

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Chater Lodge

High Street, Ketton, Stamford, Rutland, PE9 3TJ

Tel: 01780720376

Date of Inspection: 22 August 2013

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September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Ms. Wendy Lillian Kaya
Overview of the service	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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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.

What people told us and what we found

We spoke with four people who used the service. People told us they were happy with the care they received. They told us they liked the staff. one person said " It couldn't be better". Another person said " They are excellent". We also observed interaction between staff and people who used the service. Staff were friendly, kind and respectful. Staff spent time sitting with people and engaging them in conversation and activity.

During the course of the inspection, we were informed of a safeguarding matter, in that a concern had been raised. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. There was evidence that the provider had taken action to address these issues. The overall review of this matter was not yet concluded.

The provider followed robust recruitment procedures and pre employment checks to ensure that only people who were suitable, were employed.

There was an ongoing programme in place to assess and monitor the quality of service provision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We spoke with four people who used the service. One person said "it's marvellous, you couldn't ask for anything better". People told us they received the care and support they required in the way they preferred.

People expressed their views and were involved in making decisions about their care and treatment. People told us they could spend their time in a way they preferred. We saw that some people chose to spend time in their private rooms and others used the communal lounges. We looked at care records and saw that care plans were person focused. This meant that the plan of care recorded people's preferences such as what time they preferred to get up in the morning and how they preferred to be supported with personal hygiene needs.

People were supported in promoting their independence and community involvement. One person told us how they often went out for lunch with their relative. We spoke with two visiting relatives. They told us they could stay and have lunch whenever they wanted to and were able to see their relative in private. We saw that people's abilities were recorded within their care plan and staff encouraged people to remain as independent as possible.

People's diversity, values and human rights were respected. People were enabled to access the local community independently. People were supported to take informed risks so that they could maintain their independence. At the time of our visit there was nobody from a minority community using the service. We spoke with staff about how they would accommodate people's diversity needs. They told us that needs are assessed before people move in. Every effort would be made to meet them but people were only offered a place if the service was able to meet their needs.

People were able attend their chosen place of worship. A minister from the local church visited the home once a month.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with four people who used the service. They told us they received the care and support they required. One person said "you are well looked after". People also told us there were enough staff on duty to meet their needs. They told us they never had to wait when they needed staff assistance.

We looked at care records for four people. People had their needs assessed and a plan of care was in place for each identified need. Risk assessments and risk management plans were also in place. People's life history, social and cultural needs were also recorded. This information is important, particularly where people may not be able to clearly communicate their needs and preferences. We spent time observing staff interaction with people who used the service. Staff were kind, helpful and professional. We observed staff sitting and interacting with people and encouraging discussion and engagement. People who used the service appeared comfortable and relaxed. The provider employed an activities organiser from Monday to Friday. A range of activities were provided including one to one activities, group activities and outings.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. We spoke to the manager about the mental capacity act 2005 and associated deprivation of liberty safeguards. The manager understood the procedures to follow if a person who used the service had their liberty deprived. Staff had also received training regarding this. We saw that people who used the service had their capacity to make decisions assessed where this was required.

We saw that where people had been assessed as high risk of developing a pressure sore or had a pressure sore, appropriate action was taken. For example, the specialist equipment provided by the community nursing team such as pressure relieving cushions was being used appropriately. Where people required their position changed to relieve pressure, staff recorded that this was implemented at the required frequency.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with five people who used the service. They told us they enjoyed the meals provided and there was always a choice. One person said "The food is excellent". They also said that snacks and drinks were available on request. Relatives we spoke with told us they could request to have a meal with their relative at any time.

People were provided with a choice of suitable and nutritious food and drink. We observed the lunch time meal during our visit. We saw that there were enough staff in attendance to assist people where they needed assistance. We saw that staff assisted people in a sensitive and appropriate way. The lunch time meal appeared appetizing and nutritious. There was a choice of meal. Staff assisted people to make a choice by presenting a 'show plate' of the meals available. This assisted people with cognitive impairment to select the meal of their choice.

We looked at care records. We saw that where risk was identified people had their weight monitored. Daily records were used to record the daily intake of food and fluids for people who had a risk of malnutrition or had recent weight loss. The provider may find it useful to note that staff were not using a recognised malnutrition assessment tool. The use of this tool can identify risk of malnutrition and therefore preventative action can be taken before problems occur. Also, while staff were recording the food and fluid intakes, there was no evidence that these were being reviewed on a daily basis to check that adequate amounts of food and fluid had been consumed.

We spoke with the cook and looked at menu records. The catering staff had been supplied with a list of people's likes and dislikes and any special dietary requirements.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting 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.

Reasons for our judgement

During the course of the inspection, we were informed of a safeguarding matter, in that a concern had been raised. This is where one or more person's health or wellbeing may not have been properly protected and they may have suffered harm, abuse or neglect. The overall review of this matter was not yet concluded.

We spoke with four people who used the service. They told us they felt safe living at Chater Lodge. They said they could speak with staff about any concern and that they would listen and take appropriate action.

We spoke with two staff members about the action they would take in the event of suspected abuse. Staff knew how to recognise the signs of abuse and who to report this to. Staff had access to a helpline number to report concerns.

Staff had received training about the mental capacity act and associated deprivation of liberty safeguards (DoLS). Staff knew that liberty could only be deprived following a best interest assessment and authorisation form the DoLS team.

It was evident that staff were maximising people's choice, control and inclusion and supporting their human rights. For example, people were able to take risks and to maintain as much independence as possible.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the recruitment process and records for three members of staff. The provider assessed each staff member's suitability for the job through a written application and interview process. Appropriate checks were undertaken before staff began work. Each staff member had provided the names of two referees from their previous employer. The provider had obtained written references. The Provider had checked with the disclosure and barring service before employment commenced. Pre-employment checks are important so that the provider can ensure that the staff member does not have a criminal record or has been barred from working with vulnerable people.

We saw that staff had received induction training before commencing employment. Staff also received on-going supervision. Where shortfalls were identified in a staff member's performance, appropriate investigation and action was taken.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Comments and compliment slips were available in the reception area. People could leave these for the manager or could send directly to head office. Residents meeting were held monthly.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. All accidents and incidents were reported and recorded. The provider gave examples of action taken following audit of these records and identification of a trend. For example, two people had been referred to their GP and to an occupational therapist for help with management of their falls risk.

The manager was also required to submit evidence for the provider's clinical governance team on a three monthly basis. Evidence included, accidents and incidents, pressure sores, safeguarding vulnerable adults alerts and infection control audits.

A senior manager also visited the home monthly to assess and monitor the quality of service provision. We looked at records of these visits. The manager audited different aspects of the service at each visit and produced an action plan for any shortfalls identified. These visits included the views of people who used the service and or their relatives.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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