

Tonbridge Care Ltd

Chestnut Lodge Care Home

Inspection report

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Date of inspection visit:
07 March 2023

Date of publication:
06 April 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Chestnut Lodge Care Home is registered to provide accommodation and personal care for 60 older people and people living with dementia. There were 57 people living in the service at the time of our inspection visit.

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

Risks to people were not well managed. We found where people had known health conditions such as diabetes, risk assessments were not robust enough to give staff the information they required. Risk assessments were not always up to date and reflect a person's current needs.

People had medicines prescribed as and when they were required 'PRN' however, it was not clear these had been effective. Appropriate recording was not carried out to identify why these medicines were given and if they had the desired effect. PRN protocols were not in place for all medicines.

Lessons were not always learnt when things went wrong. Audits were carried out on accident and incidents that occurred however, patterns and trends were not looked at to try and reduce falls.

The management team were responsive to the concerns highlighted to them on the inspection and acted quickly to rectify shortfalls found.

Staff were recruited safely. Some feedback we received highlighted that at times the service can appear busy especially the sound of the call bells. A dependency tool was used to assess how many staff were required to look after people safely. However, the registered manager identified where some improvements could be made to make the tool more effective.

People and relatives told us they felt safe using the service. Staff knew how to recognise signs of abuse and knew where to report any concerns. The registered manager referred concerns to the local authority safeguarding team.

Infection control procedures were followed in the service. We observed regular cleaning being carried out and relatives felt the home was clean when they visited.

There was a positive culture within the service and people, staff and the relatives spoke highly of the management team. Staff felt the manager was approachable and always had their door open if they had concerns.

Quality assurance audits were being carried out and some improvements have been made since our inspection to ensure a more effective oversight at the service. Actions were taken to make changes to the call bell system after feedback about the noise for people. People, relatives were encouraged to feedback

about the service through questionnaires and meetings. This encouraged the management team to make changes where necessary.

The registered manager was clear about their roles and responsibilities. Notifications were sent into the care quality commission in line with regulations. The service was open and transparent and followed the duty of candour when things went wrong.

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

Rating at last inspection

The last rating for this service was good (published 27 January 2020)

At our last inspection we recommended that the provider consult national guidance about the safe administration of medicines, due to medicines not being given as prescribed. At this inspection we found medicines were being administered according to prescription guidelines. Improvements were made and medicine errors were not occurring as they were.

Why we inspected

We received concerns in relation to staffing levels and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chestnut Lodge Care 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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors 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.

Service and service type

Chestnut Lodge 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 is a care home without 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.

Inspection activity started on 2 March 2023 and ended on 7 March 2023. We visited the location's office/service on 2 March 2023.

What we did before the inspection

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 reviewed feedback we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 9 relatives about their experience of the care provided. We met with the registered manager, deputy manager, 3 ancillary staff and spoke with 4 care workers. We looked at written records, which included 11 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

- Risks to people were not well managed. We identified people who required risk assessments for health needs such as epilepsy and medicines which had associated risks when taking them. Risk assessments were not in place to assess, monitor and mitigate the risks to people.
- Risk assessments in place for people were not always personalised to reflect individual needs. For example, where a person had diabetes, information was not provided on what the person's blood sugar levels would look like if it were to become high or low. This put the person at risk of not receiving care they required during a hyper or hypoglycaemic attack. Staff were able to tell us what signs they would look out for if the person were to experience one of these.
- General risk assessments that were in place were not reflective of people's needs. We identified where a number of risks did not match the level of need, for example, where one person had developed a pressure wound. General assessments scored risk of pressure sores as low.
- The management team were responsive to concerns found during our inspection and staff gave us assurances they were aware of people's risks. Changes were made to people's risk assessments and care plans to reflect current needs. New risk assessments were put in place where they were not available, staff were given an opportunity to read these.

Using medicines safely

- Medicines were not always managed safely. When required medicines PRN were not appropriately recorded. The reason they were given and if they had the desired affect were not always recorded. PRN protocols were not in place for all PRN medicines.
- The management of insulin needed improvement. Injection sites were not recorded clearly to ensure the same area was not used for administration. Records for insulin administration were not consistently recorded.
- The management team were responsive to concerns found during our inspection. PRN protocols were put in place for people and records were discussed with staff. Body maps were put in place to ensure injection sites were clearly recorded.
- Medicines were stored safely including the use of controlled drugs. Medicines were disposed of safely, including sharps boxes. Staff administering medicines were appropriately trained and had their competencies assessed and reviewed.

