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?	Inadequate

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Chester Lodge on 14th December 2016.

During a focussed inspection of the service on17th August 2016, the service was rated as inadequate. This visit took place to assess any improvements that had been made in response to this change of rating.

Chester Lodge is a nursing home that is owned by Heathbrock Limited. It is a modern three-storey building close to Chester city centre. There is car parking space next to the building. The home provides personal and nursing care for up to 40 people. Thirty people were living at Chester Lodge at the time of our visit.

A registered manager was in place and was present during our visit. 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 last inspection of the service in August 2016 had focused on how safe and well led the service was. We found during that inspection that there were a number of breaches of regulations which meant that people were not safe from risks of harm and did not receive care from a well led service.
The registered provider was served with a Notice of Decision in August 2016. This meant that a condition had been placed on the registered provider in respect of restricting admissions. This meant that all proposed admissions need to be agreed by CQC prior to admission. This is still in place.
These breaches included a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people who lived at Chester Lodge did not always receive safe care and treatment.
On this inspection, although we found some improvements had been made, we found repeated breaches of regulation 11 and regulation 17.
Staff understood the principles of the Mental Capacity Act and applications had been made by the registered provider to the Local Authority for authorisations to carry out such restrictions and safeguards. .Evidence of best interest meetings and how consent was gained from people lacking capacity was not present. This was a repeated breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 gaining consent.

Our last visit showed that care plans were not personal to the needs of the people who used the service. Care plans were available for all people. Evaluations were brief and did not include how care plans had been evaluated and who had been involved in this process. In care plans we looked at, evaluations included the outcome and care plans changed as a result. Care plans were still not person centred. This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our last visit noted that there were deficiencies in the auditing process and the reporting of adverse incidents to CQC. This has resulted in a breach of regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) regulation s 2014. Improvements had been made to audits of falls and associated actions. While notifications to CQC had improved, there had been a significant delay in notifying CQC of one allegation of abuse incident since our last visit in August 2016.

We also found that some of the audits did not identify the issues raised at this inspection in particular lack of personalised care plans as well as the lack of robust evaluation of care plans. These were issues we raised at the last inspection but have not been actioned.

This visit confirmed that some improvements had been made to ensure the safety of people who used the service. However, we observed one person being given a drink without the thickener that had been prescribed to them. This meant that they did not receive safe care and treatment.
Improvements had been made to ensure that the front door was secure enabling staff to account for all those who visited the building. The sluice room was secured which meant that people who used the service were not at risk from equipment or other hazards within that area. All cleaning products were found to be stored away safely and appropriately and all external doors including fire doors were kept shut. At our last inspection, an area marked as 'staff only' was accessible to people who used the service. This area contained hazards such as stored wheelchairs and unlocked doors which could have posed a risk to people's safety. This area was still accessible to them but presented no risks. A portable hoist was stored in a vacant bedroom which in turn was unlocked. This presented a potential trip and fall hazard to people who used the service. This was raised with the registered manager. However, she stated that she did not consider this to present a risk to people because the room was located in an area near to bedrooms occupied by people who were unable to mobilise independently.

Our last visit in August 2016 found that appropriate arrangements were not in place in respect of bedrails. This had included the level of comfort afforded to people who used bedrails, the level of protection provided through the use of bedrails and the use of unsuitable covers to prevent bruising from leaning on bedrails. This meant that people did not receive safe care and treatment. At this inspection bedrails in use had protective bumpers on them and appropriate risk assessments had been carried out for their use. These assessments took into account the hazards posed by the use of bedrails such as potential entrapment. Instructions were in place for staff on how to protect people from any associated harm or entrapment.

A complaints procedure was available and had been on display for people to refer to.
People told us that they felt safe. Staff demonstrated an understanding of the types of abuse and how these could be reported. Staff had received safeguarding training and this was on-going.

