Mrs Jane Travers

Chestnut 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

About the service: Chestnut Lodge is a residential care home that was providing personal care to eight people aged 65 and over at the time of the inspection.

People's experience of using this service:
People felt safe living at Chestnut Lodge and had their risks assessed and reviewed regularly. Staff understood the actions needed to prevent avoidable harm including the prevention of avoidable infection. Medicines were ordered, stored, administered and disposed of safely by trained staff.

Staff had been recruited safely ensuring they were suitable to work with vulnerable adults and staffing levels responded to the needs of people. People were cared for by staff who had received an induction and had on-going training and support that enabled them to carry out their roles effectively.

Pre-admission assessments had been completed with people and their families and gathered details of people's needs and choices. This information had been used to create care plans that reflected peoples care needs and lifestyle choices, spiritual and cultural needs and were reviewed regularly and understood and followed by the care team. People received responsive and compassionate end of life care.

Relationships between people and the staff team were positive, kind and caring and people felt involved in decisions about their care. People had their privacy, dignity and independence respected. People had opportunities to be involved in activities both within the home and the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Leadership was visible and the registered manager and deputy worked alongside the care team enabling practice observations, learning and development and teamwork.

Quality assurance systems included an annual survey, monthly audits, a complaints process and regular meetings with people, their families and staff. When improvements were identified actions had been taken appropriately and outcomes shared to aid learning and improve service delivery.

A full description of our findings can be found in the sections below.

Rating at last inspection:
The service was rated 'Good' at our last inspection carried out on the 28 September 2016.

Why we inspected:
This was a planned inspection based on previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring section below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive section below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led section below.

Chestnut Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by a one adult social care inspector.

Service and service type:
Chestnut Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with four people who used the service and two relatives. We spoke with the registered manager, deputy manager, two care workers and a community nurse who had experience of the service. We reviewed three peoples care files and discussed with them and care workers their accuracy. We

checked two staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People and their families described the care as safe. One person told us "There is always somebody about if I need help".
• People were cared for by staff that had been trained to recognise signs of potential abuse and the actions needed if abuse was suspected.
• Safeguarding concerns had generally been managed appropriately. However, we read two recent incidents were a person had unexplained bruising and the local safeguarding protocol had not been followed. We discussed this with the deputy manager who agreed their review of the incidents had not identified this and completed a referral immediately to the local authority safeguarding triage. They also reviewed their audit tool and made changes to avoid this occurring again.
• People were protected from discrimination as staff had completed equality and diversity training and respected people's individuality.

Assessing risk, safety monitoring and management
• People had their risks assessed and regularly reviewed. Assessments included falls, malnutrition, dehydration and skin damage. Staff understood the actions they needed to take to minimise the risks of avoidable harm. These included the use of specialist pressure relieving equipment, monitoring people's weight and providing special textured diets.
• Records showed us that equipment was serviced regularly including the boiler, fire equipment, and hoists. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment
• People were supported by staff that had been recruited safely including criminal record checks to ensure they were suitable to work with vulnerable adults.
• Staffing levels were flexible and met the changing needs of people. One person told us "The staff are always there if you need any help. You don't have to wait".

Using medicines safely
• People had their medicines ordered, stored, administered and disposed of safely. Protocols were in place for medicines prescribed for as and when ensuring they were administered safely.
• Staff understood the protocol for reporting medicine errors and records showed us these had been followed.

Preventing and controlling infection
• People were protected from avoidable risks of infection as staff had completed infection control training

and were following safe protocols.

Learning lessons when things go wrong
• Incidents, accidents and safeguarding's were seen as a way to improve practice and action taken in a timely way when improvements had been identified.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People and their families had been involved in pre- admission assessments to gather information about their care needs and lifestyle, spiritual and cultural choices.
• Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience.
• People were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
• Staff had opportunities for professional development. A care worker told us "This home is good for developing people. We always get all staff on to NVQ's" (now diploma's in health and social care).
• Day and night staff had regular supervisions including a bi-monthly practical supervision. The deputy manager explained "It involves different subjects such as communication, moving and handling or focuses on something that staff or we have highlighted".

Supporting people to eat and drink enough to maintain a balanced diet.
• People had their eating and drinking needs understood and regularly reviewed including referrals to the speech and language therapy team when people needed specialist swallowing assessments.
• Mealtimes were flexible, food was home cooked, well balanced and appetising with menu choices clearly displayed in the foyer.

