Anchor Carehomes Limited

Chesterton 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:
Chesterton Lodge is a residential care home providing personal care for 56 people some of whom may have a diagnosis of dementia.

People's experience of using this service:
People were supported by safely recruited staff who had skills and knowledge to provide safe and effective support. People's risks were managed and independence was encouraged as far as possible promoting independence. Medicines were managed safely. Effective care planning was in place which guided staff to provide support that met people's needs which also took into account people's preferences.

People consented to their care and were supported in their best interests. People were supported to eat and drink sufficient amounts which were in line with dietary requirements. Professional advice was sought when needed to ensure people's overall health and wellbeing was maintained.

Staff were caring and treated people with kindness. Staff promoted choice and were treated with dignity and their right to privacy was upheld.

People were supported to access a range of activities. This included local community involvement, which involved people from the local community going to the service to provide entertainment. People were also supported to access local community activities.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. The management team were approachable to people, staff and other professionals, demonstrating a culture of openness and honesty. The provider continually sought ways to improve the service that people received.

The service met the characteristics of 'Good' in all areas; more information is available in the full report below.

Rating at last inspection:
Good (report published 04/06/2016)

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

Follow up:
We will continue to monitor the service through the information we receive.

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

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 safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Chesterton 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 conducted by one inspector, a pharmacy inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Chesterton Lodge is a care home that accommodates up to 64 people, some of whom may have a diagnosis of dementia. People in care homes receive accommodation and nursing or personal care. Chesterton Lodge is not registered to provide Nursing Care. The Care Quality Commission (CQC) regulates both the premises and care provided and both were looked at during the inspection. The home was spread over three floors.

The service did not have 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. The Care Manager was applying to register with the CQC at the time of the inspection.

Notice of inspection:
The inspection was unannounced.

What we did:
We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the provider should tell us about, for example; safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about

the service.

We spoke with six people who use the service and three relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke to the regional support manager, care manager, two team leaders, one care assistant, the head of housekeeping, the cook and one visiting health professional.

We viewed three people's care records to clarify what we had observed and what staff had told us. We looked at how medicines were stored, administered and recorded for 18 people. We looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the care manager and provider.

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:
● Staff were aware of how to recognise the signs of abuse and how to keep people safe from harm. They felt confident that the manager would address any safeguarding concerns they raised.
● There were signs around the home giving information to staff, people and relatives about how to report any safeguarding concerns via a helpline number.
● The care manager understood their responsibility in reporting suspected abuse to the local authority. Investigations were carried out to ensure people were protected from the risk of abuse.

Assessing risk, safety monitoring and management:
● People told us they felt safe. One person said, "Just a feeling, I always feel relaxed and there is always someone to help me if I need it." A relative said, "My [relative] is safe and secure here and gets the care they need."
● In the event of an accident, relevant forms were completed and handed to the care manager, and referrals were made to external professionals, such as; the falls team and people's risk assessments were updated.
● There were a variety of communal areas that people could choose to spend time in and there was a positive approach to risk taking which enabled people to maintain their independence. For example, people were able to access kitchenette areas to make themselves hot drinks.
● Personal emergency evacuation plans were in place detailing the support people would need to help them to evacuate the building in the event of a fire.
● Environmental checks and safety checks on equipment had been carried out and were up to date.

Staffing and recruitment:
● People were supported by enough staff and staff knew people well. People told us there were enough staff to meet their needs.
● Staff recruitment procedures ensured staff were subject to pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely:
● Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines as prescribed. The service had systems in place to administer those medicines that needed to be administered at specific times except for some antibiotics that needed to be administered on an empty stomach.
● Supporting information to aid staff in administering medicines that had been prescribed on a 'when required' basis was in place. Some of the information reviewed needed to be more person centred and in

greater detail so that the service could show these medicines had been administered appropriately.
● All medicines were stored securely in clean and tidy clinic rooms. Appropriate checks and storage of controlled medicines was in place.
● Staff measured and recorded the maximum and minimum temperatures of the fridges daily. The switching off and defrosting of the fridges on a weekly basis without removing the medicines to another fridge meant that some of these medicines may not be fully effective in treating the conditions they had been prescribed for. Two medicines that required cold storage conditions were not being stored in the fridge and therefore, their ability to treat the conditions they had been prescribed for was compromised. Following feedback to the care manager and regional support manager they assured us this would be rectified.
● The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection:
● Some members of staff were observed wearing nail varnish which can have an impact of infection prevention, this was raised with the care manager who said that this would be addressed.
● Staff had received training in infection control and knew what action to take to prevent infections from spreading. They had access to gloves and aprons and used these appropriately.
● The home was clean and odour free, housekeeping staff knew what action to take when a person had an infection to reduce the risk of it spreading to others.
● Infection control audits were carried out throughout the home and environmental improvements were acted on and planned changes were recorded.
● The home had received a five-star rating from the Food Standards Agency (FSA) meaning that the service had good food hygiene.

Learning lessons when things go wrong:
● Incidents that occurred at the service were recorded. The regional support manager conducted monthly audits to identify any trends. Actions were taken to reduce further incidents from taking place.
● Staff told us that incidents and complaints were shared during staff meetings to enable learning and were given the opportunity to discuss ways to prevent incidents from occurring again. For example; individual net bags had been purchased for people's laundry to ensure personal belongings were not misplaced.

