

Heathbrock Limited

Chester Lodge Care Home

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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Chester Lodge Care Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people, some of whom lived with dementia. At the time of our inspection there were 38 people using the service.

Chester Lodge Care Home accommodates people in one building across three floors, each of which has separate adapted facilities.

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

There had been several changes of management at Chester Lodge Care Home since our last inspection. This meant some areas of ongoing monitoring hadn't always been consistent. Existing systems in place failed to always identify shortfalls in risk assessments or areas of care plans which needed updating or further detail.

Further improvements were also needed to ensure medicines were safely managed. Records didn't always accurately reflect prescriber instructions regarding prescribed creams and risks relating to thickening agents in drinks hadn't been fully considered.

Although we found some improvements were needed, we did observe positive and caring interactions between staff and people living at Chester Lodge Care Home.

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. Staff sought consent before providing care and demonstrated an understanding of people's preferences.

The communication needs of people were clearly documented, and people had access to appropriate healthcare services.

People spoke positively about the activities available, were supported appropriately to reduce the risk of social isolation and to keep in touch with family and friends.

Checks were in place to ensure people lived in a clean, safe environment which was maintained to a high standard. Ongoing refurbishment and redecoration of the home was planned.

Appropriate checks on temporary (agency) and permanent members of staff were in place to ensure they were suitable for the role before working with people. Staffing levels were safely planned, and were determined by people's assessed needs.

People were protected from the risk of abuse. Systems were in place to monitor and appropriately report accidents and incidents to external agencies.

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 24 April 2020). 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 the provider remained in breach of one regulation.

At our last inspection we recommended that the provider considered current guidance on the management of medicines, medication administration record completion and stock control and took action to update their practices. At this inspection we found the provider had made some improvements, however further improvements were needed.

The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last eight consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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.

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

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach in relation to effective auditing and monitoring of the quality and safety of people's care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 two inspectors.

Service and service type

Chester Lodge Care Home 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 Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 also used information gathered as part of monitoring activity that took place on 23 November 2021 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We also observed interactions between staff and people living at Chester lodge Care Home.

We spoke with 14 members of staff including two directors (which included the nominated individual), registered manager, nurses, senior care staff, care workers and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a sample of temporary (agency) worker records in relation to suitability for the role and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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. The rating for this key question has remained requires improvement. This meant 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; Assessing risk, safety monitoring and management

At our last inspection we recommended the provider considered current guidance on medicines to update their practice. The provider had made some improvements, however further improvements were still needed.

- Risk assessments and care plans were in place however not always sufficiently detailed. Some monitoring and review documentation were confusing; or incorrectly completed. This meant we were unable to be always assured how some risks were being safely managed for individual people.
- One person required a thickening agent to be added to all fluids due to a risk of aspiration. Systems in place to identify and monitor risks had failed to consider whether the storage arrangements would pose a risk to others living at the service.
- A number of people required prescribed creams to be applied to their body. A number of instructions lacked detail about which part of the body the cream was to be applied.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these issues with the nursing team. We checked when we visited again; a number of improvements had been made. However, further review was needed for all people to ensure risk was being consistently managed and monitored.

- Systems had improved to ensure excessive stocks of medicines were not being stored. Regular checks were now made on stocks to ensure they were correct.
- People told us they received their medicines when they needed them. One person commented, "Nurses sort my medicines make sure I have painkillers as I've been in quite a lot of pain."
- Medicines were only administered by staff who had the correct training to do so.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

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 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was enabling visiting in line with government guidelines.

We have also signposted the provider to resources to develop their approach

Staffing and recruitment

- Reliance on agency workers to maintain safe staffing levels was a factor when planning rotas. However, rotas demonstrated consistency of workers was sought wherever possible.
- Staff working at Chester Lodge Care Home were safely recruited. Appropriate checks had been made before being offered employment. One relative commented, "I think staffing is fairly consistent. Staff always very friendly and approachable."
- Throughout our inspection, we observed staff present in communal areas to ensure people's needs were met.
- The provider had installed a new call bell system. People told us staff were responsive if they pressed their call bell. One person told us, "They [Staff] come quite quickly if I use my call bell. I understand that staff are busy sometimes."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused. One staff member told us, "I would report any concerns about poor practice without hesitation to the management team."
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed. Care plans had been updated in response to any findings from investigations.
- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to analyse trends and identify any lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to robustly maintain adequate records relating to staff training and induction. This was a breach of regulation 17 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 this aspect of regulation 17.

