

Anchor Carehomes Limited

Chesterton Lodge

Inspection report

Loomer Road
Chesterton
Newcastle Under Lyme
Staffordshire
ST5 7LB

Tel: 01782562690
Website: www.idealcarehomes.co.uk

Date of inspection visit:
20 April 2016

Date of publication:
03 June 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was unannounced. At our last inspection in December 2013 we found that the service was meeting the required standards in the areas we looked at.

Chesterton Lodge provides support and care for up to 64 people, some of whom may be living with dementia. At the time of this inspection 58 people used the service.

The service had a registered manager. 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.

Staff were aware of the actions they needed to take if they had concerns regarding people's safety. Risks to people's health and wellbeing were identified, recorded, reviewed and managed. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

There were enough suitably qualified staff available to maintain people's safety and meet their individual needs. Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed.

People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

People were supported to make important decisions about their care and treatment. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People told us they enjoyed the food and were provided with suitable amounts of food and drink of their choice. Where people needed help with eating and drinking, staff provided the level of support that each individual person required. Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

Various leisure and recreational activities were provided within the service; these were either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

Staff told us they felt well supported by the management and worked well as a team. People were aware of

the complaints procedure and knew how and to whom they could raise their concerns. The safety and quality of the home was regularly checked and improvements made when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from the risk of abuse. There were sufficient numbers of staff to meet people's individual needs and keep people safe. Risks to people's health and wellbeing were identified, managed and reviewed. People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs. People were supported to have their healthcare needs met. People told us they had sufficient amounts to eat and drink each day and they enjoyed what was offered.

Is the service caring?

Good ●

The service was caring. People told us the staff were kind and considerate. We saw staff were compassionate and patient when supporting people with their care needs. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. Some people were aware of the complaints procedure and knew who they could speak with if they had any concerns.

Is the service well-led?

Good ●

The service was well led. There were clear lines of management responsibility within the service. Staff told us they felt supported to fulfil their role and the registered manager was approachable. Systems were in place to continually monitor the quality of the service.

Chesterton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 20 April 2016 and was unannounced.

The inspection team consisted of two inspectors 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.

Prior to the inspection we looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with 12 people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives of people who used the service to gain feedback about the quality of care. We spoke with the registered manager, the district manager, two senior care staff, two care staff, a member of the ancillary team and a visiting health care professional. We looked at four people's care records, staff rosters, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

People told us they felt safe, secure and comfortable at the service. We asked a person who used the service if they felt safe and comfortable, they told us: "I know I've got to be here, so I have to make the most of it. I know I was not safe at home like I am here, there's always someone to help". A visiting relative told us: "'Oh yes of course it's a closed environment nothing much can go wrong because all the bases are covered". Staff explained how they would recognise and report abuse. One staff member explained the procedures they would follow if they witnessed any abusive situations. They told us: "I have never had any concerns with the safety of people here at the home, but I would have no hesitation to report any concerns to either the manager or directly to the safeguarding team. Contact details are in the office so we are all aware of the actions we may need to take". We saw procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. The registered manager gave us examples of safeguarding issues that they had raised when they had suspected abuse.

The registered manager told us the staffing numbers were based on the dependency needs of people who used the service. Staff confirmed that the levels of staff were sufficient for them to provide the care and support to people in a safe and effective way. Staff were allocated each day to work in various areas and this included the continual supervision of the communal areas within the service. This ensured that when people needed support and help we saw staff were readily available to provide the support needed.

We saw staff supported people when they needed help to move around the home in a safe way. People had been provided with walking frames to support them with moving around safely. Staff told us and we saw that risk assessments were completed for a person who had mobility problems and was at risk of falling. The action needed to support the person with their mobility in a safe way was recorded. All efforts had been made to ensure the person's safety and after they had experienced a fall, a referral had been sent to the falls clinic for additional support and guidance.

We looked at the processes for the recruitment of staff. We saw the registered manager had followed safe recruitment procedures. References and Disclosure and Barring (DBS) checks were completed to ensure that prospective staff were of good character. The DBS is a national agency that keeps records of criminal convictions and helps employers make safer recruitment decisions and prevent unsuitable people from working within care services. The registered manager told us and we saw that checks were made at regular intervals to ensure staff continued to be suitable to provide care and support to people.

