Chesterholm Residential Care Limited

Chesterholm Lodge

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 29 and 30 July 2015 and was unannounced.

Chesterholm Lodge is registered to provide accommodation and personal care services for up to 15 people who have mental health needs or may be living with dementia. At the time of our inspection it was fully occupied. People were accommodated in a converted residential house with two shared lounges, one with a television and the other for more quiet activities. There was an enclosed garden with an outside sitting area and a shelter which was used by people who chose to smoke.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

There was a friendly, cheerful atmosphere in the home. People found it to be well run, and staff found it a good place to work. There were systems in place to assess and improve the quality of service provided. The manager had a number of checks and methods to monitor the service provided. However they had not identified and

Summary of findings

addressed some examples of poor practice. The manager had not always notified the Care Quality Commission whenever certain events occurred in the course of providing the service.

The service had arrangements in place to protect people from risks, including the risks of abuse and avoidable harm, while allowing them to make choices. Staff were aware what they needed to do to keep people and themselves safe. There were enough staff to support people safely and the provider's recruitment process was designed to make sure staff were suitable to work in a care setting. Staff followed appropriate procedures to store, handle and administer medicines safely. Checks were in place to monitor the management of medicines.

Staff received training and support by means of supervision and appraisal meetings to maintain their skills and knowledge. They were aware of the legal requirements when people lacked capacity to make decisions, although all the people living at Chesterholm Lodge when we inspected were able to consent to their care and support. People had access to a healthy diet which took into account their choices and any dietary requirements arising from medical conditions. The service supported people to maintain their health and wellbeing by access to other healthcare providers when they needed them.

People were complimentary about the kindness and respect shown by staff. Staff respected their dignity and independence and treated them as individuals. Staff were aware of how people's religion, cultural and personal background could affect their support needs, and adapted their support accordingly. The service involved people in decisions about their care and support through participation in their care plan reviews. People were able to express their views and take part in wider decisions about the service in meetings.

People's care plans and assessments reflected their needs, preferences and long term medical conditions. Staff reviewed people's care and support on a regular basis and delivered support which promoted people's health and wellbeing. People were able to take part in individual and group activities which took into account their interests and preferences. There was a complaints procedure in place, and people were aware of it but preferred to raise concerns informally with the registered manager or registered provider.

We found one breach of the Care Quality Commission (Registration) Regulations 2009 and made one recommendation about the management systems in use. You can see what action we told the provider to take in relation to the breach at the end of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

People were protected against risks associated with the management of medicines.

Good

Is the service effective?
The service was effective.

Staff were supported to maintain the skills and knowledge they needed by appropriate training, supervision and appraisal.

Staff sought people's consent to care and treatment. Staff were aware of legal requirements where people were not able to consent.

People were supported to have a healthy diet. They were able to access other healthcare services and providers when they needed to.

Good

Is the service caring?
The service was caring.

Staff were able to establish caring relationships with people.

People were supported to express their views and take part in decisions about their care and support.

Staff promoted people's dignity and independence, and respected their privacy.

Good

Is the service responsive?
The service was responsive.

Staff provided care and support according to assessments and plans which took into account people's needs and preferences.

People had the opportunity to pursue their interests, hobbies and other activities.

There was a complaints procedure in place which people were aware of.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The registered manager did not always notify the Care Quality Commission of incidents specified in the regulations. The management systems in use had not identified or addressed some examples of poor practice.

There was an open and inclusive culture.

Systems were in place to monitor, assess and maintain the quality of service provided.

Chesterholm Lodge

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 29 and 30 July 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had used services for people with mental health needs.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people who lived at Chesterholm Lodge and a visitor who had lived there until recently. We observed care and support people received in the shared area of the home, including part of a medicines round.

We spoke with the registered manager, the registered provider and other members of staff, including the deputy manager, three care workers, a cleaner and the cook.

We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, quality assurance survey returns, training, appraisal and supervision records, staff rotas, and recruitment records for two members of staff who had started recently.

Good

Is the service safe?

Our findings

People were supported in a setting which protected them from avoidable harm while allowing them to make choices and take risks. One person had commented in a quality survey, "I feel safe and comfortable."

The provider took steps to protect people from risks including avoidable harm and abuse. Staff were made aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. Staff were confident any concerns would be handled promptly and effectively by the registered manager.