Staff knowledge and practice in respect of nutrition and measures needed to protect people was not sufficient to keep people safe. Care plans outlined in one case clear guidelines for the nutritional needs of one person but this was not understood and followed by all staff. The person was given a drink without prescribed thickener which put them at high risk of choking and aspiration.

Improvements had also been made in respect of the accessibility of call alarms to people in their own bedrooms. In all cases people had access to call alarms either from their beds or armchairs and these were in easy reach of people. People told us that their calls were responded to in a timely way and this was observed throughout the inspection.

Recruitment practice protected the people who used the service and medicines management promoted the health and people who used the service. The premises were clean and hygienic.

Staff had received training in health and safety topics as well as training specific to the needs of people. The

supervision process for staff had been changed and supervisions had commenced.

People told us that they felt cared for by the staff team. Observations of care practice noted that people were dealt with in a caring and respectful manner.

A full programme of activities was on offer to people and these took place during our visit.

People who used the service were aware of who the registered manager was and told us that they maintained a presence within the building. They considered the service to be well run

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
People's safety was put at risk because staff lacked knowledge of their nutritional needs.
People told us that they felt safe living at Chester Lodge.

Is the service effective?

Requires Improvement

The service was not always effective.
Staff did not follow the requirements of the Mental Capacity Act 2005 to ensure that they assessed a person's capacity to make decisions about their care.
People told us that they received the care and support they needed.
Staff received the training and supervision needed to support people who used the service.

Is the service caring?

Good

The service was caring.
People told us that they felt cared about.
People told us that staff respected their privacy and dignity.
Observation of care practice found that this was done in a person centred way.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Care plans were not person centred and did not always take people's personal preferences into account.
People told us that there were a variety of activities on offer.
A system for reporting complaints was in place.

Is the service well-led?

Inadequate

The service was not well led.
Breaches of regulations identified at previous inspections were found again on this visit.
Incidents that adversely affected the well-being of people were better reported to CQC although one serious incident had not been reported to us in a timely manner.
People were aware of who the registered manager was and felt that they were approachable.
Some improvements had been made to audits, in particular in respect of falls, which enabled patterns to be identified to prevent reoccurrence. However the care plan audits failed to identified issues relating to evaluations and the lack of best interest meetings, or recording of consent where people did not have capacity.

Chester Lodge Care Home

Detailed findings

Background to this inspection

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.

We visited the service on 14th December 2016. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

We contacted local authority commissioning groups and the local safeguarding team about information they held in respect of the registered provider.

We reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at five care plans and other records such as three staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke to nine people who used the service as well as four people who had relatives living there.

We spoke with three members of staff as well as the registered manager and other members of the management team.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe their comments included: "Safer than I've ever felt in my life. They [staff] pop in at least every two hours to see I am ok". "It's very secure here and the staff are always checking that you are ok" "Oh yes I feel safe ok" and "I've no worries about my safety they [staff] take care of that" and "They treat me very well". Two family members said they had no concerns about their relative's safety and that they were confident that their relative was in safe hands.

However during our visit we found that people's safety was put at risk. One person was prescribed a thickener for drinks to minimise the risk of choking and aspiration. However, prior to the lunchtime meal being served a member of staff gave the person a drink without thickener. The person consumed the drink and was about to start on a second drink which without the thickener, before a member of the care team intervened. This meant that the person could have been at risk of aspiration. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the registered provider had assessed people's needs as required in relation to pressure ulcer management and where required people had an air mattress to minimise the risk of developing a pressure ulcer. We found on that inspection that two people were lying on mattresses that were showing faults and a third was unoccupied but faulty. We raised this with the registered provider who took immediate action to address concerns during our visit.

