Mr & Mrs S Hayat

Chandos Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 9 and 10 December 2015 and was unannounced on the first day.

We previously inspected the service in June 2013 when we found the service was meeting the requirements of the regulations in place at that time.

Chandos Lodge Nursing Home is registered to provide residential personal and nursing care for up to 31 older people. At the time of our inspection there were 30 people living there.

Chandos Lodge Nursing Home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received very positive feedback about the service from people who lived there. "They couldn't do any better than they already are doing" and "Very welcoming and good communication" were some of the comments made.

Healthcare professionals told us the home referred people appropriately and staff were responsive to any advice or recommendations they made. They were positive about the standard of care records they saw.

Staff were provided with the skills and knowledge they needed to recognise and respond to any safeguarding concerns. Risk to people's health, welfare and safety were appropriately and effectively managed. Risks to individuals were identified and risk assessments were in place which set out the action to be taken to reduce the likelihood of injury or harm to people during the provision of their care. There was a training programme in place for staff to provide and update them with the necessary skills and practical knowledge to meet people's needs effectively and safely.

Staff recruitment was essentially satisfactory, although recruitment records did not always include evidence that applicants' physical and mental health was satisfactory. We have made a recommendation about this in the report.

Medicines were managed safely and people received their medicines, regularly, on time and as prescribed. However, the records for medicines administered only as and when required did not always record the actual amount given. We have made a recommendation about this in the report.

Relatives were generally satisfied that there were sufficient staff to meet people's needs.

Care plans were in place which set out people's needs and how they were to be met. Care plans included details of people's preferences for how they wanted to be supported. Care plans were reviewed and kept up

to date to take account of changes in people's needs.

The service was effectively managed. Staff told us they worked together well as a team. Several of the staff we spoke with had worked at Chandos Lodge Nursing Home for a number of years. This consistency of staff was something people who received care and support, their relatives and visiting health and social care professionals commented on positively.

The provider/registered manager constantly monitored the quality of care being provided, was active throughout the home and had a very high profile within the service as they provided support to the administrator and staff.

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 consistently safe.

The monitoring and recording of medicines was not consistent.

Staff recruitment procedures did not consistently include checks to ensure applicants' physical and mental health was satisfactory for them to be able to provide care and support to people.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests and in accordance with the Mental Capacity Act 2005.

People received the support they needed to maintain their health and well-being and were referred to specialist services when needed.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community where able and willing to do so.

People's relatives and other visitors were made welcome at the home and could visit at any time.

People were treated with dignity and respect and their privacy was protected.

Is the service responsive?

Good

The service was responsive.

There were opportunities for positive engagement with staff or other people.

People's preferences and wishes were supported by staff and through effective care planning.

There were procedures for making complaints about the service. The service took steps to learn from complaints and to improve people's quality of life and care.

Is the service well-led?

Good

The service was well-led.

People received care from a staff team who were committed to provide high quality care and who were supported by the registered manager and provider to do so.

The provider monitored the service to make sure it met people's needs safely and effectively.

Where issues of concern or suggestions for improvement were identified or made, the provider took these into account and responded to them appropriately.

Chandos Lodge Nursing Home

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 checked 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 9 and 10 December 2015 and was unannounced on the first day.

The inspection was carried out by one inspector on each day.

Prior to the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

During and following the inspection the provider and registered manager responded promptly to any requests for information and additional evidence we made.

As part of the inspection process we contacted seven healthcare professionals to ask for feedback on the quality of people's care. We also contacted five organisations which commissioned care and support to seek their views about the home.

We observed the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments for five people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff recruitment records, training and supervision records for all staff and reviewed information on how the quality of the service was monitored and managed.

We spoke with five people living at the home and five visitors. We had conversations with the registered manager and seven staff members.

Requires Improvement

Is the service safe?