The registered manager was aware of processes to follow with the local authority care manager and community mental health team if there was a suspicion or allegation of abuse. Training was in place to maintain staff knowledge about safeguarding. Suitable procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding.

Risks to people's safety and wellbeing were managed according to appropriate risk assessments, for instance with respect to falls, smoking, and behaviours that might endanger the person or others. Care plans took into account risk assessments and contained instructions for staff to reduce the risk and what to do if they could not prevent the risk entirely. Instructions for staff included how to keep both the person and themselves safe. Plans included actions such as encouraging people to use mobility aids and e-cigarettes, and using distraction techniques. Staff were aware of what they needed to do to reduce risks to people's safety and welfare. The registered manager undertook quarterly reviews of risk assessments to make sure they were appropriate to people's needs.

Procedures were in place to keep people safe in an emergency. The service had an emergency plan. In the event of an evacuation, there was an agreement in place with a nearby care home and church hall to provide temporary accommodation. The annual fire risk assessment was up to date and actions arising from it had been signed off as complete. Fire safety and other safety equipment was maintained and tested regularly. Risk assessments were in place for the control of substances hazardous to health (COSHH). Other risk assessments covered accessible windows, risks associated with moving and handling, and excursions for people outside the home.

There were sufficient numbers of suitable staff to support people and keep them safe. Staff told us their workload was manageable. Staffing levels were based on an analysis of people's needs, and the registered manager told us they were able to increase staffing levels if people's needs changed for a period of time. They covered absences with their own staff. This provided greater continuity in people's care and support. Contact numbers for out of hours support were available to staff.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. The registered manager told us they advertised vacancies but most recruitment came from personal recommendations. They used interviews to identify and screen candidates who were not suitable to work in a care setting. A first interview with the registered manager and head of care was followed up by a second interview with the registered provider and introductions to people.

Medicines were stored and handled safely. Arrangements were in place to receive medicines, record them and store them securely and according to the manufacturers' guidance.

People's medicines records contained individual instructions for staff when administering medicines, information about their medical conditions and allergies, and preferences with respect to taking their medicines. Where people had prescribed skin creams, the instructions included a body map to show where the cream should be applied. Changes to the instructions were initialled by the registered manager. All staff were up to date with their medicines training. Visiting community nurses administered injections which the home's staff were not qualified to do.

Records of medicines administered, including skin creams and medicines prescribed "as required" were complete and accurate. There were regular checks on medicine records and medicines in stock, and an audit trail was maintained. The provider's pharmacist had reviewed the management of medicines recently.

Good

Is the service effective?

Our findings

People were satisfied they were supported by staff with the appropriate skills and knowledge. One person had commented in a quality survey, "I enjoy the food and the home is clean and well run."

Staff were supported to obtain and maintain the skills needed to provide care and support to the standard required. They said they received appropriate and timely training and had regular supervision meetings with senior staff. They were able to obtain relevant qualifications and received specialist training, such as in supporting people with a mental health condition. Records showed staff were up to date with their mandatory refresher training which included first aid, health and safety, moving and handling, infection control and food hygiene.

Staff had annual appraisals with the registered manager, and supervision sessions every three months with senior staff. Supervision sessions included the opportunity for two way communication and covered training requirements, support and assessment of and feedback on performance. Records showed issues such as the use of mobile phones while on duty were addressed. Staff told us they felt supported by the registered manager and registered provider.

People consented to their care and support. We observed staff explaining to people they supported what they were about to do and asking for consent before they went ahead. There were signed consent forms in people's care plan files. These included consent to care, consent to medication and permission to share information. Two people occupied a shared room and they had consented to this.

All the people living at Chesterholm Lodge were able to understand and make their own decisions. The registered manager and staff were aware of what to do if people lacked capacity to make decisions. Information about the Mental Capacity Act 2005 and the associated Code of Practice was available to staff. This provides a legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. These safeguards protect the rights of people by making sure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Whilst no-one living at the home was currently subject to DoLS, and people were able to come and go as they pleased, the registered manager understood when an application should be made and had done so in the past.

People were encouraged to eat a healthy diet, and information about healthy eating was available to people in the form of posters on display. Fresh fruit and vegetables were available and included in the prepared menus. Alternative menu options were offered. People's preferences were recorded in their care plans and information about how they liked their hot drinks was displayed in the kitchen. One person was living with diabetes and they had an appropriate diet. Other people were assisted to manage their weight through their diet. Nobody had dietary preferences based on their religious or cultural background.

The service took into account Food Standards Agency guidance. They had received a "Very Good" food hygiene rating. We saw food was prepared in a clean kitchen and it appeared to be appetising.

People's health and wellbeing were supported by access to healthcare services when needed. Records were kept of appointments and referrals to other providers such as people's GP, chiropodists and opticians. The service worked closely with the community mental health team, made appointments as necessary and kept them updated following care plan reviews. Staff accompanied people if they had outpatient hospital appointments. Records showed that people were supported to attend screening and aftercare appointments.

Good

Is the service caring?

Our findings

All the people we spoke with felt they were treated with kindness, dignity and respect. One said, "It's lovely here. I don't want to live anywhere else. The staff are nice. They look after me. We can go to bed when we want to. I get called at 8am in the morning." Another person said, "It is nice here. I have been here 28 years." Records of quality surveys contained comments such as, "Staff are kind and considerate" and "I am happy here. It is my home now." A person who used to live at the home until recently and who came back regularly to visit described it as "friendly and free". They said, "The staff have been excellent. We never had any disagreements." They still felt supported by the service although they no longer lived there. They said, "The safety net never diminished."

Staff were able to build caring relationships with people. One member of staff told us they missed the contact with people on their days off. They were aware of people's life stories and treated them as individuals. They described different approaches they used to support people according to their personalities and preferences, for instance by using aromatherapy oils in their bath and by helping a person find appropriate contacts and groups in the local community. One person had brought their pet dog to the home, and the service had continued to care for the dog after the person moved to a different service. Two people had been supported to move out into their own accommodation. They were welcomed back as visitors and offered meals and other support. Staff continued to care about people when they no longer used the service.

Information about advocacy services was available to people. Nobody used an advocate to help them represent their interests but one person had a volunteer "befriender" who provided support and company. Staff also supported the person by accompanying them to church during the winter when it was dark.

People were involved in making decisions about the service. The registered manager made clear to all staff that they were working in people's home, and they should treat it accordingly. One person's care plans stated staff should encourage them to invite friends to the home. People had decorated their rooms with their own belongings and furniture.

People took part in discussions about their care plans and assessments. The service provided information and advice on healthy lifestyle, diet and exercise. There were regular meetings where the registered manager, staff and people could come together and discuss the service and possible changes. Records showed these covered topics including suggestions for excursions, changes to menus, availability of takeaway meals, and possible activities.

Staff took steps to respect people's dignity and privacy. People had keys so that they could lock their rooms. Each room had a sign with the person's name and "please knock". We saw staff did this. Where information about people was stored on a computer, files were protected.

The service promoted people's independence and helped them regain skills to live independently. One person told us how their mobility had improved while they were living at the home. Staff had motivated them and the provider had bought equipment to help them exercise regularly.

People's assessments and care plans took into account any needs arising from their religious or cultural background. There was a monthly communion service in the home for people who wanted to attend. There was an equality and diversity module in the service's training programme. Staff were aware of adjustments to people's care and support that could arise from their religious or cultural background.

Good

Is the service responsive?

Our findings

People received assistance and support that met their needs and took into account their preferences and wishes. People's comments about the support they received ranged from "Excellent" to "It's all right here, but a bit boring." In a recent quality survey a person had written, "Staff understood needs and were able to meet them."

People's care and support were based on assessments and plans that took into account their preferences, needs and medical conditions. Care plans took into account people's individual circumstances. They contained information about "My current situation" and "Aspects of care I need support with." They described people's abilities, core needs, aims, goals, and actions. There was information about people's preferred routines and "A usual day in the life of…"

Care plans contained information for staff about people's mobility, washing, bathing, dressing, grooming, continence, skin care, oral care and nutrition. There was information about their hobbies and interests. Where people were living with long term medical conditions, the care plans covered how to manage them.

Staff were aware of the care and support people needed, and recorded the support people received in daily logs. They also recorded handover information and summaries of people's wellbeing. The registered manager used these records to monitor the care and support people received while working closely with their staff. They re-assessed people's care plans as their needs changed and at regular intervals. If it was appropriate they involved the community mental health team or the service commissioners in reviews.

Records showed the service amended people's support as their needs changed, for instance with respect to their mobility and nutrition plans. One person had lost weight and was no longer on a reducing diet. Another had gained weight after being assessed as at risk of not eating enough. A third person came into the home with a long standing medical condition which previously had caused them to be admitted periodically to hospital. Since living at the home they had not needed to go to hospital for this condition.