On this visit, pressure mattresses and positional charts were in use for four people. The charts identified the required setting of the mattresses. The settings of three mattresses corresponded with the records, however one did not. One person's mattress (They were not in bed at the time) was set at setting 3 and their chart recorded a required setting of 2. This was raised with the registered manager who queried this with nursing staff. It was confirmed that the mattress had been reset earlier that morning to coincide with a change in the person's weight and that the records had not been updated. This was rectified immediately and we checked to see if it had been done. The charts also identified the frequency of positional changes required and recordings entered onto the charts showed that people had been repositioned in accordance to their plan of care.

A portable hoist was stored in a vacant bedroom which in turn was unlocked. This presented a potential trip and fall hazard to people who used the service. This was raised with the registered manager. However, she stated that she did not consider this to present a risk to people because the room was located in an area near to bedrooms occupied by people who were unable to mobilise independently.

There had been improvements since our last visit in respect of the security of the building. The front door was locked and staff received visitors and asked them to sign in the visitor's book. All interior fire doors that needed to be locked or closed when not in use were. The sluice room was locked and staff were observed using a key to lock it when leaving the room. No cleaning products were left unsecured or unsupervised during our visit.

People who used the service knew what was meant by abuse and they said they would tell someone right away if they were hurt or mistreated by anyone. Staff said they had completed safeguarding training. This was confirmed through training records. Further training for staff had been organised for the week of our visit. Staff described the different types and indicators of abuse. They also described the actions they would take if they suspected, witnessed or were told about abuse. The actions they described were in line with safeguarding procedures, which included making sure people were safe and promptly reporting concerns onto the registered manager or person in charge at the time of the incident. Since the last inspection the registered manager had introduced and maintained a record of allegations of abuse which were made and had been raised with the Local Authority. Our records indicated that that there had been a significant delay in reporting an allegation of abuse to us since our last inspection.

All systems associated with the environment such as equipment and hoists were subject to a quality assurance check. Fire alarm systems had been tested at regular intervals.

People told us they got their medicines at the right times. During the lunchtime medication round, staff administering medication were patient and careful when doing this. They stayed with each person until they were sure that the medication had been taken. Medication administration records (MARS) were signed after people had taken their medicines. An up to date management of medication policy and procedure was available in the medication room. The medication room was clean and tidy and kept locked when unattended and only authorised staff held keys to this area. All medicines were stored securely in locked cupboards and cabinets. MARs were appropriately completed. Known and unknown allergies were recorded on administration records. Handwritten entries were signed by two staff to check the accuracy of the information.
Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. Some people had been prescribed these by their GP. All controlled medicines were securely stored and were accompanied by a register maintained when these medicines had been administered. Records confirmed that two members of nursing staff had signed when these medicines were given. We checked the stock of one of these medicines being held and the number tallied with the register.
Care staff had undertaken training in the management of medication and they administered medicines to those people who received personal care only. Staff competency was regularly checked by the nurses through direct questioning and observation of their practice. A care plan was in place for medication given when needed (known as PRN). Further details were in place outlining any know allergies, the reason for administering the medication, instructions for use and any side effects.

Recruitment records showed staff were recruited safely. Candidates completed an application form detailing their past education, training and where appropriate employment history and in addition their skills and qualifications. Interview records were in place. Prior to an offer of employment candidates were subject to a number of checks which included a Disclosure and Barring check (known as a DBS) and reference checks. A medical declaration and photographic evidence in the form of a driving licence/passport was obtained and held on the staff members recruitment file. Staff confirmed that all the above checks took place before they started work at the service.

Staffing levels were sufficient in meeting the needs of people. At the time of the inspection on duty there were five care staff, a nurse, four domestic staff a chef and kitchen assistant. In addition the registered manager was on duty and had the support of a director. Rotas showed that these staffing levels were consistent. People who used the service, family members and staff told us they had no concerns about the staffing levels.

The environment was clean and hygienic. Domestic staff worked through the building attending to bedrooms, bathrooms, lounge and corridor areas. Initially an odour was noted in one bedroom but this went once domestic staff attended to the area. Some furniture and fittings including bedroom furniture and vanity units were worn and in need of replacement and some bedroom carpets were stained.

