

Tonbridge Care Ltd

Chestnut Lodge Care Home

Inspection report

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Date of inspection visit:
21 June 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 December 2015. After that inspection we received concerns in relation to fire safety. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key questions 'Is this service safe?' and 'Is this service well led?'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut Lodge Care Home on our website at www.cqc.org.uk

This inspection was carried out on 21 June 2017. The service was registered to provide accommodation with care to older people and those living with dementia. At the time of our inspection there were 45 people using the service.

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.

At this inspection we found that the registered provider had not ensured adequate fire safety measures in the service. An action plan to address a number of remedial actions identified by Kent Fire and Rescue Service was underway. Whilst immediate risks were reduced by action they had taken the full action plan was not yet complete.

Some risks to individuals' welfare and safety had been assessed and minimised. Other areas of risk had not been identified. This included risks associated with people being unable to use the call bell in their bedroom to seek assistance.

The registered provider did not have effective systems in operation for identifying shortfalls in the safety of the premises.

The registered manager had not always ensured that accurate and complete records were maintained to enable the delivery of care and changes in individual's needs to be monitored.

People told us they felt safe using the service. Staff knew what action they needed to take to keep people safe from harm and abuse.

There were enough staff working in the service to meet people's needs. Staff responded quickly when people asked for, or needed support. Staff were recruited following robust procedures to ensure they were safe and suitable to work with people.

The service was kept clean and hygienic to reduce the risk of infection. Equipment used when providing care was properly maintained and in working order.

People were supported to manage their medicines safely.

The registered manager provided staff with clear and directive leadership. Staff understood their responsibilities and were clear about the standards of care they were expected to provide.

There was an open and positive culture that focussed on people. Staff knew people well and supported them in a way that respected their individuality.

You can see what action we told the provider to take at the back of the full version of the 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 consistently safe.

There were areas of the premises which did not meet fire safety requirements. There was an action plan in progress to rectify the issues, but this had not yet been fully completed.

People were safeguarded from harm and abuse. Most risks to their wellbeing were assessed and appropriately managed, but some risks had not been identified and minimised.

There was a sufficient number of staff deployed in the service to ensure that people's needs and requests were met. Staff were recruited following robust procedures to ensure they were safe and suitable to work with people.

People were given the support they needed to manage their medicines safely.

The risk of the spread of infection in the service was minimised.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The registered provider had not ensured that systems in operation to monitor the quality and safety of the service were effective. Shortfalls in required standards of fire safety had not been identified and addressed.

Records about people's needs and the delivery of care were not always completed accurately to enable the registered manager to monitor that their needs were being met.

The leadership of the service was clear and staff and people told us they experienced an open culture that encouraged feedback.

The service enabled people to receive visitors and engage with their local community.

Requires Improvement ●

Chestnut Lodge Care Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 14 December 2015. After that inspection we received concerns in relation to fire safety. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key questions 'Is this service safe?' and 'Is this service well led?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chestnut Lodge Care Home on our website at www.cqc.org.uk.

This inspection was carried out on 21 June 2017 by one inspector. The inspection was unannounced.

Before our inspection we spoke with the local fire service, commissioners and the safeguarding team. We also looked at records that were sent to us by the registered provider to inform us of any significant changes and events. A fire had occurred in the service in May 2017. The fire service had carried out a fire investigation and a full inspection of the premises to identify any areas for further fire safety improvement. They shared this report with us and we inspected the service to ensure appropriate action had been taken and that the registered provider had taken all necessary action to protect people.

As part of this inspection we looked at three people's care plans, risk assessments and associated records. We looked at records of the systems used to monitor the safety of the service.

We spoke with two people using the service, one person's relative, the registered manager, two senior care staff and two care staff.

Is the service safe?

Our findings

People that were able to tell us about their experience of the service told us they felt safe. One person said "I feel safe here, they look after me very well." Another person told us, "I don't have any worries, they treat me very well and take good care of me."

Kent Fire and Rescue Service had visited the service in May 2017, following a fire in the premises, and had completed a full audit of fire safety. They contacted us on 16 May 2017 to share the outcome of their inspection visit. A number of requirements had been made and the registered provider had an action plan in progress to address these points. However, not all areas of concern had been addressed at the time of the inspection. This included ensuring that fire doors could close effectively in the event of a fire. During our inspection we saw that some bedroom doors were propped open which meant that they would not close in the event of the activation of the fire safety system. Signs had been added to fire exits to instruct people in exiting the building. These did not have details of the fire assembly point. We raised these issues to the registered manager who took action to rectify them before we left the service. Staff had received training updates, but this was in the form of an instruction video and there had not been any practical fire training provided. A fire drill had not been carried out since the fire had occurred. We saw that the registered manager was addressing this through the action plan. Fire safety equipment had been serviced in May 2017.

Following our inspection we received further communication from Kent Fire and Rescue Service on 17 July 2017 informing us that they had visited the service again and had found areas of fire safety had not been completed to an appropriate standard as required, particularly in relation to an extension that was being built at the service. We requested an update from the registered provider and they sent us their action plan. Further contact with Kent Fire and Rescue Service confirmed that immediate risks had been mitigated at the time of their visit and they were monitoring the ongoing progress against the action plan.