People's medicines were stored and administered safely. Medicines were kept in locked medicine trolleys and were administered by trained staff. We observed a member of staff administered medicines. Staff told us that one person refused to take their medicine. The staff told us they would return later during the morning and offer the person their medicine again. We saw there were systems in place to record when people had refused and taken their medicines. We observed a member of staff handed a person their medication and patiently waited with them, the person turned their hand over to receive it so they could take the medication themselves. Some people had been prescribed medicines that had specific instructions when they were to be taken. The senior care staff told us and we saw the arrangements in were in place to

ensure people benefitted from the effectiveness of the medication because it was given exactly as prescribed.

Is the service effective?

Our findings

Staff told us they had sufficient training to provide them with the knowledge and skills required to provide the necessary care and support to people. They had received training in dementia care and awareness and this provided them with an understanding of the support people who lived with dementia needed. We saw that staff were patient and skilled when interacting and providing care to people who were living with dementia.

Staff consulted people at all times in relation to making decisions and choices. For example, what they would like to do, where they would like to sit and what they would like to eat and drink. Some people who used the service required support to make decisions and to consent to their care, treatment and support. The registered manager confirmed and we saw from records that when needed an assessment of people's mental capacity to make informed choices and decisions had been completed. We saw that several people had made arrangements for a Lasting Power of Attorney (LPA) authorisation. This nominated person was able to make specific decisions on the person's behalf when the person no longer had the capacity to make decisions. For one person this authorisation had not been instigated as they had capacity to make important specific decisions about their care. We saw that they had discussed with their doctor their preferences for their end of life care. This was clearly recorded in their care records to ensure their preferences would be upheld.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff demonstrated they understood the principles of the MCA. The rights of people who were unable to make important decisions about their health or wellbeing were protected.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us and we saw that DoLS referrals had been sent to the local authority because some people were subject to continuous supervision and not free to leave the premises. Some people had legally been deprived of their liberty and had authorisations in place. We saw that the restrictions of movement for people were minimised and in the least restrictive way. People could access all areas within the service and staff were available to support people with visiting other areas of the service or going out into the garden should they wish to do so.

People told us they enjoyed the food and had plenty to eat. One person told us they particularly liked the breakfast and looked forward to it each morning. We saw that staff served food to people in the manner that met their individual needs. Each course was served as people finished the previous one. People were provided with an individual service and at their own speed. For example we saw a person who required support and assistance with eating and drinking. The staff helped the person with the mug of drink and asked: "Would you like to try and do it?" The person took the mug and enjoyed the drink. This showed the

staff gave the person the opportunity to be independent and have choice.

Staff told us that some people were at risk of not eating or drinking sufficiently throughout the day. Each person had a nutritional risk assessment with a care plan. The registered manager told us that where people were considered to be nutritionally at risk food and fluid charts were implemented to monitor their daily intake. We saw referrals had been made to speech and language therapists and dieticians following consultation with the GP where people had lost weight or were reducing their intake of food or fluid.

Staff supported people to access health care services should they become unwell or require specialist interventions. A visiting health professional they told us that the staff always sought advice appropriately and in a timely way when they had any concerns with the healthcare needs of people. We asked staff about the specific health care needs of one person who used the service. The person's plan of care did not correspond with the information given to us by the member of staff. The person was unable to offer a full account of their current health needs. Staff demonstrated they had a good knowledge and understanding of this person's individual needs and the risk of harm as a result of poor record keeping was low. We spoke with the registered manager about our findings. They took immediate action to improve the communication links between the service and visiting professionals to ensure staff had access to the latest health treatment plans.

Is the service caring?

Our findings

People who used the service and relatives told us that the registered manager and staff were caring. People told us: "It's a good place, a lovely home, I couldn't want for anything better. When I'm poorly and I stay in my bedroom they always remember to bring me a pot of tea". Another person said: "I can get up whenever I like in the morning and have a cooked breakfast. It's nice here, the staff are lovely". We observed staff were kind and patient with people and offered reassurance and support when necessary. We observed staff interacted in a kind and caring way with people throughout the inspection. It was clear that the people who used the service and staff got on well together. Laughing and joking between people was evident throughout the home, which resulted in a friendly and relaxed environment. We saw that staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

A relative told us: "I can't speak highly enough of the staff and management, what always impresses me is they always speak to the residents with dignity and respect, the staff are very kind, spend time with people and the staff always ask my dad if he wants to be involved with activities, even though he usually doesn't join in". We saw people's needs were responded to quickly and if a person became upset or distressed, staff offered them reassurance in a caring, kind and supportive way. We saw one person walked around looking anxious, a staff member quickly reassured them and took time to be with and talk with the person. We also saw a member of staff support a person who was a little upset to a quieter area of the service to allow them some private time and space.

