BSR London 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?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Chesterholm Lodge on 30 August 2018. People in nursing homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide nursing care for up to 15 to older people, many of whom have dementia or mental health issues. On the day of our inspection 15 people were living at the home. This was the services first inspection.

There was a registered manager in post. 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.

People were safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well, respected them as individuals and treated them with dignity whilst providing emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People received effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a

personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care was planned to ensure the care met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles in their work.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

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 was planned 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 took place on 30 August 2018 and was unannounced. The inspection was carried out by 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with six people, three relatives, a visitor three care staff, the chef, head of house keeping, the registered manager and the provider. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "Yes (I feel safe), because they have the cameras to stop people getting in", "Yes, because the staff are always around" and "Knowing that there are staff around. Knowing all of them and their names". A relative told us, "Yes they [people] are definitely safe. They [staff] are constantly looking out for them all the time".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd raise the alarm and go to the manager", "I would report my concerns to [registered manager] or senior staff. I'd also call CQC (Care Quality Commission)" and "I'd report concerns to the manager and CQC". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was independently mobile but their medicine could make them drowsy and put them at risk of falling. Staff were guided to monitor the person after taking their medicine and ensure their room was 'clutter free' and 'free of trip hazards'. The service was also working with the GP to slowly reduce this person's medicine dosage to help manage the risk.

Another person was at risk of damaging their skin. Their condition gave the person 'itchy skin' and they could scratch and tear their skin. Staff monitored their skin condition and applied cream to maintain the person's skin integrity. Staff were also guided to ensure the person's nails were 'kept short'. We saw this person and noted their nails were short and well kept.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "We have loads of PPE" and "I get support with cleaning materials, colour coded equipment, gloves and aprons. We are never short".

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person said, "There seems to be just enough staff". Staff told us there were sufficient staff to support people. Their comments included; "I think there is enough staff" and "We have enough staff. If anyone goes sick we cover it. I am happy to help out". Staff rotas confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff

worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "I have had training and my competency to administer medicines is checked. I am happy with all aspects of medicines.

People told us they were happy with the way their medicine was managed. One person said, "Staff pop it into a pot and give it to me with a glass of water". Another said, "I respect them [staff] for looking after the medicines it's a lot to take care of".

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following staff reporting issues with people's medicines the registered manager investigated the issues. As a result of the investigations it was decided to change the pharmacy. One the day of our inspection a meeting was held with the new pharmacist to discuss implementing new procedures to address these issues.

Good

Is the service effective?

Our findings

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "They [staff] understand my mental health needs". New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff training covered all aspects of care and included; safeguarding vulnerable adults, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member told us they had just completed a national qualification in care.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "The training is ok, we get lots of training which keeps us up to date".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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 Act 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This protects resident's ability and right to make their own decisions. I offer choices and I work in their best interests". During our inspection we saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, one person at the service was subject to a DoLS authorisation.

People had enough to eat and drink. Care plans contained information about people's dietary preferences

and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising. People spoke about the food. Their comments included; "It's alright. I quite like what they do" and "Not bad". A visitor said, "There is normally a choice of main meal. [Person] always says the food is ok and that they have plenty of drinks and snacks".

We spoke with the chef who said, "I am regularly up dated with resident's dietary needs. For example, I have four diabetics to cater for and I'm provided with lots of information about their specific needs. We always offer alternatives on the menu and I am pretty flexible when it comes to resident's choices". The kitchen contained detailed guidance on people's specific dietary needs.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Signage was dementia friendly and clear supporting people to navigate around the home.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "The staff are nice. They are always having a joke around", "They [staff] are lovely girls, really nice" and "Staff treat me alright".

Staff spoke with us about positive relationships at the service. Comments included; "I like it here, we are a good team and the residents are very nice", "I enjoy my work, the residents are lovely" and "I just love seeing the residents".

Staff were supported by the service to provide emotional support for people. Care plans evidenced staff interacted with people beyond physical support. For example, one person could become anxious. Staff were guided to be 'patient and listen to [person]' and to 'speak in a calm manner'. Staff were also guided to distract the person. One staff member spoke with us about supporting this person. They said, "[Person] often feels low and needs emotional support. I reassure her and I talk to her about her family as this really helps and cheers her up". We spoke with this person who said staff supported them by, "Listening and chatting to me".

