Tonbridge Care Ltd

Chestnut Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Chestnut Lodge Care Home is a residential care home that provides accommodation and personal care to up to 32 older people. The service is able to meet the needs of people living with dementia and other age associated conditions, including reduced mobility and sensory impairments. The service is provided in a large detached building close to the centre of Tonbridge. The premises was converted from a hotel and refurbished in two phases. Half of the premises had been completed and was in use whilst the other half was undergoing refurbishment ready for use in March 2016. The service is currently registered for 32 people and the registered provider intends to apply to increase this number once the refurbishment works are complete.

This inspection was carried out on 14 December 2015 by three inspectors. It was an unannounced inspection. There were 28 people using the service at the time of the inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were exceptional in providing a caring service that treated people with kindness and compassion and recognised their individuality. They knew each person well and understood how to meet their support and communication needs. People spoke extremely highly of the staff and the registered manager. One person told us, "The manager and care staff are wonderful. They really care for the people they look after." Another person commented, "It's the staff that make the difference. They just glow!" People's privacy was respected and people were assisted in a way that respected their dignity.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Action had been taken to address patterns in falls and to reduce the risks to people's safety. There were usually sufficient staff on duty to meet people's needs, however, staff sickness on the day of the inspection left the service short. We have made a recommendation about this. Staffing levels were calculated and adjusted according to people's changing needs. There were thorough recruitment procedures in place to ensure staff were suitable to work with people.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The service was well maintained and designed to meet the needs of the people that used it. The use of signage had helped people find their way around and had increased their independence.

Staff were knowledgeable and skilled in meeting people's needs. They had the opportunity to receive further training specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions and had an annual appraisal of their performance. Staff felt supported in their roles and were clear about their responsibilities. This ensured they were supported to work to the expected standards.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements. Staff sought and obtained people's consent before they helped them.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews that were scheduled. People were at the heart of the service. Clear information about the home, the facilities, and how to complain was provided to people and visitors.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were involved in the planning of activities that responded to their individual needs. A broad range of activities was available that ways to keep people occupied and stimulated. The planning of activities took account of latest research on dementia care. Varied outings were available and attention was paid to individual social and psychological needs.

Staff told us they felt valued by the registered manager and supported to provide a high quality service. The registered manager was open and transparent in their approach. Emphasis was placed on continuous improvement of the service.

The registered manager kept up to date with any changes in legislation that might affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

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.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained.

Is the service effective?

Good

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff were exceptional in providing a caring service that treated people with kindness, compassion and respect and recognised their individuality.

Staff promoted people's independence and encouraged them to

do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

A broad range of activities was provided. The planning of activities took account of latest research on dementia care.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focussed on people. The registered manager welcomed people's suggestions for improvement and acted on these. Emphasis was placed on continuous improvement of the service.

The staff told us they felt supported, valued and inspired under the registered manager's leadership.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was taken promptly to implement improvements.

Chestnut Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 14 December 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service.

We looked at six people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with five people who lived in the service and five of their relatives to gather their feedback. We reviewed comments and feedback sent to the commission and the service to understand people's experience of the care provided. We spoke with the registered manager, the deputy manager and five members of care staff. We also obtained feedback from health and social care professionals involved in the care of people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I feel very comfortable here, I don't have any worries." People's relatives told us, "We have complete faith in the care provided." One person commented that the home was clean and tidy whenever they visited and described it as "A home from home." All of the relatives we spoke with said that the home provided a safe place to live and that their relative was being well looked after.

Staff knew how to identify abuse and how to respond and report any concerns. Staff described factors which increased people's vulnerability to abuse and of what they did to help reduce and manage this, for example by making sure that the correct equipment was used when helping people to move about. They knew to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy was up to date and reflected the guidance provided by the local authority. Staff training records confirmed that their training in the safeguarding of adults was up to date. Staff understood their responsibilities to report any concerns about abuse and were confident to do so. Staff spoke about having had experience of reporting concerns about a colleague in relation to the way in which they spoke to people and provided care. They said that their concerns had been treated seriously and investigated. Appropriate action had been taken to keep people safe. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns with other agencies outside the service. People were protected by staff that understood how to recognise and respond to the signs of abuse.