Our findings

People were not consistently protected by the recruitment procedures used at the home. We looked at three staff recruitment files. Whilst these contained the majority of the required documents, they did not always include evidence of checks made to confirm the applicants' physical and mental health.

We checked medicines records. Overall people's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. People told us they received their medicines when they needed them. However, we found records of medicines given only as and when required (PRN), did not consistently show the actual amount of medicines which had been given to people, when there were variable amounts prescribed. This meant there was not an effective audit trail in those cases. We were told medicines were audited monthly by the service's pharmacy.

People were protected from the risk of abuse. Staff received training to help them recognise and respond to safeguarding concerns. There were procedures for staff to follow if they suspected or became aware of any abuse. Information on how to report any safeguarding concerns was displayed in the home.

Staff told us they did not have any concerns about people's care and safety but would certainly report them if they did. Staff confirmed they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

Staff said that as well as safeguarding training they had received other training which kept people safe, for example, moving and handling, food hygiene and infection control.

People told us they did not have any concerns about their safety or how they were cared for. Relatives and healthcare professionals did not express concerns about standards of care they observed or people's safety. "I went on holiday recently and could do so with peace of mind, knowing they were safe" one relative told us.

People were protected from avoidable injury or harm whilst they received care. Risk assessments were in place in respect of specific risks. For example, people's risk of developing pressure damage, how they should be supported with moving and handling and their potential for falls. Where risk assessments identified a need, for example, for two staff to support them, the service ensured two were allocated.

People lived in a building which was safe. There were certificates to confirm the premises complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire, including checks on fire alarms, fire extinguishers and any automatic door closures.

We saw information was recorded where people might require support or equipment to evacuate the premises during an emergency. Staff had been trained in fire safety awareness to be able to respond appropriately in the event of a fire.

We saw on both days of our inspection there was a very active member of staff ensuring the premises were clean and hygienic. They told us they had all the equipment and cleaning materials they required. The communal areas and any individuals' rooms we saw were free of rubbish, clean and well-maintained.

Staffing rotas were maintained and showed how shifts were covered. We saw staffing was adjusted at different times of day to ensure busy times were effectively covered. When we spoke with relatives who made daily visits, they told us they observed staff provided a high level of care and support to their relatives at all times. "They are all wonderful, and no matter how busy they are, they always seem to have time for (their relative)."

We observed there were enough staff to support people throughout our inspection. People's needs were met in a timely way and call bells were answered promptly. Staff managed busy times of the day to ensure people's needs were met as promptly as possible, for example, at meal times. People we spoke with told us staff were usually available when they needed them to provide assistance. "Pretty quick with call bells" one person said. None of the people who talked to us raised specific concerns about staffing. "No complaints at all, I can't praise them enough" was one typically positive assessment.

Accidents and incidents were recorded appropriately at the home. This included notifying the Care Quality Commission or other appropriate statutory bodies where required. This confirmed staff had taken appropriate action in response to any reportable incidents and helped ensure any trends or patterns were identified and additional measures put in place to prevent repetition.

The service had a plan in place to ensure continuity of service in the event of an emergency. This included contact details of the management team, the utility companies and the local facilities where people could be moved to. People had a personal emergency evacuation plan as part of the fire safety risk assessment so that they would be evacuated safely in an emergency.

We recommend the service follow good practice guidance to ensure prospective staff members are physically and mentally fit to work with vulnerable adults.

We recommend the service should consider best practice guidance as to the frequency of monitoring of medicines administration and review how PRN medicines are recorded.

Good

Is the service effective?

Our findings

People's healthcare needs were being met. Care plans identified the support people needed to maintain their health. Staff recorded the care and support provided, including details of any healthcare appointments and their outcomes. We saw evidence in people's care plans that they had access to community health services. For example, records showed people had appointments with dentists, opticians and hospital specialists as and when required.