People were treated with dignity and respect. One person told us, "The staff are fair, very fair. A lot have been here a long time, some longer than me. I have a 'please knock' sign on my door. They Always knock my door, they respect this". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed many respectful interactions throughout our visit and saw staff promoted people's dignity by being discreet, thoughtful and caring. It was clear this culture was embedded throughout the service.

We asked staff how they promoted people's dignity and respect. Comments included; "I give choice and the opportunity to choose. I am polite, respectful and treat residents how I like to be treated" and "I knock on doors and wait to be invited in. With personal care I cover them and maintain their privacy".

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. One staff member said, "If a resident can do something I let them. I won't do it for them as it takes away their independence and dignity".

People were involved in planning their care and the day to day support they received. Care plans contained detailed personal information evidencing people and their relatives had contributed to the creation of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I get people involved in what I am doing by explaining the process and by getting them to help me".

During our inspection we observed many caring interactions between people and staff. For example, one person was being supported to go to the local shops independently. Staff assisted the person to navigate their mobility chair out of the building whilst chatting with the person about their trip. When the person

returned staff enquired how their trip went and joke with the person who responded with conversation and smiles.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "I treat people as individuals, I give choices and support people their way". Another staff member said, "I respect resident's backgrounds and treat them as individuals". Records confirmed staff had received training in equality and diversity.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service was responsive to people's changing needs. One person spoke about how their needs frequently changed. They said, "Some days I need help with personal care. On different days I have different needs". Where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. One person's needs changed due to their condition and were prescribed new medicine. The care plan reflected this person's current needs and new medicine was being administered.

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Some documents were presented in easy read, picture format to enable people to understand them. Where required, documents could be provided in large print or in a foreign language. One staff member spoke about helping people to access information. They said, "I explain care plans to residents so they understand. If residents wear glasses I make sure they are clean".

People knew how to raise concerns and were confident action would be taken. One person said, "If I had any complaints I would speak to the manager". Another person told us if they complained the registered manager, "Deal with it as best they could". The services complaints policy and procedure were held in people's 'service user guides' in their rooms. The service had three complaints recorded for 2018, all had been resolved in line with the provider's complaints policy.

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The registered manager investigated any issues raised by the survey and took action. For example, people's relatives raised they wanted more updates and news about the service. The registered manager sought permission from people and set up a regular update email system for relatives. Healthcare professionals opinions were also sought through survey's and again, all the results we saw were positive.

People were offered a range of activities they could engage in. Activities included; arts and crafts, music, and games. A large, well maintained garden area containing furniture was available for people to enjoy. Access

to the garden was unrestricted via safe, wheelchair friendly pathways. People were also supported to visit the local community.

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. We saw that people clearly knew the registered manager and they responded positively. People's comments included; "I see the manager nearly every day. She pops in to say 'hello', and to ask how I am" and "The manager is a laugh, she's alright". One relative commented, "This is a nice, well run home. It's home from home".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "She is a brilliant manager, the best I've ever worked with. She is so approachable", "She is really good, very caring and supportive. I can always go to [registered manager] if I have any problems" and "Lovely, very nice. She listens and is supportive, she tries her best to help us".

The service had a positive culture that was open and honest. One person said, "This is a fair home". Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

Records were accurate and up to date. The majority of records were held electronically on a computer system. Staff were provided with hand held devices (phones) allowing them to update care plans in real time. This meant staff had access to up to date information about people's needs and conditions and identified any outstanding care that was required. The registered manager told us this new system was continually being developed and they planned to hold all information and records on the new system.

Staff told us learning was shared at staff meetings and supervisions and that communication in the service was good. Staff comments included; "We have handovers and meetings where we exchange information. Our care plans are updated on our phones so we are informed immediately" and "Communication is pretty good here, we're kept up to date".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. Audits covered all aspects of care and were aligned with CQCs domains and key lines of enquiry. For example, one audit identified issues with medicines and following investigation it was concluded a new pharmacy was required. On the day of our inspection a meeting was held between a new pharmacist and the registered manager to discuss the forth coming change over. Another audit identified changes were required to the staff rota to meet people's needs. We saw these changes had taken place.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The registered manager was also a member of the Hampshire Care Association. The registered manager said, "This gives me lots of guidance on current best practice and information on any care issues that arise within the industry. It helps to keep us one step ahead".