On the day of the inspection three members of staff had called in sick. The registered manager had arranged for additional staff cover to be provided, but this left the service with one member of staff less than was usually provided. We found that people were safe and staff responded quickly to their needs. We saw that staff responded quickly when the alarm call system was used. However, due to the building works, it was difficult for staff to supervise people across the both dining room and lounge as these were temporarily located in two different parts of the building. Therefore, staff provided support and supervision to people in the dining room in the morning and then helped them move to the lounge in the afternoon. This meant people who required staff supervision could not choose which room to be in during this time. We acknowledged that this arrangement was temporary and had been affected by the reduction of staff numbers. We have made a recommendation about this. We recommend that the registered manager develop a contingency plan to ensure that sufficient staffing can be provided, in the event of staff sickness, to allow people to access both communal rooms during the building works.

Records showed that, aside from the day of the inspection, there were sufficient numbers of experienced and qualified staff on duty to provide the care people needed. The registered manager completed a monthly assessment of the dependency of each person using the service to ensure staffing levels reflected their needs. Rotas indicated sufficient staff were in attendance on both day and night shifts. Staff told us that there were normally more staff members on shift than on the day of the inspection. They said that staffing levels were such that people's needs could be met and other tasks involved in the day to day operation of the home could be completed. They said there was enough ancillary staff to clean, cook and look after the

premises. They said that the manager and the deputy manager were "hands on" and would often work directly with people living in the home to help out when needed. Breakfast was overseen by a designated member of staff in addition to the care staff on duty. The registered manager gave examples where staffing arrangements had been flexible to accommodate a change in need or to accompany people to hospital or to scheduled health appointments. Sufficient staff were deployed to meet people's needs.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained included interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. Action had been taken to improve the safety of areas of the service when necessary, such as fitting hand rails in bathrooms. We saw that the sluice room was kept unlocked and contained potentially hazardous cleaning products. Prior to the end of the inspection the registered manager carried out a risk assessment and arranged for a lock to be fitted. Bedrooms were spacious and clutter-free so people could mobilise safely. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. People moved around independently or with assistance from staff.

Building works were underway to extend the care home and provide further bedrooms and shared areas. Care had been taken by the registered manager to ensure that this work did not significantly impact on people using the service. People's relatives said that the building works were being managed such that they had not noticed any untoward impact on their relative or their experience of the service. The existing lounge had been closed off to allow for the building works and so an alternative room had been opened to provide a lounge for people to use. The registered manager monitored daily that the presence of the building contractors did not impact on the safety or comfort of people in the home. The garden was being reconstructed as part of the building refurbishment works and was out of use during the winter months. However, people were supported to take walks with staff when they wished to ensure they could access outdoor space. Risks within the premises had been identified and minimised to keep people safe.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. A passenger lift that facilitated safe access to the upper floors was serviced yearly. All hoisting equipment was regularly serviced. People's call bells were checked and regularly maintained. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. External contractors were called when needed for repairs within the service.

Risks to individuals had been assessed as part of their care plan. This included the risk of falls, developing pressure wounds and poor nutrition. These were reviewed monthly by the deputy manager to ensure they remained effective. They were updated appropriately as people's needs changed. Staff were aware of the risks that related to each person. People at risk of falls had been provided with a sensory mat to alert staff when they got out of bed so they could be helped as needed. People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and effective care plans that ensured they were frequently helped to change position. We saw that staff helped people to move around safely and that

people had the equipment they needed within easy reach. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. The registered manager had identified, through monitoring reports of falls in the service, that there was a pattern of falls late in the evening. As a result they had found that people were being supported to bed too early, when they were not tired, and were getting up again and falling. The registered manager ensured staff supported people to bed at a later time that suited them and this had reduced the number of falls. The risks to individuals' safety and wellbeing were regularly assessed and minimised.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation at another local residential home. Staff were trained in providing first aid. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. Personal evacuation plans, that reflected people's mobility levels and individual needs, were regularly reviewed and kept by the exits in case of an emergency. This meant that staff knew how to respond in an emergency to ensure people's safety.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. The registered manager ensured all medicines were correctly ordered and received, stored, administered and recorded. We saw staff administering medicines and accurately recording when people had taken these. People had been supported to retain a level of involvement in the administration of their own medicines. People had, for example, been supported to self-administer medicines. This meant that one person continued to enjoy regular days out without the worry of missing their prescribed medicine. People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

People lived in a clean environment. People and their relatives told us that the service was kept clean. Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. Staff told us that the registered manager made checks of the cleanliness of the service. The service had a Food Hygiene rating of 5 from the local authority. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a thorough understanding of infection control practice and understood the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Good

Is the service effective?

