

Mrs Jane Travers

Chestnut Lodge

Inspection report

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Date of inspection visit:
30 August 2016
31 August 2016

Date of publication:
28 September 2016

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

The inspection took place on 30 August 2016 and was unannounced. The inspection continued on 31 August 2016 and was announced. It was carried out by a single inspector.

Chestnut Lodge provides accommodation and personal care to up to 11 elderly people. The accommodation was split over two floors. There were five bedrooms on the ground floor and six on the first floor. A stair lift supported people up and down the stairs. Eight bedrooms were ensuite and three were not. There were two bathrooms which both had assisted baths. The home had a kitchen and staff office. There was a communal living area and a separate dining room for people to come together.

The service had 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.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and told us they had received safeguarding training. We reviewed the training records which confirmed this.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines as prescribed.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, end of life, nutrition and dementia.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. The service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest.

People were supported to maintain healthy balanced diets. Food was home cooked using fresh ingredients and people said that they enjoyed it. Food options reflected people's likes, dislikes and dietary

requirements.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. We observed positive interactions between staff and people throughout the inspection. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available to people. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and family. We noted that it contained mainly positive feedback. The results had been analysed and actions were set for the management team to follow up. We saw that the actions identified from this had been addressed.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that a recent complaint discussed with us had been recorded and acted upon. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered manager and others in the management team all encouraged an open working environment. All the management had good relationships with people and all worked shifts with staff.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring audits were completed by the management team. The deputy manager reviewed incident reports and analysed them to identify trends and/or learning which was then shared. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to 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 available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good ●

The service was effective. Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training, practical supervisions and appraisals to give them the skills and support to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to access health care services and attend hospital as and when necessary.

Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who were empathetic and respected each person's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which was up-to-date. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good ●

The service was well led. The management team promoted and encouraged an open working environment.

The deputy and registered manager were flexible and delivered support hours as and when necessary.

Chestnut Lodge was led by a good management team who were approachable and respected by the people, relatives and staff.

Regular quality audits and staff competency observations were carried out to make sure the service was safe and delivered high quality care and support to people.

Chestnut 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 and was unannounced. The inspection continued on 31 August 2016 and was announced. The inspection was carried out by a single inspector.

This service was last inspected in September 2013 and was found to be compliant in all areas. Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service and three relatives and friends.

We spoke with the registered and deputy manager and met with three staff. We reviewed three people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We visited three people in their rooms. We observed staff interactions with people and observed a meal time in the dining room. We looked at two staff files, the recruitment process, staff meeting notes, incident reporting, training, supervision and appraisal records.

Is the service safe?

Our findings

People, relatives and staff told us that they felt the service was safe. A person said, "I like it here, staff are happy and friendly. I feel safe". The person went on to say that people could come and go from their rooms when they chose. Another person told us, "I'm very satisfied, I feel safe. I'm safer here than in my bungalow. Staff keep me safe". A relative said, "I would rate the home 10 out of 10. Chestnut Lodge really cares and they look after my family members individual needs and keep them safe". Another relative said that the home was definitely safe and that they visited two to three times a week.

A staff member fed back to us that they felt Chestnut Lodge was safe and gave us some examples of how they supported people to be safe. For example, regular checks were in place which included, pressure charts and air flow mattresses, risk assessments and medicines.

The deputy manager told us, "people who require hoists are downstairs and mobile people are upstairs. We feel that this is safer for people and works better".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training and training records we looked at confirmed this. We reviewed the homes safeguarding policy which was up to date, comprehensive and included reference to the new Care Act principles.

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. We noted that one person had recently been supported with a severe pressure sore. We saw that the service reviewed the person's risk assessment and provided new guidance for staff to follow. Check sheets and body maps were introduced. In addition to this there was district nurse (DN) input and the sore had healed. This demonstrated that the service ensured safe systems and practice were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans which were up to date and formed part of their care plan. These plans detailed how people should be supported in the event of a fire. The service did not have an emergency contingency plan in place which could be used in situations such as fire, gas leaks, floods, failure of utilities and break ins. The deputy manager told us that they would get a plan written up with contact numbers and clear guidelines for staff to follow. This showed good management and a continuous strive towards always wanting to keep people safe from harm.

There were enough staff to support people. One person told us, "Yes there are enough staff to support me". A relative said, "There are always staff around when I visit". A staff member told us, "In general there are enough staff. We have a vacancy at the moment but we all work really hard and deliver a good service. We are supported by management and supportive of each other". Both the registered and deputy manager both worked care shifts which enabled them to consistently assess the staffing levels. They had introduced additional staff hours in the morning to support people when they had activities away from the home. We

reviewed the last two weeks and following two weeks rota which confirmed that shifts were covered and reflected the numbers given by the home. We were told that Chestnut Lodge did not use agency staff because they wanted to maintain consistency within the home.