Requires Improvement

Is the service effective?

Our findings

People told us that they received the care and support which met their needs. They also told us that they thought the staff were good at their jobs. Their comments included; "They [staff] are very good indeed. They attend to me straight away and work very hard" "They always check on me and they look after me very well" and "They are always there to help. They know what to do for me". Family members told us that they thought the staff did a good job. Their comments included; "[relative is well looked after. They [staff] know [relative] well and they see to everything she needs".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

On our visit to the service on the 2 June 2016, we had concerns about staff understanding and application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We issued a requirement notice to the registered provider which identified that staff needed to improve practice in this area. We found that the required improvements had still not been achieved.

Our records confirmed that the registered provider had notified us of when a deprivation of liberty authorisation had been granted. The registered manager stated that two people who used the service at the time of our visit had been the subject to the granting of deprivation of liberty authorisations. We looked at care plans relating to these individuals. We were provided with evidence subsequent to the inspection outlining that one person had been assisted to make decisions for themselves. There was little information available for another individual who required assistance as to how this person could be assisted in making decisions or that their best interests had been taken into account. As a result the required improvements in this area had not been fully achieved.
This was a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because where a person lacks mental capacity to make an informed decision or to give consent, recorded evidence must be available of the process for assisting a person to do this.

However we saw that care staff assisted some people to make decisions for themselves in aspects of their daily support. This assistance was done verbally through interactions as they did not have this documented in the person's care records. Staff explained the care and support and obtained people's consent prior to providing it. For example at lunch time staff asked people if they would like to wear an apron to protect their clothes from food spillages and before escorting people away from the dining table staff asked people

if they were ready to leave and where they would like to go. Care staff were also observed giving people choice about how they wanted personal care to be delivered.

We observed a person who had been prescribed thickeners having a drink without the thickener being used. The person had been prescribed thickeners to assist in their nutrition. This had been identified in the person's care plan and in other nutritional information available. Thickeners were prescribed following an assessment carried out by the speech and language therapy team earlier in the year. The member of staff did not have up to date knowledge that thickeners had been prescribed to this person and considered them as a matter of the person's choice. This meant that people were supported to eat and drink by staff who did not have the right knowledge about people and their needs. This could put people at risk of harm.
This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not demonstrate the knowledge to ensure people received safe care and treatment.

People's dietary and hydration needs were met. Drinks were available in communal areas for people to help themselves to and staff offered drinks regularly to those who required assistance to drink. People who occupied their bedrooms had a constant supply of drinks and were offered snacks in between main meals. Staff assisted people who needed it in their rooms to eat and drink. Food and fluid balance charts were in place for people who required their intake monitoring over a 24 hour period. The charts detailed the time when food and drink was given, what was consumed including the amount of fluid. Charts were kept in bedrooms for those people who occupied their rooms.

People and family members were very complimentary about the food and drink available. The food stores were well stocked with a variety of products including tinned and frozen items and fresh produce including fruit and vegetables, milk, cheese and bread. There was a three week menu in place showing a choice of meals at each sitting. The chef explained that they devised menus to suit the time of year and people's food likes and dislikes and dietary needs. The chef held information in the kitchen about people's particular food dislikes and dietary needs such as food textures, high and low calorific diets. The chef was knowledgeable about people's special dietary requirements such as people who had diabetes and those who required a soft diet and fortified foods.

Although people were asked in advance of each meal what they would like there were no written or pictorial menus available around the service to remind people of the meals available. When asked two people had forgotten what they were having for lunch this was despite records held in the kitchen showing they had been asked in advance and made their choice for the lunch time meal. A member of staff was seen asking a person with a hearing and sight impairment what they would like for their meal, the person clearly indicated that they were finding it difficult to hear what the staff member was communicating and although the meals choices were written down the print was too small for the person to see. The member of staff said that the person could make choices by exchanging written information in large print, however this was not attempted. The person indicated their choice by pointing to the meal they wanted that had been served to another person on that table. Staff said they had received training and support appropriate to their role and people's needs. Training records were available outlining training relating to health and safety topics, and safeguarding. Training had also been provided in respect of those issues which were specific to the needs of the people who used the service. Staff confirmed that they had received training and these were confirmed through training records.