Our findings

People and their relatives consistently told us that the staff had the skills and understanding required to effectively support and work with people who had dementia. One person's relative commented that staff were able to communicate effectively with their relative and had found ways [a communication board] to overcome their relatives hearing problems. We reviewed the compliments record and found relatives had reported that the service had been effective in improving the health and wellbeing of their relative. One person had commented, "Since going to Chestnut Lodge dad has become much more mobile and just seems happier altogether." Another person commented, "Within days of moving to Chestnut Lodge, we saw a huge change in her. She was talking, smiling, and wanting to be a part of the activities."

Staff had completed the training they needed to provide safe and effective care. Where refresher courses were required this had been identified and courses booked. Staff in all roles completed training sessions in health and safety, equality and diversity, safeguarding adults, fire safety and infection control. Additional training was provided for staff in care roles which included palliative care, safe moving and handling, pressure area prevention and diabetes. All staff had completed in depth training in dementia and demonstrated that they understood how to meet the specific needs of people living with dementia and how to respond when people were distressed, agitated or confused.

New staff were required to complete the 'Care Certificate' that was introduced in April 2015. The care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Existing staff had completed a self-assessment against the standards of the care certificate to identify any areas they felt they required additional support or training. Staff were able to show that they applied the skills and knowledge obtained in their learning to their everyday practice, for example by following safe moving and handling procedures and in the way they supported people living with dementia. Staff were supported to gain qualifications and study for a diploma in health and social care. The registered manager had completed a level 5 diploma in leadership of health and social care services. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff told us they felt supported in their roles. Staff had a supervision meeting with the registered manager or the deputy manager every two to three months. They said this was an opportunity to discuss their work and to identify any further training or support they needed. Records showed that positive feedback was given to staff in supervision along with guidance and support relevant to their role. The registered manager and deputy manager monitored staff skills and competence regularly to make sure they were using this training in practice and were working to the expected standards. This included observations of how staff cared for people and used equipment to help them move safely. An annual appraisal of staff performance took place for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the principles of the MCA were applied in practice. Staff described factors which had an impact on people's capacity to make decisions and

what they did to reduce these. They spoke about how, for example, they helped to prevent infections that increase the risk of confusion. They described how, as far as possible, they avoided the use of medicines that increased confusion and instead looked at other ways people's agitation could be reduced. Staff understood the importance of communicating clearly and giving people the time they needed to think about and make decisions. We saw that staff sought and obtained people's consent before they helped them. When people had been assessed as not having the mental capacity to make specific decisions, a recorded meeting had taken place with their legal representatives to decide the way forward in people's best interest. We saw that this had taken place where a person was not able to make a decision themselves about the use of a medicine. A senior care staff was able to describe in good detail who was involved, the issues that were taken into account and the outcome of the decision making process. This ensured people's rights to make their own decisions were respected and promoted when applicable.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The registered manager had considered the least restrictive options for each individual. This ensured that people's right to liberty were protected.

People were consulted when menus were planned and specific requests were taken into account. The chef spent time during the morning speaking with each person in the dining room to tell them what was being prepared for lunch and find out their preferences. There was a four week rolling menu that provided a choice of meals. People had an assessment of their nutritional needs. The chef and kitchen assistant referred to clear documentation about people's allergies, dietary restrictions and preferences. They were knowledgeable regarding the types of food that were suitable for people's specific health conditions. One member of staff said, in relation to the provision of food that there "was no scrimping and saving". They said that people were offered drinks and snacks throughout the day such as milkshakes, biscuits and crisps. We saw this happen throughout the morning of the inspection. The food was described as "excellent" by relatives we spoke with. One person's relative spoke about how staff had found out about their relatives diet related condition and made sure that their needs were catered for. They said that this had helped maintain their dignity, improve self-care and reduce the frequency of infections. People were offered tea and coffee at various points of the day and were able to help themselves from a tea and coffee urn. Jugs of cold drinks were available in the communal areas for people to help themselves. People were provided with sufficient food and drink to meet their needs.