We received positive feedback from healthcare professionals about how the home managed people's healthcare needs. They told us the home made appropriate referrals for specialist support. They said staff were prompt in providing information such as the person's notes and medical history and their visits were well supported. They said staff were open to advice about how to improve people's care and were good at following any recommendations they made.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes which were completed for each shift. Staff told us handovers between shifts were also opportunities for short training sessions on various subjects. This helped ensure people received appropriate and effective care, based on current best practice.

People who received care and support told us there was a very settled staff team, which meant they received consistency of care from staff who knew them and how they liked their support to be provided.

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. 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. Staff had undertaken training to understand the principles of the MCA and DoLS. Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. We saw Deprivation of Liberty Safeguards (DoLS) applications had been completed and sent to the local authority and had either been agreed or the service were still awaiting an assessment and authorisation from the supervisory board.

People's food and drink needs were met. People were assessed for any risk of malnutrition and their weight was monitored regularly. People were referred to specialists such as the dietitian and speech and language

therapist where there were concerns.

We received positive feedback about the standard of the food provided. We observed people were given choices, for example at breakfast. Several people we spoke with chose to have their meals in their own room. Assistance was provided by staff where necessary. We saw people were offered drinks outside of meal times, for example mid-morning and afternoon.

People were supported by staff who had undertaken training to develop their skills and knowledge. There was a programme of on-going staff training to refresh and update skills. The training matrix for the home showed staff had completed courses on, for example, food hygiene, safeguarding, infection control and dementia care.

Staff received appropriate support to help them meet people's needs. We saw records of staff supervision meetings and appraisals. We saw minutes of regular staff meetings which took place to discuss ways of working and their development needs. Staff told us they had undertaken an induction when they first joined the service. We saw induction records had been completed for newly appointed staff.

Good

Is the service caring?

Our findings

We received positive feedback from people. "Every aspect excellent" and "Would recommend them to anyone" were two typically positive assessments.

People told us staff were respectful towards them and treated them with dignity. We saw staff were respectful when addressing people. They spoke with people kindly and gently; they explained what they would like to do to assist them and sought their agreement before going ahead. Where any care or transfers were provided in communal areas, screens were used to protect people's dignity. We saw staff knocked on doors before entering people's rooms and closed them whilst providing care.

People had information available to them including a service user's guide which set out the aims of Chandos Nursing Home and the services that people could expect whilst living there.

Relatives and other visitors told us they were made to feel welcome. We saw staff chatted with them and offered drinks. Visitors said they could come to the home at any time, as there were no restrictions on visiting.

People's preferences and wishes were taken into account in how their care was delivered. Care plans included a; "What my needs are" section. Details included, for example, how they wanted to be supported with end of life care and advanced decisions where these had been established.

Information had been obtained, where possible, about people's personal histories so that staff had an understanding of people's backgrounds and what was important to them. People had been enabled to personalise their rooms to make them; 'Their own space' and have familiar items around them.

Staff knew about people's individual communication needs. People could move freely around the home and choose where to spend their time. Staff respected people's choices to be in their rooms if they wished. There were areas in the building where people could sit and talk with visitors and family, including an attractive covered courtyard when the weather permitted.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service promoted people's independence. People could be supported on a one to one basis to go to healthcare appointments. Relative's told us they were able to accompany people out of the home and that staff co-operated to make sure people were ready for them.

Good

Is the service responsive?

Our findings

Staff had a good understanding of people's individual needs and how they liked them to be met. We observed people's preferred routines were known and taken into account. This included where they liked to sit during the day, where they preferred to have their meals and their chosen routine for getting up and going to bed.

Care plans included details of how they wanted their support provided. This included, for example, supporting people with their mobility, oral health, nutrition, preferred day and night time routines and their medicines. Where people were unable to contribute to their care plans, people who knew them well with the right to do so had been consulted and had signed the documents. Care plans were kept under review, to make sure they continued to accurately reflect people's current circumstances.