The process for supervising staff had been restructured with each member of staff having a named supervisor. A schedule for supervision had been devised and this had commenced. This included clinical supervision for registered nurses in relation to individual meetings with nursing staff and group supervision

through meetings with nurses. Clinical supervision was undertaken by the Deputy Manager.

Staff confirmed that they commenced an induction programme when they first started work. They said it involved an introduction to people who used the service, the staff team and the registered providers policies and procedures. Staff said they were given an opportunity to read people's care plans and that they shadowed more experienced staff for a two week period before they were included on the rota.

People told us that their healthcare needs were well met and records confirmed this. A record was kept detailing the contact people had with healthcare professionals including the outcome and any follow up care and support required. People said they received visits from their GP and other healthcare professionals when they needed to. One person confirmed that they were seeing an optician that week and another person confirmed they had an appointment to see a chiropodist.

People had the aids they needed to help with their mobility comfort and independence, for example people wore hearing aids and glasses and they had walking sticks and frames. Staff were confident about recognising any signs which may indicate that a person's health had deteriorated and when professional advice needed to be sought. Staff said they would report any concerns onto the nurse straight away and records confirmed this

Good

Is the service caring?

Our findings

People who used the service and family members told us that the staff were kind and caring and that they had a lot of patience. Comments included; "They are really kind nothing is too much trouble" "The care is wonderful, the staff have got the biggest hearts". "They do everything you want them to do and go out of their way". "I never feel embarrassed, I found it difficult at first (staff carrying out personal care) but they made me feel ok" "They make me feel so welcome when I visit".

Observations of care practice confirmed that all staff made the needs of the people they supported as the main focus of their work. Interactions were positive friendly and reassuring.

People who were in bed were comfortable with staff carrying out regular checks to ensure their comfort. One person was sat out in an easy chair and they had everything they needed close- by including their call bell, a drink and newspaper. The person said staff checked on them regularly and at their request they would put them back into bed when they felt tired. When we later returned the person was in bed asleep. Another person who preferred to spend time in their bedroom told us that the time they spent in their room had never been a problem and that staff "popped" in regularly to check that they were fine. The person said staff often spend time chatting with them and that they had a laugh and a joke.
A staff member was seen supporting a person when they became anxious and upset .This person was in receipt of one to one care and support. The member of staff clearly knew the person and how to calm and settle them. They used diversion techniques to divert the person away from the situation which distressed them and they spoke to the person in a calm and reassuring way with good effect.
Family members said they could visit any time and that there were no restrictions placed upon them such as what time they visited and where they spent their time with their relatives. One family member said they had often been invited to stay for a meal with their relative. Family members were seen spending time with their relatives in the privacy of the person's bedroom and in communal areas amongst others. There was a pleasant atmosphere in the main communal lounge. Staff sat with people and engaged in discussions with them. The relationships between people who used the service, family members and staff were positive and friendly. Family members were provided with refreshments and they said this was usual.

Staff knew people well including their interests, likes and dislikes. For example, staff told us about how much one person enjoyed a particular sport and that another person liked to wear make-up and jewellery.

People's rooms were personalised with items which were important to people such as photographs, pot plants, pictures and some pieces of furniture which people brought from their previous home. One person pointed out pieces of furniture and personal items which were very important to them and they explained that they were told they could have whatever they wanted in their room as long as it fitted in. Another person had a coffee machine in their room and said that was important to them as they liked to make their own drinks when they wanted one. People told us that access to their rooms was unrestricted and that they could spend as much or as little time in them as they pleased.