People were weighed monthly and fluctuations of weight were noted and acted upon. Those identified as at risk were weighed more frequently and were referred to their G.P or a dietician when necessary. The registered manager had introduced a system of providing high calorie snacks and staff were required to record the provision of these to monitor people's nutritional intake. The introduction of this system meant that people previously at risk of poor nutrition had gained weight and those that had previously relied upon nutritional supplements were no longer prescribed these. Where people were assessed as being at risk from dehydration, staff monitored their fluid intake. We saw that the records were completed and running totals of fluid intake were maintained. The records included information on fluid intake targets and in all records we reviewed the daily targets had been met. We saw that one person was being encouraged to take hourly fluids. Records showed that people were offered drinks during the night if they were awake. Senior staff had carried out a daily check of fluid records and had taken action to address any concerns.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. A chiropodist visited every six weeks to

provide treatment. An optician visited people upon request. People had been referred to healthcare professionals when necessary. For example, to the district nurse when concerns about skin integrity were identified. People's care plans included relevant, up to date information about their specific health conditions. We saw detailed information about the symptoms and a plan for treatment. Staff responded quickly to contact health professionals when needed. We reviewed the care plan of a person who had diabetes. It included information regarding the safe range for the person's blood sugar measurements and actions that staff should take when measurements fell outside these limits.

Records about people's health needs were kept and the outcome of health appointments was recorded within people plans so that staff knew what action to take. This ensured that staff responded effectively when people's health needs changed. The registered manager had introduced a system for the early detection of the possible signs of a health concern. For example, identifying known warning signs of an infection so that early action could be taken. The registered manager used information from the Clinical Commissioning Group (CCG) to provide staff with pathways to follow to respond to specific health concerns including falls, infections and changes in skin health. People had clear and effective plans to respond to their health needs.

Since our last inspection the registered manager had made improvements to the premises to meet the needs of people living with dementia and older age conditions. Appropriate signage for people who lived with dementia was in place throughout the premises to help people understand their surroundings. Signs and 'footsteps' along the floor guided people to the toilets and bathrooms. Toilet seats and grab rails of contrasting colour had been fitted. Staff told us that the bathroom signage had reduced people's frustration and significantly improved the independence and continence of a number of people. Memory boxes were fitted outside some people's bedrooms to help them recognise their bedroom as a familiar place. One person's box contained a small model of a car they had previously owned and another had photographs of family members. Around the premises there were pictures of the local area in past years and pictures of significant past events and household items to encourage people's conversation and engagement. Seating was strategically placed throughout the hallways to allow people places to rest when moving around. The registered manager was planning to develop a 'memory walk' route in the garden for the summer. Consideration had been given to how the premises could be arranged to meet the people's individual and changing needs.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring attitude of the staff. They told us, "The manager and care staff are wonderful. They really care for the people they look after." People emphasised the quality of staffing as being one of the service's strengths. One person commented, "It's the staff that make the difference. They just glow!" One person's relative commented that caring "came naturally to them". Another told us a strength of the service was the, "warm friendly atmosphere" and the relationships that staff developed with the people they cared for. It was noted by one person's relative that staff took the time to find out as much as they could about the people they cared for. They said that the staff made time to stop and chat and make them feel welcome.

People's relatives told us that they had been pleased with the level of contact and involvement the service had with them in relation to the care and support provided. People said that they were contacted by the service if circumstances warranted it. Relatives told us that admissions were managed sensitively. One person spoke about practical support which had been given to help overcome difficulties encountered due to travel distances.