One visitor told us they were involved with the planning and review of their relative's care: "I like to be included in discussing the care of my relative with staff, my relative is now unable to be fully involved due to dementia, and we as a family do all we can to help". Staff told us and we saw that opportunities were offered to people to make choices and options throughout the day. People were given time to decide what they wished to do and staff supported them with their choices

People told us that staff respected their privacy and dignity. One person who used the service told us: "The staff always knock my door, even though they know it isn't locked and ask if it's ok to come in". We saw one person needed support to move from area to area and need the use of the mechanical hoist. We saw staff spoke with the person throughout the process, informing them of what was to happen, this put the person at ease. Staff were careful to ensure the person's dignity and modesty was not compromised during this interaction.

Is the service responsive?

Our findings

Staff told us that a person was at times resistive when they required help with their personal hygiene. Staff explained the action they took to support the person when support was needed. They told us how they used diversion and distraction techniques to reduce the person's anxieties so that the essential support could be provided to ensure the person's comfort. We saw the behavioural management plan for this person accurately corresponded with the explanations offered by the staff. This meant that this person received the personalised care they required.

One person told us they did not join in the group activities and said: "Not really, I make my own pleasure I like knitting and reading". Another person told us how much they looked forward to the regular visits by the local clergy and the comfort they got from the monthly service. They told us that their religion was very important to them and was pleased they were that they could continue with this. There was a programme of group activities each day, all people were informed of the activity and asked if they would like to join in. Some people were eager to participate others did not wish to do so. Their preferences were respected. We saw that most people were engaged and busy with some form of activity throughout the day either in a group setting or on an individual basis.

The environment was spacious so that people could easily and safely walk around. There were different areas of interest on each of the floors, for example there was a coffee shop where each week a coffee morning was held. A music room had recently been developed; one person who used the service told us they played the piano but hadn't as yet had the opportunity to do so. The registered manager told us they would arrange for this person to be supported to the music room so that they could use the piano. Other areas for the purpose of reminiscence had been provided with equipment such as dolls and rummage boxes. Rummage and memory boxes help people reminisce and share meaningful conversations. Photographs and items important to the person had been positioned on bedroom doors to act as a reminder so that people could easily find their bedroom.

Everyone had a plan of care which informed staff of people's social history, likes, dislikes and preferences. We saw the plans were reviewed at regular intervals. A relative told us: "Yes we periodically discuss my relative's care, my sister and I try to do every other one [care review] so we get a different perspective on it". Staff told us and we saw, that people's care plans included information about how to provide individual care and support to people. These included details of any choices people could make for themselves, any behaviour that may challenge and the life history of the person. This ensured a whole picture of the person was available for the staff to enable them to support the person in the most appropriate way. We spoke with the registered manager, who said they were in the process of reviewing the care plans to make them more person centred and we saw this was happening.

We asked people if they were aware of the complaints procedure and the action they would take if they had any concerns. One person told us: "Oh absolutely, yes, I would see the manager if I had any concerns". Another person said they would speak with their family who would then be able to see the manager of their behalf. There was a complaints procedure in place and records showed that complaints had been dealt with

in line with the procedure. We saw complaints were logged, investigated and actions were taken when required. The registered manager told us about a recent complaint where they had investigated the concerns, made the improvements that were needed and confirmed the complainant was satisfied with the action taken.

Is the service well-led?

Our findings

Without exception people told us the registered manager and management of the service were open, welcoming and approachable. A member of staff commented: "We are well supported by the manager and can go and see them if ever we have any concerns or need to discuss someone's care and support needs. It is very well organised and I can look after people well and not feel compromised in any way in providing care". There were clear lines of responsibility within the various staff teams and staff knew who to report to.

Meetings with the various staff teams were planned at regular intervals. Minutes of the meetings were completed and available for the staff unable to attend. At a recent care staff meeting discussion was held on the new paperwork being introduced with staff given the opportunity for further discussion with the registered manager as the implementation of it progressed. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

Systems were in place to seek people's views and experiences of the home. Resident's meetings were held where people had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, laundry and the staff. We saw that action had been taken by the registered manager when a person reported their socks were missing.

The registered manager told us and we saw that checks and audits were completed each month throughout the year to assess the quality and safety of care the service provided. For example, accidents and incidents, infection control, medication, care plans and reviews. These were then discussed with the district manager; action was then taken if any themes or trends with any issues within the audit were identified. The registered manager told us that this system speedily identified any shortfalls in the quality and safety of the service and they were able to respond quickly. We were told of the plans to further improve the service to ensure that people who used the service were comfortable, safe and had their care and support needs fully met.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration.