

Minster Care Management Limited

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Chestnut Lodge is a care home with nursing for up to 64 older people. The home is divided into four units. At the time of our inspection 61 people were living at the home. Some people were being cared for at the end of their lives and some people were living with the experience of dementia. The home is operated by Minster Care Group who provide care and support in care homes throughout the United Kingdom.

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

People and relatives spoke positively of the service, staff and managers. They felt safe and their needs were well met. One person told us, "I would recommend it to anyone."

People's care and risk management plans were personalised and reflected their individual needs and preferences. Staff reviewed and updated these regularly. People and their relatives were involved in the service and reviewing people's care. Staff supported people to take their medicines safely.

The provider recruited staff safely and staff completed a range of training to be competent to support people. There were enough staff to meet people's needs. They were supervised by managers who they said were supportive and approachable.

Staff had training on how to recognise and report safeguarding concerns and they knew how to do so. The registered manager worked with other agencies to investigate concerns. The home was clean and there were procedures in place for preventing and controlling the spread of infection.

The service worked in partnership with a variety of professionals to provide people with timely, joined up care. There were appropriate procedures in place for responding to and learning from complaints and incidents.

The provider had systems in place to monitor the quality and safety of the service. The registered manager took action to maintain and develop the service.

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.

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 7 February 2022). 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 improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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. 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 changed from requires improvement to good. 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 Chestnut Lodge on our website at www.cqc.org.uk.

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.

Follow up

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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings 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. 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.

Inspection team

The inspection was conducted by 2 inspectors, a nurse specialist advisor 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.

Service and service type

Chestnut Lodge 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. Chestnut Lodge is a care home with 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 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 11 people who used the service and 2 visiting relatives. We observed how people were being cared for and supported. Our observations included 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 a number of staff, including 4 care workers, 1 senior care worker, 1 nurse, 1 chef, 1 laundry worker, 1 housekeeper, the maintenance manager, the deputy manager and the registered manager. We looked at the care records of 6 people and 5 people's medicines support records, and 3 staff recruitment files. We also looked at a variety of records related to the running of the service, including, maintenance checks, meeting minutes and quality audits.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found that risks were not always appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- The registered manager ensured risks to people's safety and well-being were assessed and managed. People we spoke with told us they felt safe.
- People had personalised care plans and assessments in place that set out possible risks to them and actions for staff to mitigate these. These considered risks such as experiencing falls or developing pressure ulcers. One person's plan addressed their use of a skin cream that when easily transferred to bedding or clothing could make those materials more readily flammable. Plans were detailed and staff reviewed them regularly.
- Staff demonstrated a good understanding of supporting people to be safe, such as when a person was at risk of falls.
- We saw records of regular checks the maintenance manager completed around the home, such as water temperatures, windows, lighting, people's beds and bed rails, call bells and mobility equipment. This helped the provider ensure the environment was safe for people and staff.
- There were suitable fire safety arrangements in place. These included regular checks of the fire equipment and alarm systems and fire drills. The provider had recently completed building refurbishment works before our visit in order to maintain a fire-safe environment. Staff had completed fire safety awareness and fire marshal training so they knew what to do in the event of a fire.
- The provider had contingency plans in place to support the service in the case of an emergency.

Using medicines safely

- There were suitable systems in place to support people to receive their medicines as prescribed and these were managed well.
- The service ensured medicines were ordered, stored, administered and disposed of safely, including the handling of controlled drugs.
- There was suitable information and guidance for staff on when to support people to take 'only when required' medicines, such as for pain relief.
- Staff had completed medicines support training and the provider checked they were competent to

administer medicines safely.

- The provider and a pharmacist audited the medicines support systems regularly. The pharmacist had done this shortly before our visit and found no concerns.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- There were no restrictions on people visiting the home at the time of the inspection

Systems and processes to safeguard people from the risk of abuse

- The service had effective processes in place to protect people from harm and the risk of abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This included using whistleblowing procedures. The registered manager and staff knew how to respond to concerns and the managers felt confident in doing so. The registered manager promoted safeguarding awareness by talking with staff in supervisions and discussing this in team and resident meetings.
- The service worked with other agencies to respond to and investigate concerns.

Staffing and recruitment

- There were enough staff to meet people's needs, although they were busy at times. A relative commented that they thought staffing numbers were low sometimes, yet service records showed the registered manager reviewed the service's dependency levels routinely and had maintained staffing in line with this. Staff told us they felt there were enough of them on shift.
- There were suitable recruitment processes in place to help make sure the provider only employed appropriate staff. These included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had systems in place to record and review incidents and accidents so as to learn from these and try to reduce the likelihood of them re-occurring.

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 our last inspection 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.

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

- The service assessed people's needs and supported people to experience good care.
- The deputy manager had processes in place to assess people's needs and preferences before they were admitted to the service. This helped to ensure the service could meet people's needs and source appropriate support from other professionals if required. Initial assessments recorded information about people's health conditions, preferences and some of their previous life history. The deputy manager involved people's relatives in their assessments.
- The assessments informed people's care plans, which were then reviewed on a monthly basis or sooner if needed. People's plans were detailed, personalised and reflected their individual needs and preferences, including their protected characteristics, and provided staff with the guidance they needed to support people properly. A member of staff told us, "I would say the information about people is good."