We reviewed the compliments record and found people's relatives described how staff members had gone the extra mile in supporting their relative. One person had commented, "The quality of care from all the staff is exceptional. Staff continue to go the extra mile, truly amazing. In my mother's final days many of them worked past their shift times, even stayed overnight to be with her." Another person said, "The staff gave her companionship and respect." Another person said, "I took Dad out and when he became tired he said he wanted to go home, so nice that he sees this as his home."

Feedback from healthcare professionals about the service was extremely positive. One told us "They take care to provide comfort for people such has hand holding or a gentle hug."

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. They had taken time to find out about people's life history, family, interests and what was important to them. This was recorded in their care plan with one person's care plan including their family tree. Staff used this information effectively to ensure people were provided with personalised care and support. For example, one person had worked as a nurse for many years. Staff told us the person had become very restless and found it difficult to rest. They used the information about the person's previous occupation and scheduled 'breaks' for the person throughout the day, as this reflected their previous working life. The person was then able to rest. During their waking hours they enjoyed helping staff undertake checks of areas of the service for cleanliness and organisation. The person was also involved in delivering a recent first aid course to staff. This showed that staff had positive relationships with people and recognised the importance of their life experiences when planning their care.

People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. A staff member summarised their approach saying that people living in the service were, "Treated as you'd expect your own parents to be treated". Staff were

friendly and helpful and showed warmth and affection towards people. People were being warmly welcomed into the dining room for breakfast. Staff personally greeted each person and helped them to a table and sit down with others. We saw one member of staff encouraging a person who was sleepy to go and rest on their bed or in a more comfortable chair. The temperature in the dining room was around 23˚C but staff recognised that some people felt chilly. They helped people to cover up with cardigans or shawls, whilst not making the room too hot for others. One person's care plan stated that they experienced low moods and that staff should support them by spending time with them. We saw a record that showed when the person had been feeling low a staff member had spent most of the day with them, talking about their past life and interests. A person who had recently moved to the service was concerned that their family would not know where they were. Staff took time, as often as was needed throughout the day, to provide reassurance that their family could find them and to explain how they would do so. Staff were comfortable in displaying warmth and affection toward people whilst respecting people's personal space.

Recently the service had introduced the use of dolls to provide people with comfort and to meet their emotional needs. We saw that people sought out the dolls and would nurture them, talk to them and hold them. Staff told us that some people saw the dolls as their babies and by taking care of the dolls they had "become calmer and seemed to enjoy feeling important again." Staff respected the way people viewed the dolls and took care to treat the dolls in the same way. One person had expressed a wish to play the role of Santa this year at Christmas. Staff had helped them to purchase a costume and arranged for them to dress as Santa and help deliver people's gifts on Christmas day. The service had some pets and staff said that people responded positively to the animals and it had encouraged them to talk more. This showed that staff understood the importance of meeting people's emotional needs and were skilled in finding creative ways of doing so.

The registered manager told us that two people had expressed an interest in a placement at the service, but that they would not admit anyone new to the service until after Christmas as they felt it was too disruptive for the people living there. The registered manager told us "It is our residents' home first and we must respect that."

People told us that their privacy was respected and that staff always knocked on their doors before entering. Staff were consistently discreet when offering to provide personal care to people. Health care professional that visited the service told us that staff always respected people's privacy and dignity. One person told us "The staff preserved a person's dignity whilst they were in their room by closing their door to so I didn't inadvertently intrude as I was walking past." Arrangements were in place to ensure that people's records were stored securely and that their personal information remained confidential. Staff did not discuss personal information in communal areas of the service and were careful to ensure that people's care plans were returned to the locked cabinet when not in use. Records showed that staff were routinely asked in their supervision meetings to give examples of how they were demonstrating the values of dignity and respect. Staff respected people's privacy and treated them with respect.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly by senior members of staff to ensure they remained appropriate to meet people's needs and requirements. People's relatives were warmly welcomed and we saw that relatives were well known to staff. People were involved and their relatives were invited to participate in a review of their care plan every six months with people's consent. Their feedback had been used to develop the care plan to ensure it reflected the person's changing needs. For example one person's family had asked that they have more supervision when using the shower and this was included in the person's care plan. Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. Relatives told us that they knew who their relatives' keyworker was and were

able to talk with them about their care plan at any time. People were involved in planning and reviewing their care to ensure it met their needs and preferences.