People told us they were able to choose about what they did and how they spent their time. They confirmed they could have visitors and where able to do so, access community activities. People were dressed in an individual way, with no obvious conformity to a particular type of clothing or footwear. This suggested they were offered a real choice and were able to express their opinion about their daily routines and things important to them.

We saw different daily papers were delivered and distributed to those people who wanted them. The home's chef had a very clear understanding of people's individual likes and dislikes. One person confirmed they could choose an alternative if they did not want what was on the menu. We heard staff offering people alternative choices when we observed lunch on the second day of the inspection.

People were able to maintain relationships with people that mattered to them. Relatives and friends visited the home on both days we were present. Those we spoke with said they were supported and encouraged to visit and were always made to feel welcome. We observed the manager and staff appeared to have a friendly and open relationship with visitors and encouraged them to keep in contact with them.

The healthcare professionals we spoke with or received comments from were positive about the way staff were responsive and were able to talk to them effectively about people's needs.

Throughout the inspection, the manager and other staff were readily able to tell us in detail about people's care needs, the level of support they needed and how they preferred that support to be provided.

The service had a complaints policy and procedure. Details of this were available to people in the service. When we spoke with people they told us they knew how to make a complaint but said they were far more likely to raise any concerns with the manager, provider or staff informally. They told us they had always found the staff responsive to any minor concerns they had and that these had been quickly addressed.

On both of the days we visited the home, there were activities taking place in the communal lounge. Copies of the newsletters we saw included photos of various activities, games and craft sessions that had taken

place. Relatives and people who lived in the home told us they were looking forward to the activities and celebrations over Christmas. One newsletter included a record of a residents' meeting which had asked for a more structured activities programme. We were told this was still being considered for introduction in the new year. In the meantime, activities were led by staff twice a day, with additional one to one engagement and activities, for example nail-care also taking place.

Good

Is the service well-led?

Our findings

People were cared for in a service which was well-led. The service had a registered manager in place. We received positive feedback about how they managed the service from staff, people who received care and support and from relatives. The staff and people who lived in Chandos Lodge Nursing Home benefitted from the regular and active involvement of the provider who regularly monitored quality of care at the service and attended staff meetings. Staff confirmed the provider regularly spoke with them, people who lived at the home, relatives and healthcare professionals.

Those community health and social care services that provided an assessment of Chandos Lodge Nursing Home were also positive about the way the service was led, from their perspective.

The existing registration category for Chandos Lodge Nursing Home was discussed with the provider. This currently included the regulated activities Treatment of Disease, Disorder and Injury and Diagnostic and Screening Procedures. The provider agreed to clarify the current registration categories for Chandos Lodge Nursing Home with CQC to ensure they were appropriate and relevant.

Staff meetings were held at the home to discuss practice and improve ways of working. We saw copies of meetings between the provider and staff. These covered a range of topics and enabled staff to raise concerns. We saw that staffing had been discussed along with record keeping and activities. A number of staff told us how useful the extended handovers were, which gave time for staff training or awareness raising for specific topics, for example mental capacity and deprivation of liberty.

We saw details of relatives' meetings and also; "Your view on our service" surveys sent to people and their relatives. These asked for assessments against various aspects of the home, including staff, premises, administration and overall satisfaction. We saw the overwhelming majority of responses were either very satisfied or satisfied. This showed people were asked to feedback, confidentially, about their experience of the service. The registered manager told us they and the provider then analysed these returns to pick up any trends or patterns in any concerns raised.

People were protected through the maintenance of appropriate records. Records were overall well completed and those we asked to see were readily available. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, confidentiality, missing persons and fire safety.

The home made appropriate changes where errors or accidents had occurred. For example, taking external advice into account and updating risk assessments to prevent further occurrence.

People could be certain important events were reported to external agencies when necessary. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

Regular audits were carried out which included people's care records, health and safety, medicines and infection control procedures. Where issues had been identified from these audits action plans had been developed and issues addressed. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of them happening again.