Staff support, training, skills and experience

- Staff were inducted, trained and supervised so they could support people well.
- Staff completed an induction and a range of training so they were competent to meet people's needs and preferences. This included end of life care, promoting communication, dementia awareness, diabetes management, first aid and an introduction to Parkinson's Disease. Staff told us the training was helpful to their work and gave examples of this, such as moving and handling and record keeping sessions.
- The registered manager ensured staff received regular supervisions and appraisals and the provider monitored the service to make sure these happened. Staff found these supportive.
- Staff said they felt supported by the managers and some told us they had been encouraged to think about their career progression. Staff also commented on supporting each other and one said, "New staff are being supported, we all support and advise. We teach them as we go along."

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

- Staff supported people to eat and drink enough so they maintained balanced diets.
- People's nutritional and hydration care plans set out their dietary requirements, allergies, likes and dislikes, and ingredients to avoid due to a person's cultural or religious preferences. This included when people required fortified or enriched food to meet their nutritional needs.
- Staff we spoke with described how they helped people to meet their nutritional needs, such as supporting people with a fortified diet or to eat suitably to manage their diabetes.
- People and relatives spoke approvingly of the food. A person told us, "There's plenty to eat and drink here. The kitchen's very good." We observed people's dining experiences were relaxed and not hurried. Staff

supported people to eat when they needed this and gave people alternatives when they changed their mind about their food or drink.

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

- The service supported people to meet their healthcare needs and worked in partnership with other agencies to do this.
- Staff referred people to healthcare professionals when required and in a timely manner, for example for GP advice, specialist assessment or physiotherapy. Professionals' involvement informed people's care plans which set out the healthcare people required. This included support they needed to maintain their oral care and staff supported people to see a visiting dentist.
- We saw staff helped people to be physically mobile throughout our visit, such as during an exercise session and when staff encouraged a person to push a tea trolley to another activity. A staff member told us, "We encourage gently to liven things up and do movement a bit."

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

- The home's design and decoration met people's needs and was well maintained.
- The environment was homely, clean and spacious. The units were suitably lit and a comfortable temperature. Each unit was individually decorated. We saw walls and corridors were decorated with lots of artwork and small installations people could feel and interact with. There was signage about the home to help people, including those with dementia, to orientate as they moved around.
- People's rooms were decorated and personalised with their effects. People's names and pictures were on their front doors to help them identify these. There were discreet symbols on some people's doors regarding their needs so these could be referenced quickly by staff in an emergency.
- There were accessible gardens, an onsite 'pub', reminiscence room and music room. The registered manager explained their plans to improve the area with a raised flower bed. The registered manager told us that after the remedial fire safety works had completed the provider planned to redecorate.

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 were supported in line the principles of the MCA. The registered manager ensured the service worked with statutory agencies so that appropriate legal authorisations were in place to deprive a person of their liberty when this was in their best interests.
- Staff demonstrated a good understanding of mental capacity issues when working with people and promoting their choices in their daily living. Throughout our visit we observed staff helping people to make

decisions about their daily living and respecting their preferences.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems and processes for monitoring and improving quality, as well as monitoring and mitigating risk, were not always operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The registered manager had robust quality assurance systems in place, monitored and supported by the provider. These included reporting on and taking action in response to regular audits, covering areas such as infection tracking and prevention, care planning, people's weight, incidents, complaints, equipment checks, dining experiences, staff training and supervisions, and health and safety audits.
- The registered manager conducted a daily, recorded 'walkaround' of the service to check how things were going on each unit. We saw they took action in response to their findings. A person told us, "[The registered manager] comes around every day and says 'Hello' to everyone. [The registered manager] knows all our names."
- There was a stable and established management team at the service who were suitably experienced and qualified. Staff said the registered manager and deputy manager were approachable and "very supportive". One member of staff said, "Management are very helpful; they try and sort the problems" and "If you have something urgent you can go directly to them." One person told us, "The manager is very hands on."
- The provider displayed inspection ratings at the home and on their website and the managers notified CQC of significant incidents, as required by regulations.

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

- There was a positive, person-centred culture at the service and we observed people having a fun and lively experience during our visit.
- People and the relatives commended the service and the care. One person told us, "I'm lucky to have a place where there are people who are nice to us and look after us" and "I would recommend it to anyone." A relative commented, "I think the staff are wonderful. They do a wonderful job. They have a lot of patience and a lot of empathy."

- Staff and managers spoke knowledgeably about people's care needs and working together to make a difference to their lives. A member of staff told us, "Everyone talks to everyone and everyone pulls their weight, everyone's helpful."
- The registered manager ensured regular 'dignity' audits took place to make sure staff treated people with dignity and respect.

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 demonstrated a good understanding of their duty of candour responsibilities and an open and honest approach with people when things went wrong. Service records showed staff had also completed duty of candour training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people, relatives and staff to be involved in the development of the service.
- The registered manager regularly wrote to people and their relatives to update them about the service. The managers held regular meetings with people and relatives where they were able to comment on their service.
- There were also regular staff meetings to discuss service provision, changes and improvement actions, such as learning from incidents and audits, care plan reviews, and personnel changes. Staff felt listened to and one member of staff commented, "The managers share information, email everything to us and call or text us. We get the notice very quickly about changes."
- Since our last inspection the provider had conducted surveys with people, relatives, staff and professionals to gain feedback about the service. We saw the registered manager taken action in response to the findings which were almost uniformly positive.
- The registered manager told us they planned to involve people and relatives in some of the decisions regarding the planned redecoration work due to take place in the months after our visit.

Working in partnership with others

- The service worked closely with other professionals to help provide people with joined up care. This included district nurses, social workers, tissue viability nurses, physiotherapists, GPs and speech and language therapists.