

Heathbrock Limited

Chester Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Chester Lodge is a three-storey building providing personal and nursing care for up to 40 people. The service was supporting 35 people at the time of the inspection. The service supports people living with dementia.

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

The system for recording people's individual medicine stock quantities was not effective and reliable, stock balances could not be established, and excessive stock amounts were being held. Staff had access to medicines policies and procedures as well as best practice guidelines.

The care plans and daily records for people were not consistently stored for ease of access. They had recently been transferred on to an electronic care plan system. The system was still being developed and further work was required to ensure care plans were reflective of people's individual needs, routines and preferences.

Staff told us they had completed training and they demonstrated competence. Records were unclear and training information and supervision records were not readily accessible.

The provider audit processes had not identified the areas for improvement highlighted within the inspection process.

People's needs had been fully assessed prior to them being supported by the service. They told us they had been involved in the development of their care plans. Risk assessments were in place to ensure people's needs could be met and risks reduced or mitigated. These were being developed further to ensure they were personalised.

Safe recruitment procedures were in place and people were supported by regular staff. There were enough staff to meet the needs of the people supported. However; we spoke to the provider about the deployment of staff to meet the needs of the people supported and they addressed this immediately.

People were protected from the risk of harm and abuse. Staff felt confident to raise any concerns they had. Staff understood how to minimise the risk of infection being spread and clearly described the procedures they followed.

People received care and support from staff that knew them well and were kind and caring. People's privacy and dignity was respected, and their independence promoted. People and their relatives spoke positively about the management and staff team.

People were supported to eat and drink in accordance with their assessed needs and personal preferences. People spoke positively about the food and drink at the service.

People participated in activities and were supported and encouraged to maintain contact with relatives. Staff communicated with people in ways that were meaningful to them.

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

Feedback from people and their relatives was regularly sought. People spoke positively about the service and many compliments had been received.

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 requires improvement (published 5 March 2019) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have identified breaches in relation to regulation 17 due to records not being readily accessible and information being unclear at this inspection.

Follow-up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider to find out what they will do to achieve the rating of good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Chester 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 Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Chester Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had recently resigned and was absent at the time of the inspection.

Notice of inspection

This inspection was unannounced.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

What we did before inspection

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

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, director, lead senior, senior care worker, care workers and the chef. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication administration records (MARs) were in place for each person. The records were completed as each medicine was administered. However; we found that stock carry over figures had not been recorded so we were unable to ascertain if the correct number of medicines were in stock and had been administered.
- The service was holding excessive quantities of medicines in stock. We discussed this with the registered provider who immediately started to address this issue.

We recommend the provider consider current guidance on the management of medicines, medication administration record completion and stock control and take action to update their practice accordingly.

- Policies and procedures for the management of medicines were readily available for staff to use for reference along with other good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse and were confident to raise any concerns they had. They had access to up-to-date policies and procedures.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk of harm.
- Feedback from people and their relatives told us that they felt safe living at Chester Lodge. Their comments included; "I feel Mum is much safer here than she was at home" and, "Staff are always here to look after me."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic information for staff to follow to keep people safe.
- People had individual risk assessments in place. These had recently been uploaded on to a new computer care plan. They were in the process of being developed further to be more person centred and less generic.
- Effective systems were in place for checking the safety of the environment and all equipment.
- Each person had a personal emergency evacuation plan (PEEP) in place.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were undertaken.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's needs.

However; the deployment of staff was not always appropriate to meet the needs of the people living at the service. We discussed this on day one of the inspection and there was an improvement on the second day we visited.

- People and their relatives told us they were generally enough staff to support their needs. Their comments included; "The staff check on me throughout the night, they are very quiet but I find it reassuring", "I use my call bell if I need staff overnight and they always come, sometimes they can be busy dealing with someone else. I do understand that" and, "Call bells are not always answered quickly at the handover to night shift and at the beginning of the day shift."

Preventing and controlling infection

- Infection control procedures were in place and staff had access to personal protective equipment (PPE).
- Staff maintained a safe and clean environment for people to live.

Learning lessons when things go wrong

- There was a clear system in place for the recording of accidents and incidents at the service.
- Accidents and incidents were regularly reviewed by the registered provider to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and re-occurrences.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they had completed an induction at the start of their employment. Records were not always clear to evidence this induction had taken place.
- Records showed that some training had been completed; however, records were unclear. The registered provider explained this was due to the transition from one training provider/system to another.
- Staff told us they had received training. They described completing training booklets and following e-learning topics.
- Records for supervision were inconsistent. Staff told us they received regular supervision and felt fully supported. Their comments included; "The management team, including the directors are always accessible and happy to listen" and, "I can always get support whether my concern is in work or personal."

This was a continued breach of regulation 17 in relation to good governance and records.

Adapting service, design, decoration to meet people's needs

- The service was undergoing redecoration and refurbishment at the time of our inspection.
- The service would benefit from additional items to offer stimulation and orientation to people living with dementia.
- The registered provider offered an assurance that stimulation and signage will be introduced and improved as part of the refurbishment programme.

