

# Chesterholm Residential Care Limited

## Chesterholm Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### Care service description

Chesterholm Lodge is a residential care home for up to 15 people with mental health needs who may also be living with dementia. At the time of this inspection there were 14 people living at the home. People were accommodated in a converted residential house with two shared sitting rooms. There was a garden with a shelter for people who chose to smoke.

### Rating at last inspection

At the last inspection, the service was rated good.

### Rating at this inspection

At this inspection we found the service remained good.

### Why the service is rated good.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels and recruitment processes were appropriate to support people safely. There were arrangements in place to store and administer medicines safely and in accordance with people's preferences.

Staff received training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to maintain their health and welfare.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their interests. People were kept aware of the provider's complaints procedure.

There was a warm, friendly and home-like atmosphere. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The provider had made improvements in a number of areas and was now meeting all the fundamental standards of care as described in the regulations.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service is now good.

# Chesterholm Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 24 May 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had personal and family experience of services for people with mental health needs.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at Chesterholm Lodge. We observed care and support people received in the shared areas of the home, including part of two medicines rounds. We spoke with the registered manager, the registered provider, and five members of staff.

We looked at the care plans and associated records of five people, and the medicines record of four people. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, quality assurance survey returns, training, appraisal and supervision records, and recruitment records for a member of staff who had started work since our last inspection.

After the inspection we contacted the family member of a person who had previously been helped by the service.

# Is the service safe?

## Our findings

There were no concerns raised about safety by the people we spoke with. One person said, "All the care workers are excellent I feel very safe here." People told us there were enough staff to look after them safely. They said staff reacted "quickly" and "promptly" when they needed support. People were satisfied they received their prescribed medicines safely and according to their preferences. One said, "I am a type one diabetic and take insulin. I do this myself but the staff check to make sure I am taking the right amount."

Processes, procedures and training were in place to protect people from risks including avoidable harm and abuse. Staff were aware of the risk of abuse, and knew how to report concerns. Staff were confident they would be able to raise any concerns and that concerns would be handled promptly and effectively by the registered manager.

Risks to people's safety were managed by means of risk assessments which were reviewed and updated regularly. Where identified people required oxygen therapy the registered manager had assessed the risk and made appropriate changes to other processes and practices. Staff had received training in how to manage oxygen safely.

There were sufficient staff to support people safely in the home and accompany them on excursions in the community. Staff told us their workload was manageable, and we saw they could carry out their duties in a calm, professional manner.

The provider carried out the necessary checks before staff started work. A recent staff file contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records showed the provider had carried out a thorough recruitment and induction process.

Arrangements were in place to receive, record, store and handle medicines safely and securely. Records we looked at were complete and filled in according to the provider's guidance. We saw staff wore appropriate protective equipment and followed hand hygiene procedures when supporting people with medicines according to their needs and preferences.

## Is the service effective?

### Our findings

People told us staff had the necessary skills to support them. One person said, "The carers are brilliant." People were happy that they received care and support only when they consented. One person told us, "Nobody pushes me to do anything." People were satisfied with the meals. One comment was, "The food is good. We have a choice." People were supported to access healthcare services. One person said, "The optician comes here and staff accompany me to hospital. The nurse visits weekly if I need her."

Staff were supported to obtain and maintain the skills they needed to care for people according to their needs. The provider had engaged a new training supplier since our last inspection. Extra training was provided when needed, for instance in the safe management of oxygen and behaviours that might challenge. The provider used feedback from supervisions and appraisals to inform staff training plans and staff were encouraged to obtain relevant qualifications and diplomas.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005. The manager had applied for authorisation under the Safeguards where they considered a person might be deprived of their liberty. Where people had capacity and could communicate their wishes, staff were mindful of their responsibility to obtain consent to people's care.

The provider supported people to eat and drink enough and to maintain a healthy diet taking into account their preferences and wishes. Records showed a person at risk of poor nutrition had gained weight since living at the home. Arrangements were in place for people with specific dietary needs, such as vegetarian, diabetic or low potassium diets.

The provider supported people to maintain good health and to have access to healthcare services when required. The local GP practice nurse called once a week for routine checks. Where people had a long term lung condition, the provider held standby medicines for them and carried out daily checks to monitor their condition.

## Is the service caring?

### Our findings

People told us staff were caring and that their privacy and dignity were respected. One person said, "The staff are lovely. They look after me." Another person told us, "My keyworker is very professional. I can discuss anything with her." A third person commented, "The carers are supportive. They will sit down and listen to what I have to say and we talk about things." Other comments included, "I get on well with all the staff," and "It's a nice place and staff. It is quite pleasant living here."

The provider took steps to adapt care and support to meet people's individual needs. People considered Chesterholm Lodge to be their home, and the provider made sure people could return home after they had been in hospital when their needs or conditions changed. Examples included obtaining a hospital bed for a person's room and making adaptations so that a person could receive oxygen therapy in the home. One person described themselves as "over the moon" that they could return to Chesterholm Lodge.

Staff supported other people to take part in voluntary work in the community, which helped them maintain their independence. Staff escorted and drove people to their hospital and other healthcare appointments, and helped people keep in touch with their family and other contacts. One person said, "[Name] is going to take me to see my son soon."

The service had found new ways to involve people in decisions about their care. One of the people using the service chaired the regular meetings for people living at Chesterholm Lodge. Actions raised were followed up by the registered manager. One person said, "At the last residents meeting I brought up that I would like variety in the food. The menu was changed." People had also been involved in recent recruitment decisions when prospective new staff were interviewed.

People who left the service to live in their own accommodation were welcomed back at any time for coffee and social contact. The provider had served lunch regularly for an older person living with dementia nearby although they were not a resident at Chesterholm Lodge. The person's family told us this had allowed them to stay in their own home for longer and Chesterholm Lodge had not charged them.