Staffing and recruitment

- A dependency tool was used to help assess staffing levels required to safely support people. The registered manager identified areas for improvement needed on this tool to be sure it took into account all

health needs and recent falls. This is to be completed this month then reviewed monthly, adaptations to staffing levels will be made as required.

- Feedback we received reflected that at times the home appeared busy and call bells were constantly ringing. We observed this to be the case during our inspection, however, we were aware there were a lot of people being cared for in their rooms. Since the inspection the registered manager had made adaptations to shift times to enable handover of staff to be safer and ensure more staff were available.
- Staff we spoke to felt there were enough staff to meet people's needs. Shortfalls occurred during periods of sickness, but felt the staff worked well as a team to pull together. Additional support for activities will be available with the new full-time activity's coordinator, this will help relieve care workers.
- Staff were recruited safely. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Learning lessons when things go wrong

- An accident and incident audit were completed each month, however, this did not include an analysis for patterns and trends. We could not be assured people who had multiple falls for consecutive months were reduced due to lessons learnt. People were referred to appropriate healthcare professionals such as physiotherapists and occupational therapists.
- The registered manager took action immediately and put together an analysis document. A review was carried out and sent to us for February. Patterns were identified in location and time of falls and actions were put in place. Staff had been allocated to ensure communal areas such as the lounge and conservatory were always monitored.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. Policies were in place and reports had been made to the local authority safeguarding team when necessary.
- People and relatives we spoke with told us they felt safe at Chestnut Lodge. Comments we received were, "Yes, I feel they keep [person] safe, the doors are locked and generally [person] is well looked after." And "Yes, I feel safe here, I stay in my room mostly."
- Staff had received training in safeguarding. Staff we spoke to were able to tell us how they would recognise signs of abuse and where they would report concerns. Staff felt confident that concerns would be dealt with by the management team.

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.
- The home was clean and free from odour. We observed regular cleaning taking place throughout our inspection. Relatives we spoke with felt the service was always clean and well kept.

Visiting in care homes

- At the time of the inspection there was a restriction on visitors due to an infection outbreak. This was for the safety of people visiting and to reduce the spread of infection. We saw signs on people's doors where there was a risk of cross infection.
- Prior to this, no restrictions were in place and visitors were visiting the service regularly to see people. No appointments were required; however, some relatives chose to make appointments. There were communal areas visitors could meet privately with people or in their bedrooms.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed when they started using the service. The assessments covered people's needs, for example with medicines, diet and nutrition, mobility and personal care. The information gained from these assessments was used to draw-up care plans.
- People's care plans were person centred. Information such as hobbies and interests, likes and dislikes and preferences to daily routine were included. Care plans stated what people liked to wear and whether they were able to choose their clothes daily.
- People had their oral health assessed and reviewed regularly. It included what level of support people needed to maintain good oral hygiene.
- Recognised tools were used such as Waterlow assessment tools. These were used to help assess people's risk to developing pressure sores in order to mitigate the risk. Actions were put in place such as pressure relieving equipment and referrals to the district nurses. We identified where repositioning charts should be used to monitor relieving pressure for people, this was put in place.

Staff support: induction, training, skills and experience

- Staff completed a variety of face to face and online training to effectively carry out their roles. Staff received alerts when training was due to be renewed. Staff told us, "I feel we have enough training to do our jobs properly. Anything we are not sure of we can always ask." A relative told us, "Yes I believe staff training is good, they are all pretty good with [person]."
- New staff received an induction and completed the care certificate if they were new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.
- Staff were supported with regular supervisions and staff meetings. Staff we spoke with found these beneficial, one staff member told us, "I found my supervision helpful, they asked if I would find any further training beneficial. Meetings are good and everyone is encouraged to participate, I find the manager is focused on people and their emotions."