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

- People's needs were fully assessed, considering their physical, mental and social needs prior to being supported by the service.
- Care plans had recently been uploaded on to a new computer based system. They did not consistently reflect people's individual needs, preferences and personal choices. They included basic guidance for staff to follow. Care plans were paper based and computerised during this transition. This made it very difficult to access up-to-date information.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.

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

- People were supported to eat and drink in accordance with their assessed needs and personal preferences.

- Staff demonstrated a good understanding of people's individual dietary requirements.
- People and their relatives spoke positively about the food and drink available to them. Comments included; "The food is absolutely lovely", "The fruit is delicious and we have plenty of it on offer", "I enjoy the homemade cakes and biscuits" and, "We are always offered a drink or a meal when we visit."

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

- People had access to their GP and other healthcare professionals as required.
- The management and staff team worked closely with external agencies that included multidisciplinary teams and the Commissioners of the service.
- One person told us; "I told the nurse I had a pain in my back. She checked me over and immediately called for an ambulance as I had pneumonia. I got treated quickly through her quick response."

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS had been made appropriately when needed for people living at the service.
- Staff understood the importance to assume a person has capacity to make decisions, unless assessed otherwise.
- Where people had been assessed as not having capacity to make specific decisions, systems were in place to ensure they retained maximum choice and were supported by staff and the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interacted with people in a natural and familiar way. They were consistently polite and courteous.
- People and their relatives spoke positively about the staff and their comments included; "The staff are almost all so kind and caring, just lovely", "All the staff are wonderful", "Staff get to know the relatives as well as the person supported" and "You couldn't fault any of the staff at all."
- Many positive comments had been received by relatives and some of these comments included; "Staff work to high standards, they are professional and have a lovely attitude" and, "Wonderful people like you all, do wonderful work on a daily basis, we cannot thank you enough."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were fully involved in all decisions about their care and support. There was some evidence of review within people's care plan files.
- Staff had a good understanding of people's individual communication needs.
- People and their relatives told us they were fully involved in their care. One comment included; "My daughter and I talk with staff if I want anything changed in my care plan, staff are always happy to change anything."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained, and each person was treated as an individual. People's right to privacy and confidentiality was respected.
- People appeared well cared for, groomed and appropriately dressed. Staff ensured people were dressed in clothes of their choice and appropriate to the season.
- People told us their independence was encouraged. Comments included; "I always choose my own clothes every day", "Staff help me to do the things that I can no longer do for myself" and "When I am well I can do most things for myself, when I am unwell staff fill in the gaps almost without me noticing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plan information was held within written documents and on the computer. This made finding information very difficult if you were not familiar with the process. Information in the new care plans required further development to ensure they were person centred and reflected people's individual needs.
- Staff completed a written record of care and support offered and provided to people. These records reflected how people's needs had been met. Due to the changeover from written to computerised records these were difficult to find in a timely manner.
- People told us they had been involved in the development of their original care plan when they moved in to the service.

This was a continued breach of regulation 17 in relation to good governance and records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available to people in accessible formats that included easy read and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities within the home, local community as well as excursions during nice weather. Religious ceremonies took place regularly.
- People's comments included; "We have film afternoons, I enjoying listening to music and reading in my room", "I love doing the quizzes and enjoy the bingo" and, "I like the visiting entertainers and singers."
- Relatives told us they visited people regularly and were actively encouraged to maintain their relationships.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available. People and their relatives told us that they knew how to raise a complaint or concern and felt confident they would be listened to and acted upon by the management team.

- Complaints were investigated and responded to in line with the complaints policy. Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- When people had expressed specific wishes and preferences they were recorded within their care plan documents.
- We found that staff understood the importance of providing end of life care that was tailored to each person's individual wishes and preferences. Staff described clearly how they supported people at the end of their life to have a comfortable, pain-free and dignified death.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that records relating to people's care and support were consistently maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The system for recording medicines was not effective and reliable, stock balances could not be established.
- The care plans and daily records for people were not easily accessible and did not hold sufficient detail.
- The staff training, and supervision records were not clearly recorded and accessible.
- The provider audit process had not identified the areas for improvement highlighted within the inspection process.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate records were effectively recorded and managed. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They produced an action plan with expected completion dates for all areas identified for development and improvement.

Continuous learning and improving care

- There were clear systems and processes in place for learning from any concerns or complaints raised by people, their relatives and professionals.
- Accidents and incidents that occurred were analysed to identify trends or patterns and also to mitigate or minimise future risks.

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

- The staff and management team had developed positive relationships with the people they supported and their relatives.

- People received person centred care from staff however; records did not always reflect this.
- The staff and management team were committed to delivering care and support to meet people's individual needs and preferences.

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 provider and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were managed.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

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

- The registered manager had resigned and was absent at the time of the inspection. The provider had oversight of the service.
- Staff were clear about their roles and felt fully supported by the provider.
- People, relatives and staff all told us the provider was approachable and would act promptly if any concerns were raised.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked closely with the local authority, safeguarding teams and Commissioners.
- The management team and staff had developed positive relationships with health and social care professionals that were involved in people's care.
- Residents and relatives meetings had taken place and the minutes were available for everyone visiting the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to people's care and support were not clearly maintained. Training and supervision records were not clearly recorded.