- The registered provider had introduced a new training provider and system. Improved records of completed training were now maintained.
- New staff had been supported to undertake an induction to the service. One staff member commented, "I had a good induction and felt very welcomed to the team." We also observed new staff completing induction processes during our inspection.
- The registered manager had implemented a new system to ensure staff received regular support through supervision. Records supported this.

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's needs had been assessed. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals.
- Where appropriate, DoLS applications had been made and associated conditions were being met.
- During the inspection we observed staff asking people for consent before they delivered care. We also discussed the MCA with staff who confirmed they received training; and were able to describe what this meant in practice.

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

- Most of the people we spoke with were positive about the food available. Comments included, "I'm very happy with the food, no complaints" and "Nice food, beautiful cakes, pies, gateau's, scones are all home-made". One relative added, "Food is fine. [Name] will say if she doesn't like it. They have a choice offered. It's all homemade".
- We did receive some feedback about the temperature of the food. We shared this feedback with the chef who advised us new equipment was being purchased to ensure this was resolved.
- Staff were aware of people's nutritional needs and had clear information with regards to this.

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

- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- People confirmed they were supported to access their GP and other health services when required. One family member told us, "When my Mother had to be taken into hospital they kept me updated and reassured."

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

- Since our last inspection, a number of improvements had been made to refurbish bathrooms. Further work was underway to create a new hair salon and library area.
- People had the equipment they needed to be supported effectively and had personalised their own bedrooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to robustly develop care plans which were person centred and reflective of people's preferences. This was a breach of regulation 17 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 this aspect of regulation 17.

- Staff were familiar with people's needs and preferences. Important information was recorded.
- Staff were kept updated about any changes to people's care needs. One staff member told us, "Any changes to care plans are shared during the handover are on the handover sheets that we receive. The handover sheet identifies everyone's care needs and holds essential information."
- People confirmed their preferred routines were respected. Comments included, "I can watch TV into the night and it's okay, nobody tells me to switch off. This is important to me" and "All the staff are beautiful, kind and caring. Can't do enough for me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and understood.
- The registered manager confirmed information about the home was available in different formats and languages upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were available for people to access. This reduced the risk of social isolation.
- People told us they enjoyed these activities. Comments included, "We have a lovely entertainment man. He is very good at thinking up activities and I enjoy joining in" and "I join in activities when I want to, I enjoy the singers and the bingo."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- People confirmed they knew how to raise a complaint and who they would complain to. One person told us, "The manager sorted some problems for me and things have improved."

End of life care and support

- Care plans demonstrated personal wishes were documented. Some people had chosen not to discuss this aspect of their care. This wish was respected.
- Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information for ease of reference.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 our last inspection the provider had failed to ensure that records relating to staffing as well as people's care and support were consistently maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits and regular checks to review the quality of care being delivered were not always effective or sufficiently robust. They had not identified the areas of improvement we found during this inspection.
- Since our last inspection there had been three different registered managers. This had impacted on the consistency of the quality within the service. The new registered manager had introduced additional audits to monitor quality of safety, however these need to be embedded into practice and, in some cases, be more robust and detailed.

Systems to monitor the quality and safety of the care of people using the service were not robust. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider did respond to any issues immediately during the inspection. We were also informed a new care planning system was being introduced which would enable greater oversight by the registered manager.

- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The rating from the last inspection was displayed in the main reception area and on the provider's website.

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

- Some relatives told us the frequent management changes had impacted on the quality of care their loved one had received. Not all people had yet met the new registered manager or built up a trusting relationship. One person told us, "There seems to have been lots of manager changes, so I don't know who the manager is."
- Although we received this feedback, most people living at Chester Lodge Care Home told us they received a person-centred service. Comments from other relatives also included, "I think the care is pretty good. If you have a problem, they sort out which is pretty good. We can go in and visit whenever we want. I will go to the nurse or the manager. They apologise if they get things wrong" and "I go every week. If I see something happen, I will raise with them. They always keep me up to date, they tell me straightaway, regardless of the time."
- Staff we spoke with told us the new registered manager was very supportive and felt confident in sharing any concerns. Staff also told us they welcomed the changes being made by the registered manager, however expressed some concern at the pace of change. We shared this feedback with the registered manager and we were assured this would be considered when implementing further improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered provider sought the views of staff, residents and relatives through questionnaires. Records were maintained of any complaints made and actions taken.
- Staff also confirmed team meetings took place. One staff member told us, "The monthly staff meetings are very good, and staff are encouraged to contribute."
- Information contained within care plans demonstrated the staff at Chester Lodge Care Home worked in partnership with other agencies. We also observed external professionals visiting people during our inspection.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. Systems to monitor the quality and safety of the care of people using the service were not robust. Regulation 17