People said the staff maintained their privacy and dignity. One person explained that staff assisted them to

have a bed bath and that they always closed the door and kept them covered wherever possible throughout. People said staff always knocked on their bedroom doors and waited to be invited in before entering. We saw staff knocking on doors throughout our visit.

Dining tables were attractively laid with a centre piece, napkins, cutlery and condiments. Staff served meals and drinks individually and they explained to people what the meal was. Meal time was unrushed and staff sat close to people when assisting them to eat and drink. They spoke to people throughout the meal and provided encouragement. People who chose to ate their meals in their bedrooms or in the lounge area.

Birthdays were celebrated. On the day of the inspection a birthday celebration for one person was taking place. The person was happy to celebrate their birthday and they said that the staff had made it very pleasant for them.

Requires Improvement

Is the service responsive?

Our findings

People told us that they were able to join in activities if they wished. They told us "There is always a lot going on" and "I can join in with activities if I want to". People told us there was always something going on which included bingo, quizzes and shows. One person said they had been to a pantomime and other trips out included shopping, visit to local places of interest and meals out in pubs and restaurants.

Family members told us "They [staff] always keep me informed of any changes in my relation's health and involve me and my relation in their care". They told us "I know how to make a complaint but I have not had to" and "if I did have a complaint, they [Registered manager] would deal with it and listen to my concerns".

A condition had been placed on the registered provider in respect of admissions. This meant that all proposed admissions need to be agreed by CQC prior to admission. The registered provider had complied with this.

Our visit in June 2016 found that care plans were not person centred. This remained the case on this visit. Although the care plans outlined the needs of people in their daily lives which covered specific activities of living they were task orientated with little evidence of the personal preferences of people being recorded. There remained little evidence of when people wished to get up. Evidence was provided subsequent to the inspection of people's preferred method of communication. Some reference had been made to people's personal histories but this remained limited. The registered manager stated that she recognised that care plans needed to be developed in this regard and that a care planning workshop had been attended with a view to changing the current system. It was proposed that this would be done in early 2017 with a computerised system for care planning being introduced.

This was repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that accurate, comprehensive, personalised records were held in respect of each person.

Care plans were evaluated on a monthly basis. All care plans included evaluation notes. These were brief and did not provide details of how the review took place or who was involved in the review. Evaluation notes for one person in respect of mobility outlined that there had been a change in the care plan. The care plan outlined that there had been a referral to the falls team but there was no actual change to the care plan itself. We recommended that the NMC code for nurses in relation to recording guidance is adhered to. This can be found in section 10 "Keeping clear and accurate records relevant to your practice".
Where people had experienced a pressure ulcer, dated photographs were available and these were updated regularly. Records confirmed where improvements in people's skin integrity had been achieved.

Activities had been planned for each day in December leading up to the Christmas period. Activities planned were on display for people to refer to. On the day of our visit, a hairdresser was attending to people. A religious service was also being held in the main lounge. People were able to attend this if they wished with some people preferring to pursue their own activities in their rooms or receive visitors. Christmas activities

were full and varied and included entertainers, choirs and parties.

A complaints procedure could not be made available during our last visit. This had been rectified and the procedure was on prominent display. This contained the information people needed to make a complaint and the timescales involved for investigation. No complaints had been received by the service since our last comprehensive inspection in June 2016. Compliments had been received by the service and were available for people to look at.

Inadequate

Is the service well-led?

Our findings

People told us that they considered the service to be well run and were aware of who the registered manager was. They felt that the manager maintained a presence within the service. People were complimentary about the standard of care that they received. They also commented on the assistance they received from the nursing staff; in particular the deputy manager.

