

Heathbrock Limited

Chester Lodge Care Home

Inspection report

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Date of inspection visit:

26 January 2023

27 January 2023

Date of publication:

28 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chester Lodge is a care home providing personal and nursing care for up to 40 older people in one adapted building. At the time of our inspection there were 37 people using the service.

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

People were supported by kind and caring staff who had been safely recruited. Staff had received training for their roles and had their competency assessed.

People were protected from the risk of abuse. Staff had received training and understood how to keep people safe. They told us they felt confident to raise any concerns and believed they would be promptly acted upon. Safeguarding policies and procedures were in place.

There was a clear and robust procedure in place for the administration of people's medicines. The management of 'as required' medicines was clear and consistent records were in place. The provider had policies, procedures and guidance in place to support staff when administering medicines.

Care plans and risk assessments included sufficient information to reflect people's individual needs and preferences. They were reviewed regularly and updated each time people's needs changed.

The staff and management team worked closely with health and social care professionals to ensure the best outcomes for people.

Safety checks of the premises and equipment had been undertaken. All areas of the service were clean and well maintained. People had personal emergency evacuation plans (PEEPs) in place.

Improvements had been made in the governance systems. The management team identified and promptly addressed any areas identified for development and improvement.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chester Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chester Lodge 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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 4 people's relatives to gain their feedback about the service. We spoke with 9 staff including the registered manager, 2 nurses, senior carer, chef, care and auxiliary staff.

We reviewed a range of records. This included 6 people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at 4 staff records and a variety of records relating to the management of the service, including audits and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Records were not robust and placed people at risk of harm.

There was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff told us they knew what to do to reduce known risks in line with each person's risk assessments. One member of staff told us; "Some people need regular repositioning. I follow the plan and complete the required documentation."
- Risks to people had been identified, mitigated and kept under regular review. This included information on steps to be taken to minimise risk.
- The provider had a fire safety risk assessment in place. There was an emergency evacuation plan in place. People had individual personal emergency evacuation plans (PEEPs) which included how many staff members and which aids were required if an evacuation was required.
- The service was well maintained and clean. The provider had systems in place to regularly monitor the safety of the environment and the equipment in the home.

Using medicines safely

- People had detailed medicines care plans in place that included an up-to-date photograph of the person and details of any allergies. Instructions and guidance for 'as required' (PRN) medicines were in place.
- Medicine administration records (MAR) were accurate and up to date. All medicines, including controlled drugs, were stored safely.
- There were systems in place to reduce medicines errors, including stock checks and audits by senior staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Their comments included, "I feel safe and content.", "I am safer here than I was at home. Always staff to keep an eye on me." A relative said, "I am confident this is the right place for [Name] to be, to ensure they are safe. It's where they always said they wanted to be."
- The provider had a safeguarding and a whistle-blowing policy in place to ensure staff could report any

concerns in a confidential manner. Staff told us they felt confident to raise any concerns and would Whistle-Blow to keep people safe.

- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with the CQC.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

- Throughout the inspection we observed staff asking people for consent prior to any care or support being offered.
- Nurses and staff had received training and had a good understanding of the principles of the MCA.
- The registered manager and nurses had completed mental capacity assessments, best interest decisions and submitted DoLS applications to the local authority. This involved all interested parties (such as relatives or healthcare professionals) and was decision specific in accordance with legislation.

Staffing and recruitment

- The provider had robust systems in place which ensured staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was confident staffing levels met people's needs. They reviewed people's dependency regularly and adjusted the staffing as required to ensure people received the support they needed.
- People told us that staff responded if they asked for help. One person said, "Sometimes staff come very quickly but I understand they can be helping somebody else."

Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 have also signposted the provider to resources to develop their approach.

Visiting in care homes

- There were no restrictions to visiting at the time of the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection in March 2022 we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service. Audits and regular checks to review the quality of care were not sufficiently robust. Records in relation to staffing as well as people's care and support were not consistently maintained.

There was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The improvements needed to keep people safe that had been identified at the last inspection had been made. The registered manager had effectively delegated tasks to other senior staff to assist with the governance and oversight of the service.
- The registered manager and staff team understood their role and responsibilities. They worked together to meet people's needs.
- Auditing systems and processes were used to identify areas for development and improvement. The registered manager told us that now these were established they would develop them further to give more qualitative data.

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

- We received positive feedback from residents about the service provided at Chester Lodge. People's comments included, "It's a home from home.", "It's very good here. Can't fault them." and "I think it's great. There are enough staff and I am doing okay."
- The registered manager was promoting an open culture at the service. Learning was shared from incidents that occurred to improve and develop good practice. Staff were caring and attentive to people's needs. Staff knew people well and understood how to meet people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the CQC of important events that happen at the service. The registered manager had provided the CQC with the required notifications of specific incidents and events.
- The registered manager described with openness and honesty the challenges they faced at the service. They told us about the improvements they planned to make.
- The registered manager had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns that were raised or when safeguarding incidents had occurred. Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.

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

- Residents meetings took place regularly. People were encouraged to give feedback about the service and actions had been taken where concerns had been raised.
- People and their relatives told us the registered manager and directors were approachable and made themselves available, if they needed to discuss any concern or query anything relating to the service.
- Staff meetings took place regularly across all areas of the service. These were clearly recorded and shared with any staff that were unable to attend. Staff told us they attended regular meetings since the new registered manager came to the service. They had the opportunity to share their thoughts and ideas about the service.

Working in partnership with others

- The provider worked in partnership with health and social care professionals who were involved in people's care. Records showed active involvement of healthcare professionals to ensure people's health was optimised.
- The provider encouraged engagement within the local community which included local schools and churches of different faiths.