

Chase Lodge Care Home Limited

Chase 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chase Lodge Care Home is a residential service providing personal care for up to 21 people with mental health support needs. The service consists of one adapted building, which includes individual bedrooms and communal spaces and an accessible garden. At the time of our inspection there were 18 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

The service did not always provide people with care and support in a safe environment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence.

Right Care:

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service had plans and guidance to support people with their individual risks.

Right Culture:

Systems were in place to monitor the quality of the service to people. However, quality assurance systems were not always effective at identifying and resolving issues within the service. People received consistent care from staff who knew them well. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 and 4 September 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff recruitment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chase Lodge Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to safe care and treatment at this inspection. We have made a recommendation regarding management oversight. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Chase Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one 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. The Expert by Experience contacted people and their relatives by telephone to request their feedback.

Service and service type

Chase Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chase Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with seven people who used the service and five relatives. We spoke with six members of staff including the registered manager, nominated individual, deputy manager and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included three people's care records and seven people's medicines records. We looked at three staff files in relation to recruitment and records relating to staff induction, training and supervision. A variety of records relating to the management of the service and quality assurance were reviewed including policies and procedures and quality audits. We sought feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks were not always fully assessed with timely action taken to reduce risk.
- At the time of the inspection the registered manager told us the rear garden had been closed to people using the service for approximately 8 weeks due to health and safety risks identified.
- However, some people still had access to the rear garden from their bedrooms and we found the area contained tools and other hazards which placed people at risk of harm. The management team told us people were able to retain the relevant safety information and access needed to be maintained in the event of a fire. However, there was no risk assessment in place, the provider had not fully assessed the risk to people to ensure their safety.
- We found some radiators within people's bedrooms were not covered, which placed people at risk of burns. The registered manager told us the radiator covers had been removed for maintenance or needed to be replaced. The service had a risk assessment in place, which identified radiators should be covered or replaced with safer radiators. We found information within the risk assessment was not up to date and action had not been taken in a timely way to manage the risk.
- We found an area of carpet which was heavily worn and represented a trip hazard. The registered manager told us the carpet could no longer be cleaned effectively and needed to be replaced. We were told plans were in place to replace the carpet with flooring the following month, however the registered manager confirmed this action had been outstanding since 2020.

We found no evidence that people had been harmed, however the provider had failed to robustly assess and manage environmental risks to people. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager and the nominated individual. We were told the provider had recently invested in improving several areas of the premises, however there had been difficulties recruiting staff which had impacted on some maintenance issues being addressed.
- During and following the inspection, the registered manager responded promptly to the issues raised. We were told radiator covers were ordered and put in place, and the carpet was made safer before being replaced. During the inspection action was taken to remove some of the hazards from the rear garden and people's access was risk assessed. Following the inspection, we were sent an update on renovations to the premises including the rear garden.
- Risks associated with people's care and support were well managed. The provider had systems in place to

assess risks to people before undertaking their care and support.

- Risk assessments relating to people's mental health support needs were person centred, reflected people's changing needs and provided clear guidance for staff to support people in the least restrictive way.
- Despite our concerns about environmental risks, the service carried out other building safety and equipment checks to ensure the safety of people living within the service.
- Health professionals who regularly visited spoke positively of the service and told us risks to people were well managed. One health professional said, "Chase Lodge staff will think outside the box to maintain safety, they are working with very complex individuals with chronic and enduring mental health needs and often need a different approach, they adapt their thinking to ensure safety."

Staffing and recruitment

At our last inspection we found the provider could not be fully assured about new staff's suitability as suitable checks were not always completed. This was a breach of 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included DBS checks, evidence of conduct in previous employment and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us people were supported by a consistent team of staff. We observed there were enough staff to keep people safe and meet their needs, people and their relatives confirmed this. One person said, "Yes, I think so, there's always staff about." A relative said, "Yes, I think so, there always seems to be staff."

Using medicines safely

- People received their medicines safely and as prescribed.
- We found no errors or unexplained gaps in recording on Medication Administration Records. One person said, "I get all my medication; they bring it up to me. I'm alright with it all."
- Medicines were stored appropriately. Staff were trained and assessed as competent before supporting people with their medicines.
- People who needed 'when required' (PRN) medicine, for example pain relief, had appropriate protocols in place to inform staff when the medicine should be given.
- The provider was completing a regular medicines audit to check people were receiving their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and relatives told us they felt safe with the care and support they or their relative received. One person said, "I feel safe yes, the staff make me feel safe." A relative said, "Yes, I think so, I think [person] is safe there, it's the best place for [person]."
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse.