People had the opportunity to take part in a range of leisure activities, although some preferred to spend time quietly either in the shared lounge or in their room, listening to music. One person told us they had been encouraged to join a gym and sign up for sports activities. Other people said they went out shopping and to museums and other nearby attractions. Staff told us people went out nearly every day, and that they were supported to pursue their own interests, such as gardening and reading. Individual activities, such as puzzles and colouring, and group activities, such as a quiz, were available if people wanted to join in. Staff linked organised group events to the calendar at Christmas, Easter and Red Nose Day.

The service had a complaints procedure which was made available to people. It was displayed in the entrance and included in the package of introductory information people received when they moved into the home. In addition there was a complaints folder near the entrance which contained a copy of the procedure, blank forms and guidance to help people if they wanted to complain. The registered manager told us they explained the procedure to people when they moved in. They preferred to deal with any concerns before they became formal complaints. People could approach the registered manager or the registered provider at any time. One person told us the manager always had a "sympathetic ear" for any concerns. There were no recent records of formal complaints on file.

Requires improvement

Is the service well-led?

Our findings

People told us they found the home to be open, inclusive and "excellently run". One person said they had never had any problems. There was a lively atmosphere in the home with people and staff laughing and joking. Staff told us they found it a good place to work with a good atmosphere. The registered manager and registered provider felt that continuity of ownership and staff had contributed to the atmosphere. They said staff chose to work there and enjoyed seeing people flourish in the home's setting.

The registered manager had a variety of sources of good practice which they used as the basis of their management system. These included external consultants, the Hampshire Care Association, and relevant publications. They used external consultants for health and safety and human resources advice. They had appointed a deputy manager, head of care and delegated areas such as infection control and medicines management to senior members of staff.

The registered manager was aware of the legal requirement to notify the Care Quality Commission of certain important events, and had done so in the past. However we discovered they had investigated two allegations of abuse which had not been notified to the Commission. The manager told us this was because the allegations had not been substantiated. In both cases the allegations concerned periods of time the person spent outside the home when they were not being supported by the home's staff, however the allegations were made once the person returned to the home.

Failure to notify the Commission of any abuse or allegation of abuse was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager monitored staff performance through supervisions, appraisals and staff team meetings which were documented. They tracked staff activities through shift handovers, daily logs and other records kept by staff. These records included a maintenance book, records of night shift tasks, infection control audits and daily checks, and checks on mattresses and shower heads. Records were kept of equipment, wheelchair and vehicle maintenance.

However we found three examples of poor practice, two of which had not been discovered or addressed by the registered manager's management system:

Records containing personal information about people were left unprotected in a shared area of the home. These should have been in a locked cupboard, and they were locked away by the end of our inspection.

Checks on the medicines refrigerator had recorded high temperatures on the day of our inspection and the previous day. When we pointed this out to the registered manager, it was investigated and found to be a problem with the temperature probe. The probe was replaced, however it was not clear when this would otherwise have been brought to the manager's attention and investigated.

The registered manager told us staff were allowed to wear certain types of footwear, including flip-flops and open sandals, "at their own risk". The risk assessment in relation to this identified risk had not been written down, which was not in line with guidance by the Health and Safety Executive for organisations with more than five employees. It was not clear whether the risk assessment had taken into account risks to the safety of people supported by staff wearing certain footwear "at their own risk".

We recommend that the registered manager review their processes and practice in these areas.

Systems were in place to monitor and assess the quality of service provided. The registered manager responded to findings to improve the service. The service employed external consultants to undertake an annual health and safety inspection and monthly quality assurance audits. Each monthly quality audit reviewed a different area of the service provided. Actions identified in the areas of safeguarding training, fire drills and to replace a kitchen extractor fan were signed off by the manager as completed.

People, their families, and health and social care professionals who visited the home had completed quality surveys. These covered a range of topics including meals, activities, entertainments, facilities, skills and attitude of staff, and service overall. Responses in all areas were good or excellent. Comments included:

- "Do everything to ensure needs are met to a high standard."
- "Warm and friendly all the time."
- "No-one wanted to change anything."

Requires improvement

Is the service well-led?

The registered manager had responded to a suggestion by putting an action plan in place to make sure all visitors signed in.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notification of other incidents** **The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18 (1), (2)(e)**