Recruitment was carried out safely. We reviewed two staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. The system in place included evaluation of potential staff through interviews, references from previous employment and checks from the Disclosure and Barring service (DBS).

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We reviewed three people's MAR sheets which were completed correctly and showed no gaps. Staff were required to complete medicine training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff were aware of, and had read and signed to say they understood it. This demonstrated that people received medicines safely.

Is the service effective?

Our findings

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as fluids, nutrition, moving and handling and first aid. We noted that staff were offered training specific to the people they supported for example dementia and end of life. In addition to this five out of six staff had completed or were working towards their diplomas in Health and Social Care. A staff member told us, "I'm offered enough training and if I feel I want more I know I could ask". They went on to tell us that they had recently been trained in end of life care.

Staff files held induction records which included the new Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us that new staff receive shadow shifts with experienced staff before working on their own. This demonstrated that people were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by the management team. A staff member mentioned that they found supervisions very useful and confirmed that they took place regularly. We were told that staff received a mix of practical and sit down supervisions. We saw that practical supervisions covered areas such as personal care and that staff were observed by the supervisor. The supervisor would look at staff practice such as seeking consent, use of equipment, record keeping. Findings would then be fed back to the staff member and discussed. This evidenced that people received effective care from staff that had the skills and knowledge to carry out their roles.

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. They told us they had received Mental Capacity training. The training record we reviewed confirmed this. We found that information about MCA had been created and made available for people and staff.

We found that Chestnut Lodge had a comprehensive policy in place, capacity assessments were carried out and where necessary best interest decisions were made and recorded appropriately. Care files evidenced that people with capacity had consented to their care by signing their plans whilst those who did not had been assessed and agreement made by key people involved in their care via a best interest meeting. This told us that people's consent to care was always sought in line with legislation.

People, relatives and staff told us that the food was good. Meals were home cooked using fresh ingredients

and people's likes and dislikes were recorded. We found that the menu was displayed in the hallway for people to see and that it was rewritten each week. The deputy told us that they did a lot of the cooking. A staff member told us, "The deputy is a good cook. It's tasty. People are given choice and alternative choices are available". A person said, "One day I said I'd like liver and bacon and the next week it was on the menu, this meant a lot". We found that food and fluid charts were completed and up to date. This demonstrated that the service was supporting people to eat and drink enough whilst maintaining a healthy balanced diet.

We observed a meal time where three people chose to come down to the dining room and eat. There was a relaxed atmosphere in the room and staff continued to pop in and out to make sure people were enjoying their meal and offer any support if necessary. People told us they liked to sit at the table and that they have the choice too. Staff sat down to talk to people during their meals and people appeared comfortable in their company. We observed that meals for people who had chosen to stay in their rooms was taken promptly to them to ensure food was served warm.

People were supported to maintain good health and have access to healthcare services. We noted that appointments were recorded in people's care files and communicated between the team. We saw that community professionals like GP's and DN's visited the home and that people were supported to appointments.

People had access to advocacy services but we were told by the management that currently no one receives this service. We were informed that information is readily available should someone request this service.

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. Throughout the inspection the atmosphere in Chestnut Lodge was relaxed and homely. A person told us, "The staff are caring, there is no one here who is not nice. I am treated like one of the family". Another person said, "Staff are friendly, they have patience and care is good".

A staff member said, "Work is very person focused. We take time to be with and talk to people". Another staff member told us, "I'm caring, I wouldn't treat people badly. I treat people the way I would want to be treated myself". A relative said, "Staff are very caring and patient". Another relative said, "Everyone is welcoming, they chat to my family member and they really care".

We observed the deputy manager come into a person's room to give them the choice of eating in their room or downstairs in the dining room. The deputy got down to the person's level and respected the person's choice to eat in their room. The person was made comfortable and given their meal. This demonstrated that a positive caring relationship had been developed between people and staff.

People were regularly given opportunities to be involved in making decisions about their care. Staff told us that they provided people with information which supported them to make choices and decisions in relation to their care and treatment. For example, clothing, nutrition, activities and personal care. A relative told us, "My family member is supported to make choices and decisions as far as they can. I am involved as and when necessary". Another relative said, "I would rate the home 10/10, it's not institutionalised it's a caring environment".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Care files held person centred care plans with pen profiles of people, recorded important people involved in their care, how to support them, people's likes and dislikes and medical conditions.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Staff we observed were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I ask people what they would like me to support them with for example, shoes, cooking, dressing. I close door and curtains. I always knock and wait". A relative told us, "Staff both respect and promote my family members privacy and dignity". A community professional said "People are always well kept and supported to keep clean. Their wishes are respected too by staff who know their likes and dislikes".

Is the service responsive?

Our findings

People, staff and relatives all told us that they felt the service was responsive to people and their changing needs. People told us that if they needed support whilst in their room all they had to do was call their bell. During discussions with two people we tested their bell and saw that staff responded immediately by knocking on the door and seeing if the person was ok. This showed us that staff responded efficiently to people's immediate needs.