At our inspection we found that the registered provider had not taken action to ensure that emergency evacuation procedures were up to date and clear for staff to follow. Individual emergency evacuation plans, which tell staff how to evacuate each person depending on their needs, had not been reviewed since the fire had occurred in the building. The registered manager told us that one person had been moved to a different room as a result of the fire and five others had been moved away from an area of the service where the fire exit was not suitable. Although this ensured safer access to a fire exit, their emergency evacuation plans were not up to date to reflect their new accommodation in the premises.

Some risks to people's welfare and safety had been assessed and mitigated. We found other areas of risk had not been identified. The registered manager had not assessed the risks involved in people not being able to use a call bell to summon staff assistance when in their bedrooms. Staff told us that they frequently checked on people in their bedrooms, but this had not been recorded. We saw staff checking on people regularly throughout the inspection when they were not in shared areas of the premises. The registered manager begun addressing this during the inspection.

The registered provider had not taken appropriate action to identify and mitigate risks to people's safety in

the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Risk assessments had been completed to identify and manage the risk of people developing an infection, such as a urinary tract infection. The risk of people falling had been assessed for each individual and action plans agreed to reduce the risk. Risk assessments took account of appropriate footwear, walking aids, infection risks and other health needs. The risk of damage to people's skin from pressure had been assessed and staff knew what action they needed to take to help people regularly change position to relieve pressure. There was no one in the service who was specifically at risk of choking at the time of the inspection, however the risks had been considered as part of the assessment of people's nutritional needs.

Sufficient numbers of staff were working in the service to be able to meet people's needs and respond to their requests. We saw that staff responded quickly when people asked for, or needed support. Staff were visible in the communal areas of the service to supervise people and ensure their needs were met. The registered manager described how they calculated the staffing numbers required based on a dependency assessment for each person using the service. The rotas showed that the required number of staff were employed in the service. The registered provider had followed robust procedures for the recruitment of new staff to ensure that staff were of good character and fit to carry out their duties.

People were safeguarded from harm and abuse. Staff were able to describe the actions they were required to take to keep people safe and to report any concerns they may have. Staff told us they were confident that the registered manager would respond to any concerns they raised, however staff were also aware of their right to use the whistle blowing policy to raise concerns externally if needed. The registered manager understood how to raise safeguarding concerns using the local authority safeguarding procedure. They had reported concerns appropriately where needed.

Equipment needed for people's care and treatment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance 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 within a reasonable timescale.

People were supported to manage their medicines safely. Staff that administered medicines had been trained to do so and the registered manager had made a check of their competence through observation and questioning. Records to show people had received their prescribed medicines were accurate.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. There was a team of housekeeping staff that worked in the service carrying out a daily and weekly cleaning schedule for all areas of the service. This included deep cleaning of areas of the home and carpet cleaning. The laundry was clean and organised in a way that reduced the risk of infection spreading. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste and used personal protective equipment when needed.

Is the service well-led?

Our findings

People told us that they were happy with the care they received at Chestnut Lodge. One person told us, "I can speak to the staff or the manager if I have any problems."

The registered provider had a programme of monthly audits that were carried out by the registered manager and the registered provider. This included audits of medicines, care plans, accidents and incidents, infection rates and nutrition and safety of the premises. The records showed that action had been taken to address shortfalls that had been identified in these areas. However, the registered provider's audits and checks had not identified the shortfalls in fire safety measures in the premises that Kent Fire and Rescue service had reported.

The registered manager had not always ensured that accurate and complete records were maintained to enable the delivery of care and changes in individuals needs to be monitored. Fluid charts for two people we viewed had gaps in the records for long periods, particularly after 5pm. One person had been assessed by a dietitian and required regular snacks to reduce the risk of weight loss. Staff told us that they provided these, and we saw this during the inspection, however there was no record maintained of the snacks provided to allow the registered manager to monitor this.

The registered provider had not ensured that governance systems were effective in identifying shortfalls in safety measures in the service. The registered provider had not ensured that accurate and complete records about care and treatment were maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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.

The registered manager was visible in the service and accessible to people who received care. The registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff were provided with policies and procedures for the operation of the service. Staff understood their rights in relation to blowing the whistle on poor practice. They told us they felt confident to do so and felt they would be supported. The registered manager had sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcomed and acted upon.

The registered provider was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate and clear for staff to follow when they needed to refer to them. The registered provider had met the requirement to notify the Care Quality Commission of any significant events that affected people or the service. The registered provider had demonstrated that they had been open and honest with people and their families. Where people had raised complaints the registered manager had kept a record of the action taken and the responses given. However

one person's relative told us that they would appreciate feedback about the action being taken following the fire in the service. We recommend that the registered provider discuss the fire safety action plan with relatives.

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Staff knew people well and supported them in a way that respected their individuality. Staff spent time chatting with people and meeting their social needs as well as providing personal care. Staff were required to carry out regular self-assessments to establish how well they knew people and their care plans.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. This included attending the Skills for Care registered manager network and involvement in the local dementia friends community group.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. At this inspection we found the provider had conspicuously displayed their rating in the reception.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not taken appropriate action to identify and mitigate risks to people's safety in the service. 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that governance systems were effective in identifying shortfalls in safety measures in the service. 17(1)(2)(a)</p> <p>The registered provider had not ensured that accurate and complete records about care and treatment were maintained. 17(1)(2)(c)</p>