- Staff had received training in safeguarding adults and understood their responsibility to report any concerns.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection we found an area of carpet which was heavily worn and could no longer be cleaned effectively.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was following guidance in relation to visiting. At the time of the inspection the service was open to visitors with no restrictions. This was in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were documented and included details of the event and actions taken.
- The registered manager and staff reflected when things had gone wrong. This ensured lessons were learnt and practice improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection before last (published December 2019) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us they received support from staff who were appropriately skilled and knowledgeable to carry out their role. One relative said, "Yes, all the staff seem to know what they are doing, know how to care for [relative] and the other residents."
- Staff told us they had completed an induction which included shadowing another member of staff, the provider's mandatory training and where required completion of the Care Certificate, records confirmed this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were well supported by the management team and records confirmed staff received regular supervision and an annual appraisal. One staff member said, "I do feel supported in this job, I feel part of the team."

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

- People were supported to access a balanced and healthy diet.
- People attended menu planning meetings in order to feedback on the food provided. People's food preferences were recorded, and staff were aware of people's dietary needs.
- Our observations of the mealtime experience were positive. Tables were set, people were supported to eat, and drink where required.
- People and their relatives told us they were satisfied with the food on offer. One person said, "If I like it, I eat it. If I don't like a certain meal, they'll make me something else." A relative said, "I've never heard [person] complain about a single meal."

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment. People's care records considered their diverse needs such as their personal history and religious beliefs.
- People told us they were able to make day to day choices regarding their care and support. One person said, "I can come and go as I please. If I get bored, I go for a bike ride." Another person said, "No, I can do what I want."
- Relatives told us they were kept informed about their family members support. One relative said, "I talk to the staff, I visit there every week."
- Policies and procedures provided guidance for staff and referred to legislation and good practice

guidelines.

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

- People and their relatives told us the service supported people to access healthcare services, records confirmed this. One relative said, "[person] sees professionals and they [service] keep in contact with us."
- Care plans included details of people's health conditions and provided information and guidance to staff on how people were to be supported.
- The registered manager told us people had regular access to healthcare professionals such as the GP and mental health nurse as part of a care home hub pilot. One healthcare professional who worked regularly with the service said, "The staff communicate extremely well and are proactive with their concerns, any perceived risks, rather than reactive with a determination to do all they can for those they care for."
- Daily handover meetings took place which supported the sharing of information about people and their health and care needs.

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

- Areas of the service had been developed and refurbished since the last inspection including a new medication and laundry room.
- People had access to other outside spaces including a courtyard area and front garden whilst the rear garden was closed, we report further on this in the safe section of the report.
- People's rooms were homely and reflected their interests and hobbies with personal effects such as photos and artwork. People we spoke to told us they were satisfied with their rooms. One person said, "I love this room."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care was recorded. Where people lacked mental capacity to make a specific decision or their capacity fluctuated, a mental capacity assessment had been undertaken and a best interests process followed.
- Where people were deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff had completed training and demonstrated an understanding of the MCA.
- We observed, and people told us they were asked for verbal consent before being supported by staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. Leaders did not always ensure systems and processes in place were operated effectively to identify and resolve issues within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service completed a range of management audits to monitor the quality and safety of the service, including medicines, care plan and infection control audits. However, we found these systems and processes were not always effective at ensuring risks to people were identified and addressed in a timely way.
- For example, the service was completing a regular health and safety audit, which identified the rear garden was not safe for people to access. However, the provider had not sufficiently assessed the risk to people who had access from their bedrooms to ensure their safety.
- Audits, risk assessments and the service maintenance log identified the risks we found with radiators and carpet which was in need of replacement within the service, however timely action had not been taken to address these issues.
- Other management audits completed by the service identified areas for improvement and detailed actions taken in response.
- We found improvements had been made relating to staff recruitment and some areas of the premises had been improved and refurbished since the last inspection.
- Policies and procedures were up to date and in line with best practice. The registered manager demonstrated appropriate knowledge of their regulatory obligations.
- People, their relatives and health professionals spoke positively of the management team and told us they felt the service was well managed. One person said, "I talk to [deputy manager], she helps me." A relative told us, "It is well managed. I trust the way [registered manager] has a quiet control of the place."
- Overall people and their relatives told us they were satisfied with the service provided. One person said, "All in all, I'm quite happy here."

We recommend the provider reviews their auditing procedures to ensure they are more effective in identifying and addressing issues in a timely way

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

- The management team promoted a positive culture, which delivered person centred care and support. People received support from staff who knew them well.
- People told us they were able to make day to day choices regarding their care and support.
- Staff told us morale was positive in the staff team and they felt able to raise any concerns with

management. One staff member said, "We all get along, the company paid for team building. Good to have fun outside of our work setting."

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

- The management team sought the views of people using the service. This included residents' meetings, key worker sessions and questionnaires.
- Records confirmed regular staff meetings were taking place. One staff member said, "Once a month. [registered manager] has an agenda. We can bring up anything. If I don't want to say in the meeting, I can speak to [registered manager]."
- The service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.
- Policies in place identified the actions staff should take in situations where the duty of candour would apply.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and managed to keep them safe.