

Mrs J Stead

Chestnut Lodge Nursing Home

Inspection report

302 Norton Road
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County Durham
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06 February 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chestnut Lodge Nursing Home is a residential care home providing personal and nursing care to up to 17 people. At the time of our inspection there were 13 people using the service.

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

The home did not ensure appropriate checks were conducted prior to agency staff being deployed to support people. Choking risks had not been managed safely. Introduction of thickener had not always involved the advice from the Speech & Language Therapy Team (SALT) this placed people at risk of harm. Fire drills had not been conducted in line with the provider's policy. The issues identified during the inspection had not been recognised or identified by the provider or registered manager. This meant the provider's quality assurances were ineffective.

Permanent staff were recruited safely. Staffing levels were calculated using a dependency tool which looked at the needs of each person. Staff received supervisions and had the opportunity to speak out.

The provider had a system to investigate and record safeguarding incidents. Staff had completed safeguarding training.

Information gathered accidents and incidents was analysed to identify trends or patterns with actions put in place to minimise risk of further incidents.

The home was clean and tidy. Staff had completed training in infection control and followed protocols to reduce the risk of infection.

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.

The registered manager promoted an open culture. The provider and registered manager understood their duty of candour. The home had developed strong partnerships with health and social care professionals to ensure people received joined up care.

People told us they were happy living at the home. People told us staff were kind and caring and response to their needs.

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

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

Rating at last inspection and update

The last rating for this service was good (published 20 February 2018).

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 and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and the assessing and monitoring of the quality and safety of the home.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Chestnut Lodge Nursing 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 Care Act 2014.

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

One inspector carried out this inspection.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

We visited the home on 6 February 2023.

What we did before the inspection

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

During the inspection

We spoke with 4 people about their experience of the care provided. We spoke with 5 members of staff including the registered manager, administrator, cook and 2 care staff.

We looked at the care records of 3 people, a sample of medicines records and other records related to the management of the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Choking risks had not been managed safely. Nurses had introduced and prescribed the use of thickener without direction or advice from the Speech & Language Therapy Team (SALT) this placed people at risk of harm. Guidelines on the use of thickener states that the recommendation to prescribe a thickener should come from an appropriately trained healthcare professional, e.g. a Speech and Language Therapist (SLT) after a diagnosis of dysphagia has been made.

The provider failed to ensure care and treatment was provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Effective plans to keep people safe in the event of a fire were not in place. Fire drills had not been completed in line with the provider's policy. Staff had not completed simulated evacuation training. Fire safety documentation was not readily available. Following the inspection the registered manager conducted a fire drill and organised evacuation training.
- Risks to people were identified and mitigated. Risk assessment plans were put in place to support staff to reduce identified risks.

Staffing and recruitment

- Safe procedures for the use of agency staff were not in place. The home did not have robust protocols for checking the identity of agency staff. Agency staff were allowed access to vulnerable people on 2 occasions when the home did not have information about their safe recruitment, training and identity. This placed people at risk of harm.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff were recruited safely. Pre employment checks including obtaining references from previous employers and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were deployed to meet people's needs. Staffing levels were calculated using a dependency tool. People told us staff responded quickly to their care requests.

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

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

- The home was working within the principles of the MCA. Best interests decisions were recorded and DoLS were monitored.

Using medicines safely

- Medicines were managed safely. Competent trained staff followed guidance for the management, storage, administration and disposal of medicines.
- People received their medicines as prescribed. Staff supported people to receive their medicine as they preferred, and this information was recorded in their care plans.
- Medicines audits were effective. Gaps were identified and addressed. The home recognised further improvements could be made.

Systems and processes to safeguard people from the risk of abuse

- The home had a system to record and investigate safeguarding issues. Staff had completed safeguarding training.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. Visitors were welcomed at the home.

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 good. The rating for this key question has changed to requires improvement. This meant the service had not recognised the failings within the quality assurance systems and this impacted on the quality of care and support given.

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

- Systems to monitor the administration of thickener were not robust, procedures prior to the deployment of agency staff were not in place and the fire drills had not been monitored. The lack of systems in these areas had not been recognised or identified by either the registered manager or the provider. This placed people at the risk of harm.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had invested in an electronic care plan system. This enabled the home to gather and analyse additional information relating to clinical data.
- The registered manager understood their legal requirement to notify the CQC of certain accidents, incidents and events. The home had submitted the required statutory notifications to CQC.

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

- Staff ensured people received person centred care. The home worked with families and people to achieve good outcomes. Staff also supported people's families to gain a better understanding of Huntington's disease.

- The provider and registered manager understood their responsibility in relation to the duty of candour. The home had an open and transparent culture.

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

- People and their relatives had opportunities to share their views. People were encouraged to give feedback daily. The home had recognised the lack of response for feedback requests via a paper survey. The administrator had developed an online app to address the problem.

Working in partnership with others

- The provider worked with external healthcare professionals to ensure people had positive outcomes.

Professionals remarked on how responsive staff were to people's changing needs.

- Staff supported people and family to access assistance from the Huntington's Disease Association.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure care and treatment was provided in a safe way.
	Regulation 12
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	The provider did not have effective systems in place to monitor and improve the quality and safety of the service.
	Regulation 17