Supporting people to eat and drink enough to maintain a balanced diet

- We observed the lunch round and at times it appeared chaotic and loud. The registered manager told us regular audits of lunch service would now be carried out. Staff were attentive to people's needs, offering drinks regularly and checking what assistance if any was needed.
- People and their relatives were positive about the choice of food. One relative told us, "The food is very good, they get a good helping and always have a drink and a pudding option too". A person told us, "I enjoy

some of the food and if I don't like what's on the menu, they will make me something else".

- The kitchen prepared two main meals and a vegetarian option was always available. People were shown the meals and they choose there and then what they would like to eat. If people did not like what was on the menu other choices were available.
- The chef kept clear records and was able to tell us about individual likes and dislikes. They were also able to tell us what individual risks or allergies people have and how they are supported safely. Food was appropriately stored and labelled to ensure safe food hygiene practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A GP visited the home regularly for ward rounds and when required to review people's health needs. A relative told us, "Yes definitely they arrange appointments when required. The last couple of weeks [person] had a chest infection; they had the doctor come in and antibiotics were prescribed, they do get the doctor out pretty quick."
- Peoples care records showed they consistently received support from health care professionals such as the GP, dietitians, occupational therapists, chiropodists, and the district nurses.

Adapting service, design, decoration to meet people's

- The home was suitably designed and well maintained. The entrance to the home was accessible to people living with a physical disability. Corridors had handrails to support people mobilise. People's rooms were personalised and decorated in the way they preferred. We saw dementia friendly signage located around the home including pictures to aid people's orientation and pictures for people to reminisce.
- A lot of work had gone into recreating areas for activities. A bar area with a dart board and tables and chairs replicated a bar for people to retreat to. A sweet shop was also put together in the same area where people could go to purchase their own sweets. This included sweets for diabetics.
- Areas of the home had been redesigned to look like streets and front doors. The plan was to finish all communal hallways the same, to help people living with Dementia.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were consulted and supported to make choices and decisions for themselves. Where necessary people had their capacity assessed and assessments carried out were decision specific and person centred. Where the supervising body (the local authority) had authorised applications to deprive people of their

liberty for their protection. Authorisations were in place and kept under review by staff.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.

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. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service and staff were observed to know people well during our inspection. Staff were friendly towards people, and people were empowered to remain independent and make decisions regarding their own care. People knew the registered manager and we observed good interactions between them.
- People and relatives spoke positively about the management of the service. Comments included, "Yes I believe the service is well managed, everything seem to be going very well." And, "Yes, the manager definitely listens, they have literally bent over backwards to accommodate [person]."
- Staff spoke highly of the management team, they felt supported and felt the managers door was always open. One staff member told us, "I can share anything with [registered manager] they are very supportive and great in the home". Another staff member told us, "Yes, the management team, I can actually say I find them very supportive, even with private matters."

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

- The registered manager recognised the importance of regularly monitoring the quality of the service. Audits were carried out in areas such as medicines, infection control and health and safety. Areas identified on inspection were quickly rectified and changes were made to ensure effective oversight.
- Call bell times were not currently being monitored due to the call bell system. The registered manager had taken action and the call bell provider has since been out to see what can be done. Areas for improvement were discussed and the registered manager shared their plans with us following the inspection.
- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014.
- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.
- The registered manager understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.

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

characteristics; Working in partnership with others

- People and relatives were encouraged to feedback about the service they received. Surveys were sent out so that improvements could be made. A relative we spoke to told us, "I can only say from our perspective; they do want to work with you and make you feel included in everything, I do think they do the best that they possibly can."
- People were invited to attend regular meetings. A variety of topics were discussed and suggestions from people were made about food and activities. People were given the opportunity to raise any concerns and reminded about where to go if they had any complaints.
- Staff took part in regular meetings. This gave them an opportunity to raise any concerns or ideas to make positive changes. One staff member said, "Yes, we are invited to meetings regularly and encouraged to contribute."
- Staff worked in partnership with a range of professionals, including GPs, speech and language team and social workers. People's care records showed involvement from other agencies and staff had used the advice and guidance provided to help with people's care planning.

Continuous learning and improving care

- The registered manager had plans to improve the service. Work had already been carried out to the environment to be more dementia friendly. Work was planned to include a café area so that people had another social area to meet in.