People were provided with information about the service. They were given a brochure that contained information about the services provided and how to make a complaint if they needed to. There was information in the entrance hall about how to access support from advocacy services and a complaints and compliments book. There was a notice board for people's use that included current information about the menus, activities, events and local services.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. One person enjoyed working in the garden and had been given responsibility for an area of garden to maintain and went outside to sweep the pathways each day. There were lowered washing lines so that people could hang out their laundry and tea and coffee making facilities were provided so that people and their relatives could help themselves. One person enjoyed helping with small household tasks such as washing up so had taken on the responsibility for washing people's tea cups after supper. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote people's independence. Staff encouraged people and gave them time to do things for themselves and consequently everyday opportunities, such as doing up a zip were not missed. A person's relative told us that their relative's mobility had improved since living in the home. Walking aids had been supplied and encouragement given to use it. They said that this had helped their relative to keep doing things for themselves. Staff knew what support people required and ensured they stepped in when people were unable to manage for themselves. People's care plans were written to reflect what they could do for themselves and where they needed additional support. We saw that staff provided the care people's plans said they needed. They encouraged and enabled people to be independent, providing the right levels of support.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff responded well to their needs. They said that their relative was "never left wanting for anything" when speaking about the quality of care provided. A person's relative told us, "Staff are caring and do a lot of activities with the residents to keep them stimulated."

We reviewed the compliments record and found people's relatives had commented on how the service had met their relatives' individual needs. For example, one person had said, "I can't believe the difference in Dad, I am so glad he is here." Another person had said, "After just two weeks at chestnut lodge my mother is looking so much healthier and happier."

Each person's needs had been assessed before they moved into the service. This addressed their needs in relation to their personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. The registered manager was working with the University of London to pilot a 'settling in' tool to help people in the first month of being in the service. The tool focuses on asking the person what their expectations were and matching their care plan to meet these. Individualised care plans about each aspect of people's care had been developed in partnership with them or their representative. People's care plans included information about their communication needs, including if they required glasses or a hearing aid. Staff adapted their communication methods to each individual to ensure they promoted effective communication. People's care plans included information about their preferences, for example what time they liked to get up and whether they preferred a bath or shower and when. Staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected. This meant that people received care that was personalised and met their needs.

We saw examples of personalised care. One person had frequently refused the personal care they needed. Staff took time to speak with their family and found out more about their background that helped them adapt their approach. The person went on to happily accept the care they needed. A person had recently been supported on a trip to see some steam trains as that was of great interest to them. Another person had spent time with staff singing Country & Western songs, because this was what they both enjoyed. One person did not like noisy atmospheres. Their care plan recorded that they should be supported to eat in their room if the dining room was too noisy for them. Another person had lacked confidence in going out when they first moved to the service. The registered manager had introduced them to dog walking and went with them on walks until their confidence grew. This became a regular activity and the registered manager told us that the person's independence had increased so much that they would be able to go out alone. This showed that staff understood how to plan care that took account of people's individuality.

The service responded in a timely way to changes in people's needs. A person had recently been admitted to hospital and during the inspection the hospital called to arrange their return to the service. The registered manager spoke with them and their relative and arranged to go to the hospital the next morning to reassess their needs and review their care plan ready for their return. There was an effective system in place to

communicate changes in people's care plan to staff, the person and relevant others. For example, one person had a temporary care plan to respond to a period of them being unsettled at night. This had been agreed with them and their family and shared with the staff team. Prompt referrals were made to relevant health services when people's needs changed. People's health and psychological needs were met in practice and staff responded to people's changing needs.