We found that activities were regularly taking place and saw some photographs on display of gardening, baking, pumpkin carving, afternoon teas, parties and quiz's. We saw that these activities matched those reflected in their care files. The deputy manager told us that photos were replaced and updated regularly. People told us they could choose to take part in activities or not. A relative said, "My family member is given the choice to join in with activities and staff visit people in their rooms if they choose to stay in them. For example, I visited recently and found that a staff member was playing connect four with my family member in their room". We were told that activities take place away from the home as well and that in these situations additional staff are used. This demonstrated that staff knew people's preferences and that people were supported to take part in activities they had an interest in.

We saw that care plans were regularly reviewed. The deputy manager and team leader reviewed the plan first against incidents, general observations and daily notes. People's likes and dislikes were reviewed with them monthly. Any changes were then discussed and agreed with the person and their family where necessary. The service also used a system to identify immediate actions needed to support people's changing needs. For example we noted that one person had recently started to get a red area on their foot. The home had purchased an air mattress which had helped reduce the redness. This evidenced that the service provided personalised care and responded effectively to people's changing needs.

Pre-admission assessments were completed prior to people's admission and covered areas such as support required, equipment needed, likes, dislikes and preferred room colour. These then formed the foundation of people's care plans and risk assessments. The deputy manager told us that one person had requested a book case to be in their room and that the home had purchased one for them before they were moved in to the home. This was one example of how Chestnut Lodge listened and responded to people's wishes.

People and relatives told us they felt able to raise concerns and said that they would discuss them with staff or management. A family friend mentioned that they had complained before and that the service had responded positively to the complaint. We reviewed the complaints system and saw that it captured complaints and reflected the steps taken to resolve them. We noted that the complaint raised by the family friend had been recorded. At the front of the file there was a log which captured a summary of the issue, the outcome and at which stage it was at for example, investigation or closed. The deputy manager said "We encourage people to make complaints which in turn help us learn and develop as a service". This told us that the service listened to people and learnt from their views. There was a comprehensive complaints policy and procedure in place which had contacts for both internal and external contacts including the local authority, CQC and the ombudsman. This showed us that the service had effective systems in place which

responded quickly to people's concerns and complaints.

People were not given an opportunity to come together in house meetings. The registered and deputy manager told us that they will look into this. It was felt that house meetings would give people more opportunities to feedback to the service on a regular basis. They could also enable the staff to keep people up to date with events in the home.

Satisfaction surveys were sent to people and families annually. We saw that the last one took place in May 2016 and covered areas such as food, activities and personal care. Action's from these were identified and recorded. We noted that one common theme was about understanding the complaints procedure. We were told that people were all re-issued with a copy of this. One family member had fed back asking how religious needs were met. We saw that the deputy manager had written back to this person and explained that care plans reflect people's religious needs which were discussed with them. This demonstrated that people's views and concerns were recorded and actions taken when necessary.

Is the service well-led?

Our findings

People, staff and relatives all told us that Chestnut Lodge was well led. A staff member said, "The registered manager manages the home well, as does the deputy. They are good with both people and staff". A relative told us, "The management are involved in the care and the cooking. They lead by example which is very positive". Another relative mentioned that the management were very approachable, led the team well and treated people as family.

We observed the management delivering care and support to people during the course of our inspection. People appeared relaxed, comfortable and happy around them. Staff told us that they thought it was really good to have management working with people. This showed us that an open, inclusive and empowering culture was set within the home.

We noted that in the staff office there was a year planner which highlighted specific dates for different events. For example, care plan reviews were at the start of each month and a variety of monthly audits, fire tests, fire evacuations, staff meetings and supervisions were also booked in. The deputy manager worked from this and showed us evidence that the tasks on the calendar were completed. This demonstrated good leadership and a creative approach in management.

Team meetings took place every three months. We were told that staff found these meetings useful. The deputy manager explained that they were a good opportunity to get staff together, raise any issues, feedback and discuss people's needs and updates. We found that areas covered in recent meetings included changes made to the daily notes system, guidance about assisting people to stand and a person's walking frame, new board games that had been purchased and MCA refresher. These meetings enabled staff to be up to date and competent to carry out their role.

The service had 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. The registered manager mentioned that they are looking to retire and support the deputy to apply for their registration.

We found that both the registered manager and management team all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We saw that Chestnut Lodge carried out quality monitoring regularly. These audits covered areas such as medicines, environment, documents and health and safety. Actions and comments were logged and

followed up by the management team. We were told that information from incident reports was recorded. This data was then analysed to look for trends and learning which could then be shared. The management told us that they were starting spot checks to ensure a quality service was being delivered at night time. The deputy said that they would start to create a monitoring form to look at night staffs tasks and responsibilities. This demonstrated that the service had systems in place to monitor and deliver high quality care.