when required basis, staff spoken with knew when these medicines should be given. However, the provider may find it useful to note that there were no written instructions for staff to follow regarding when these medicines should be used. This meant that not all staff may be clear about when to use these medicines.

Staff were only given the responsibility for managing people's medicines after receiving training and having their competency assessed in this area. People were able to manage their own medicines where this was preferred and following a risk assessment.

Each person who used the service had a medication profile in place. This identified any administration difficulties and individual preferences.

**Our judgement**

The provider was compliant with this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

We observed staff providing care and support to people in the communal lounges and dining rooms. Staff were competent and knew how to meet people's individual needs and keep them safe.

One person we spoke with told us 'All the care staff are bright and cheerful even if you need them at 2am just to get a cup of tea or some new batteries for the clock'.

##### Other evidence

Staff received appropriate professional development. We looked at staff training records and spoke with staff about the training and support they received. All staff received a comprehensive induction training when they first started their job.

There was a staff learning and development plan. As well as completing all mandatory training such as moving and handling and safeguarding people from abuse. Staff were able to identify any additional training and development needs during supervision and appraisal sessions with their line manager.

Staff spoken with told us they were supported by the management team who were always accessible and approachable.

**Our judgement**

The provider was compliant with this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Some people living at Chater Lodge had cognitive and communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service and a visiting relative.

People told us that they had been asked for their feedback about the quality of the service provided.

##### Other evidence

We spoke with the acting manager and looked at quality assurance audits.

A senior manager visited the service on a monthly basis and looked at the quality of service provision. This included speaking with people who used the service and asking for their feedback.

The acting manager used quality audit tools to assess different aspects of service provision such as care plans, staff training and accidents and incidents. This information was then sent to senior manager for analyses.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We saw evidence that appropriate action had been taken in response to accidents/incidents and information of concern.

Regular relatives meeting were held so that people who used the service could provide feedback about the quality of service provision.

During our visit we saw that the senior management team spent time with people who used the service. The acting manager and another manager from Barchester had their lunch in the dining room with people who used the service. Staff on duty also had lunch with people who used the service each day. This provided another forum for discussion and for obtaining feedback about the experiences of people who used the service.

The providers sent out satisfaction questionnaires to people who used the service and to staff.

**Our judgement**

The provider was compliant with this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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