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

• Records showed us that people had received support from other agencies when needed including community nurses supporting with wound management and end of life care.
• When people were transferred to another agency such as hospital key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
• People had access to a range of healthcare services including chiropodists, dentists, opticians and audiologists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
• People had access to areas in the home for both private and social time and access to outside space.
• Access to the first floor was via stairs or a stair lift. When people had their room upstairs if their mobility deteriorated it meant they needed to relocate to a ground floor room.
• A specialist bathroom had been upgraded since our last inspection and at people's request a shower room

was planned in on-going refurbishment works.

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 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.
• When people had been assessed as not having the capacity to make specific decisions these had been made in their best interest within the framework of the MCA. Best interest decisions included input from families, advocates and health professionals and included management of finances and use of equipment such as bed rails.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection applications had been made to the local authority awaiting assessment. There were no people living at Chestnut Lodge with an authourised DoLs in place.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People spoke positively about the care they received. One person told us "I'm never rushed, you have absolute choice; it's like a second home". Another told us "You feel part of the family; they are lovely people (staff)". Another said "The night staff will come if you call them. I had a bad night one night and they were really good".
• We observed people enjoying time with staff, chatting and smiling. Conversations were relevant to people. One person was sharing stories about their life with a carer whilst they sat and browsed a personal photograph album.
• Families and friends could visit at any time and told us they always felt welcomed. People were supported to keep in touch with their families and friends. One person had relatives living abroad and staff helped set up a regular skype meeting.
• Staff were respectful of how people chose to spend their time and people's personal space reflected their individuality and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care
• People felt involved in decisions about their day to day care. One person told us "If you want to be left alone they leave you alone; I couldn't have a better place".
• Care plans included details of a person's preferred daily routine and we observed these being followed by staff.
• People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence
• We observed people having their privacy, dignity and independence respected throughout our inspection. Staff used people's preferred name when addressing them, knocked before entering rooms and maintained people's dignity when providing support.
• Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People had care plans which reflected their personal care needs and choices, were understood by staff and reviewed at least monthly.
• Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. A relative told us "(Name) loyal to the church and staff would always make sure they watched the church service on TV".
• People's communication needs were clearly assessed and detailed in their care plans. The deputy manager explained "For one person we made a picture book with the help of a family. It included food, drink, clothes and places (name) liked to visit".
• People had opportunities to be part of their local community. One person had visited an old place of work, another enjoyed visits to the local pub. The noticeboard contained information about a local dementia action group, community gardening project and a quiz competition with a neighbouring care home.
• People could choose whether they wished to be involved in activities which included arts and crafts, movie afternoons and 1-1 time with staff.

Improving care quality in response to complaints or concerns
• People and their families had been provided with information about how to make a complaint which included details of how to appeal to external organisations against the outcome. One person told us "If I had a concern I wouldn't worry about talking to them (staff). They are a good team and I think they would do something about it".
• Records showed us that complaints were investigated appropriately and actions and outcomes used to improve service delivery.

End of life care and support
• People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
• Records showed us that staff worked closely with a person's GP and the community nurse team to ensure people received end of life medicines to maintain their comfort. A community nurse shared their experience and said, "Really pleased as (name) looks extremely comfortable; good personal care".

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The home had a small staff team and the registered manager and deputy provided visible leadership working alongside the care team.
• Staff spoke positively about the management of the home. A care worker told us "It feels an organised home and is quite friendly".
• The culture of the home was open and transparent. The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The Manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
• Staff had a clear understanding of their roles and responsibilities and understood the boundaries of their decision making.
• Audits were completed monthly including infection control, risks to people, health and safety and medicines. When areas requiring improvement were identified actions happened in a timely manner. We saw a medicine audit identified a photograph was need for a person and this had been completed.
• A quality assurance survey had been carried out annually and gathered feedback from people and their families. The deputy manager explained that in response to feedback a bathroom was being changed to a walk-in shower room.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings, newsletters and social events. Minutes demonstrated discussions had included feedback on food, activities, maintenance and actions taken following feedback from previous meeting.

Working in partnership with others

• The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice.
• National publications such as the 'Nursing Times' were used for continuous learning. One article 'Recognising and Preventing dehydration' had been shared with staff and led to a dehydration assessment tool being introduced.