People told us they could get privacy and quiet in their rooms if they wanted to: "When I want some privacy I go to my room. The carers always knock on my door." However the provider was aware that too much isolation risked having an impact on one person. They found imaginative ways to encourage the person to involve themselves in life in the home and the community.



## Is the service responsive?

### Our findings

People told us the service met their needs. One person said, "I go to the shop with staff weekly. I like reading and playing bingo. The staff are very good because you can ask to do something and they will organise it for you." Everybody we spoke with was aware of what was in their care plan and told us they discussed it regularly. People were aware there was a complaints procedure, but most had not had cause to use it. One person said, "If I had a complaint I would talk to the staff but I have not had one in all the years I have been here." One person told us they had once complained about the behaviour of another person, and staff had dealt with the complaint to their satisfaction.

People received care and support which met their needs and took into account their wishes. The registered manager and staff knew people well and supported them according to their care plans and assessments. The provider had introduced a computer based care plan system since our last inspection. People's care plans contained detailed and individual information about their care needs which staff could access on hand held devices.

When staff supported people they recorded this along with notes about the person's mood and welfare. The registered manager monitored the care people received on the computer which flagged any outstanding support on a day to day basis and prompted the manager when care plan and risk assessment reviews were due.

People's wellbeing was maintained because they were supported to take part in activities and pastimes according to their interests and preferences. These included support to identify a relevant college course, go swimming, watch football, and visit sites of interest to them. The provider had arranged trips to the theatre, shops, hairdressers and cafes. When people preferred to stay in the home staff supported them with games, and arranged barbecues and curry nights. People had arranged a coffee morning in aid of a national charity with assistance from staff. If people preferred to read quietly or do crossword puzzles, staff respected this.

There was a complaints procedure in place. People were made aware of it and had blank complaints forms in their rooms if they should need one. There had been no formal complaints raised since our last inspection. The registered manager told us they responded immediately to any concerns raised informally. An anonymous email account was available for staff to raise concerns which was also unused.

## Is the service well-led?

### Our findings

At our previous inspection on 29-30 July 2015 we rated the service requires improvement in this key area. We found the provider had not always notified us about certain events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We also made a recommendation about reviewing certain management processes and practices.

At this inspection we found improvements had been made and sustained in both these areas, and there was no longer a breach of regulation. The provider had notified us of events as required in the regulation, and had also reflected on lessons to be learned from them to improve the service for people. The service was now rated good in this key area.

There was an open, transparent culture where people and staff could raise concerns and be confident they were listened to. The rating from our previous inspection was clearly displayed in the home and on the provider's website. This meant people who used the service and others knew how their care service was performing. The registered manager was aware of their responsibilities under the 'Duty of Candour', which meant people or their representatives were told and received an apology if things went wrong.

One person told us the home was "like a little family... I wouldn't change anything". Another person said, "The best thing is everything is done on time and the food is lovely." A third person told us, "The best thing here is everyone respects my wishes." Another comment was, "I think the only thing to say about this home is to praise it and give it full marks."

There was a registered manager in post. A registered manager is a person who has registered with us to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager had been deputy manager at our last inspection. The provider had managed the transition from the old to the new manager to make sure people had continuity of service.

Staff described the service as "friendly and homely" and "like a little family". They were aware of and shared the provider's vision for the service which was based on privacy, dignity, independence, choice, respect, fulfilment and support. The provider and registered manager kept up to date with changes in legislation and good practice through subscriptions to advisory organisations such as Hampshire Care Association and Skills for Care. They also engaged independent consultants for advice on some management topics and care quality. This meant people could benefit from new developments in the care sector.

There was an effective management system in place. The registered manager had agreed their personal objectives and had a continuous improvement plan in place for the service. The management system included staff supervisions, which the manager had delegated to senior staff, and appraisals, regular meetings with people living at the home, with staff and with senior staff. Records showed that items raised at the residents meetings were followed up at the staff meetings. Staff meetings were also used to

encourage good practice, for instance in the recording of medicines.

Staff logged any accidents or incidents that occurred. These were followed up individually and reviewed monthly for any trends or lessons learned to improve the service for people. When these reviews showed a person was experiencing more frequent falls, their care plan was amended with actions staff could take to reduce their risk of falling.

Records showed there were regular checks on housekeeping and cleaning. There was a maintenance log where staff recorded faults and the caretaker signed off when works were complete. There were regular maintenance schedules for vehicles, window restrictors, wheelchairs, fire door retainers, and food temperature probes. There had been recent risk assessments by external suppliers for risks associated with asbestos and infection from legionella bacteria. Other checks included electrical wiring and appliances, stairlift, food hygiene, gas safety and bath hoist. There was an agreement in place for disposal of hazardous waste. People were supported to live in a properly maintained and safe environment.

There were arrangements in place to monitor and improve the quality of service provided. The provider engaged an external consultant to visit once a month to report on one area of the service. The consultant's investigations included talking with people living at the home and staff. Where they identified improvements, associated actions were identified and signed off when complete by the provider.

The provider also carried out yearly surveys of people, their families, and visiting health and social care professionals. Staff supported people to complete the survey if needed. The results of these were summarised for people and actions identified. Records showed that in the last survey undertaken, all people using the service were satisfied they had a good standard of accommodation, they had choices, liked the food, and provision was made to afford them privacy when needed. One person commented, "Staff do an excellent job."

Feedback from people's families was positive. One family member wrote, "I am very happy that Mum is in such a lovely home." Another person's relation commented "very pleased with how you look after [Name]".

All the feedback from health and social care professionals was "good" or "excellent". One referred to a "lovely, warm, caring environment" with "individualised care". Another wrote, "Residents appear to be happy and well cared for."