People were consulted about what they enjoyed doing and were involved in the planning of the activities programme. There were two activities coordinators deployed in the service. The registered manager took account of latest research on dementia care and discussed with the activities coordinators how activities could be developed further. Recently people had enjoyed a range of social activities provided by the service, including belly dancing show, a weekly movement to music session and an anniversary tea party. There was a weekly outing and people took turns in attending and choosing the location. Some people attended lunch clubs and one person was part of a local Knit and Natter group. A Christmas party and entertainment were planned. One person enjoyed knitting and was supported to knit clothing for premature babies and to deliver this personally to the local hospital. Staff were aware of the risk of social isolation for people who spent long periods of time in their bedroom. They ensured they checked on them regularly and consulted with them on activities that may be of interest to them. The registered manager had introduced a system of 1-1 activities, where staff spent time with individuals doing activities of interest or simply chatting with them. Staff undertook to do this with five different people a day and records were kept to ensure equality in how this was provided to people. People had their social needs and interests met.

People's views were sought and listened to. Residents and relatives meetings were held quarterly. People were asked about their views of the care, the range of activities, the quality of the food and, more recently, the impact of the building works. Relatives were asked to attend staff meetings to feedback on what was important from their perspective and staff listened to their feedback. A meeting had been held with people in October to review the menus. An action plan had been created and acted upon to include the suggestions. Feedback about people's care was sought in the six monthly review meetings. People and their relatives told us that they could speak with the registered manager or staff at any time about their care plan. The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. The last survey had been completed in February 2015 and indicated people were very satisfied with the support they received.

People knew how to make a complaint. The provider had a clear complaints policy and procedure. The complaint procedure was displayed in the reception area. People were asked if they had any complaints at their six monthly care plan review meeting. Complaints were recorded and responded to appropriately. We saw that the registered manager had dealt with complaints in an honest and transparent way. Where a complaint was upheld the registered manager had apologised to the complainant and described the action taken to put things right and improve the service for the future.

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed effectively and in an open and transparent way. One person commented, "The manager runs the home professionally, but with compassion." Another person said, "The manager runs a very efficient home, with care, attention and the best for all the residents at the top of her priority list."

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. There was an open and positive culture which focussed on people and ensured personalised care. The registered manager was visible in the service, they walked around the premises each day and asked each person they encountered how they were.
The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. People were placed at the heart of the service and the registered manager placed emphasis on continuous improvement in all aspect of their care.

The registered manager provided clear and confident leadership for the service. The relatives we spoke with were very complimentary about the registered manager and her leadership. Staff praised the registered manager for her approach and support. They said that the manager was clear about what was expected in terms of how people were cared for. Staff told us that the registered manager was supportive and understanding in helping to deal with and overcome challenges. They described the registered manager as "fair and willing to listen". Staff felt supported in their roles and were clear about their responsibilities. One staff member told us "It's a close knit supportive team to be in. It's a happy place to work. I have no concerns." The registered manager and deputy manager stepped in to deliver care to people when there were unexpected shortages of staff. They told us that they preferred not to use agency staff unless this was the only option available, to ensure that people were cared for by staff who were familiar to them and promote continuity of support.

The registered manager had effective systems in place for monitoring the quality and safety of the service and making continuous improvements. Staff reviewed people's care plans on a monthly basis and manager carried out an additional review every three months to identify areas for improvement. The registered manager used a system for assessing, at regular intervals, staff knowledge of people's care needs and their written plan. This was used in supervision meetings, as part of a person's care review or to ensure changes in need had been effectively communicated. The process included asking staff to describe something about the person's life history, how they promoted their independence and examples of how choices were offered. This ensured that the service continued to reflect person centred values. A wide range of audits were carried out to monitor the quality of the service. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. Where shortfalls had been identified action had been taken quickly to address these. The registered manager told us that the registered provider was supportive and provided the necessary resources to improve the service when needed.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings concerning people's safety when necessary. They learned from mistakes to improve how the service was run.

The registered manager regularly participated in forums regarding the quality of care in residential settings where views and ideas could be exchanged. They had attended a home manager's forum where they had shared information that could benefit the service. They researched websites that included 'Skills for Care' and the 'National Institute of Excellence' that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service. Health professionals we spoke with told us that the registered manager worked positively and proactivity with them to improve people's experiences. One person told us, "She has appeared to be very keen to develop meaningful links to the community and academia with the sole purpose of improving the quality of life for her residents and develop her own and the skills of her staff."

The registered manager kept accurate and complete records about the care provided to ensure people's needs were met. People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the care provided to people reflected the care required by their individual plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.