The service had a manager who had been registered with the Care Quality Commission since 2011. The registered manager was present during our inspection visit along with the deputy manager and a director of the company which operated Chester Lodge.
Following concerns received by the Care Quality Commission prior to our visit in August 2016, a condition had been placed on the registered provider in respect of admissions. This meant that all proposed admissions need to be agreed by CQC prior to admission. The registered provider had complied with this. Our last inspection carried out in June 2016 found a number of breaches of regulations from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified breaches in regulation 11 outlining the need for consent and regulation 17 in respect of the lack of maintaining accurate records and failure of audit systems to identify those areas where continued breaches of regulations have occurred. We were provided with evidence subsequent to the inspection that showed that best interests meetings had been held in respect of one individual yet there was no evidence that this was the case for any others who we were told lacked capacity or were subject to deprivation of liberty authorisations. As a result the registered provider did not consistently ensure that previously raised breaches in Regulation 11 had been addressed We also found that the registered manager and registered provided did not action through their audit system the other issues such as, the care plans being task orientated, lack of person centred care planning and not updating care plans where people's needs have changed. During our last inspection in August 2016, we found that not all incidents that adversely affected the wellbeing of people who used the service had been reported to us. Our check of records prior to this visit found that there had been an improvement in the number of notifications that the registered provider had sent to us. Such notifications need to be sent to us without delay. Our records found that one serious incident involving an allegation had occurred in September 2016 but had only been reported to us a month later in October 2016. This meant we did not have the information to decide if we needed to take action to ensure people were safe.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to notify us of a serious incident without delay.

The repeat of these breaches found during this visit meant that people did not consistently receive care from a well-run service. The lack of consistent evidence of a clear decision making process for all people assessed as lacking capacity in records meant that people who used the service did not have consent to their care consistently recognised by the registered provider and the registered manager. The format and content of care plans meant that people did not receive treatment that was personalised and that while improvements had been made with notifications; these were not consistent.

Our last inspection found that audits were not robust as actions identified had not been actioned. These

related to falls, care plans and medication. Audits on medication had identified issues where signatures following administration were missing in some cases yet action taken was limited. This inspection noted that all medication administration records had been signed once medicines had been administered. A procedure had been introduced to ensure that where records had not been signed by agency nurses that this was dealt with immediately. The result was that audits were more robust in respect of medication and issues actioned quicker. Where omitted signatures have been the result of nurses employed by the registered provider; appropriate action had been taken through supervision.

Our previous inspection identified that falls audits were not complete, did not always indicate the action taken and did not identify trends or patterns to prevent future re-occurrence. This inspection found that falls had been recorded and actions taken to ensure people received appropriate assistance. In addition to this, falls records had been developed to highlight trends for individuals with actions recorded on how these could be prevented in future.

Care plan audits had been introduced. There was evidence that the quality of care plans had been checked since our last inspection. However the issues identified with lack of robust evaluation in care planning, the lack of person centred plans were not identified through these audits. This meant that people could be placed at risk of receiving inappropriate care.
A dependency tool was available which linked the needs of people to the number of staff on duty. Staffing rotas were available and people told us that staffing levels were sufficient to meet the needs of people who used the service.

A complaints procedure for people who used the service and their relations was on display and a form for recording complaints devised. Suggestions boxes were located in the main front hallway inviting people to make comments on the care they received. There was evidence that feedback had been received.
Staff felt well supported by the registered manager, nurses and senior care staff. They said they had no worries about approaching any of them for advice and support should they need to. Staff said they had attended regular staff meetings and felt able to voice their views and opinions during them. Meetings for staff with different roles took place regularly and this was confirmed through recorded minutes.

It is a requirement that registered providers display the most recent rating from inspections. The last rating was prominently on display within the building and had been placed on the registered provider's website.

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered provider did not exercise good governance as notifiable incidents were not always reported to the Care Quality Commission without delay Regulation 18(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Care and treatment was not provided with the consent of the relevant person. 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider did not ensure that staff had consistent knowledge about people who used the service in respect of their nutrition. This put people at risk. Regulation 12(1)

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	People were at risk of receiving care and support that was not suited to their needs as personalised care plans were not held in respect of each person. 17(2)(b)