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's needs were assessed before moving into the home. Staff were encouraged to read people's assessments and care plans to enable them to have an understanding of people's needs.
- Staff knew people well and risks were assessed, documented and monitored, for example; nutritional needs, pressure sores, risks of falls.
- Clear and comprehensive care plans had been developed which detailed people's preferences.
- Care plans were reviewed to ensure they captured people's changing needs and were audited by senior staff members.
- We saw that people were given choices throughout the day, demonstrating people had control over their own needs and wishes.

Staff support: training, skills and experience:
- People and relatives told us they felt staff had the skills and experience to carry out their job effectively. One relative said, "We have not had a problem in the four years [relative] has been here."
- Staff told us that the training they received was good and additional training could be requested.
- There were systems in place to monitor training such as; a training matrix and through a 'training tracker' which would automatically inform staff when refresher training was due.
- Staff had their practice observed to ensure they were delivering effective care and support.

Supporting people to eat and drink enough to maintain a balanced diet:
- At the time of the inspection we found there were a lack of sugar free choices for people who had diabetes, the provider stated that they would address this with immediate effect.
- People told us they enjoyed the food, one person said, "There is plenty of food here and if you fancy something different [staff] will do it for you."
- People were offered a healthy, varied and balanced diet. People were given a choice of which meal they would like to eat, by staff using visual show plates, where pre-prepared meals had been made, making it easier for people to make their choice.
- We observed people's experience during mealtimes was positive. It was a social occasion and there was a calm and relaxing atmosphere with music playing in the background.
- We saw staff speaking to people in a caring way and using words of encouragement to prompt people to eat their meals and ask people if they would like a second helping.
- The care manager told us that some people wake during the night and if they wish can have supper. We saw that people could help themselves to drinks in the kitchenette areas.
- Advice was sought from other professionals such as Speech and Language Therapists (SALT) to ensure

people were supported effectively to reduce risks of choking.
● Kitchen staff and care staff were aware of people's specific dietary requirements and food was prepared specifically for those who were at risk of choking. Records we viewed also reflected this.

Staff providing consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● Systems were in place to communicate with staff, such as; handover meetings which highlighted any immediate changes in people's needs and a computerised communications log which gave staff information of any other service changes.
● People received care from external health professionals, such as; district nurses, physiotherapists, and chiropodists and we saw that referrals had been made.
● We spoke to one health professional who told us how communication had improved, and that staff followed advice given to ensure people receive ongoing support in relations to their health needs.

Adapting service, design, decoration to meet people's needs:
● The layout of the home enabled people to move around freely. The corridors were wide, and the home was bright and well lit. People had access to a lift which allowed access to all floors in the home.
● People had access to a number of communal areas where they could socialise and their own private rooms when they wished to spend time in their own company.
● People's rooms were personalised with items they chose, and all rooms had en-suites.
● There was clear signage in the home including pictorial signs on people's bedroom doors which enable them to clearly identify their own room.
● There were items of memorabilia throughout the home which allowed people to reminisce. The care manager had plans to further improve this, which would include more locally sourced memorabilia in the display cabinets in the corridors, making them conversational points between people and staff.
● The care manager also had plans to change one of the living areas into a cinema style room and one of the quitter lounges into a pub style room or library.

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
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).
●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
● The provider had submitted referrals to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.

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; respecting equality and diversity:
- People and relatives told us they had good relationships with staff and they were caring and felt valued and listened to. One person said, "I could not wish for more living here."
- We observed positive interactions between people and staff. Staff spoke to people giving words of encouragement and showed compassion and comfort when people needed it.
- People were supported to maintain relationships with their relatives. One person said, "My [relative] is made to feel very welcome."
- People had their protected characteristics, such as religion considered. For example, the provider supported people to access local churches, where coffee mornings took place and held Holy Communion services within the home.

Supporting people to express their views and be involved in making decisions about their care:
- People told us they were involved in making decisions about their care and were cared for by staff that knew them well.
- People and relatives were encouraged to participate in 'residents and relatives' meetings. The meetings were to encourage feedback in relation to topics such as; communication, special occasions and activities.
- We saw, a notice board for people, relatives and visitors which stated; 'You said' 'We did' where consultation had taken place with people and relatives, responses were being displayed in the home, detailing people's and relatives' feedback and how the provider had responded.

Respecting and promoting people's privacy, dignity and independence:
- We saw that staff treated people with dignity and respected their privacy, and people told us they their privacy was respected. For example; people's personal care was carried out discreetly in the privacy of their own rooms, and staff knocked on people's doors before entering their rooms.
- People were supported to maintain their independence and could move freely around the home. People could make themselves a drink by accessing the kitchenette areas within the home.
- People had access to the onsite hair and nail salon within the home.
- People could choose when they wanted to spend time alone, which was respected by staff.

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's care was personalised, and their interests were taken into account.
- Staff were responsible for planning and implementing activities. One staff member said, "The activities have supported people to be calmer and feel less isolated, people have come out of their rooms."
- The home provided an array of activities for people to participate in should they wish, such as; arts and crafts sessions which were linked to festive events or to local industries such as the potteries industry.
- People were encouraged to be involved in exercise sessions which had been adapted to support older people and film nights.
- The home has a piano which is used by residents.
- The home had some formidable links with the local community. These included links with; the local primary school who came into the home and did activities such as; 'Boogie Beats' doing movement to music. One person said, "I love seeing the children's faces light up when they see us." The care manager told us that residents were very responsive to this and created intergeneration links.
- An external singer attends the home and dresses and sings songs relevant to a specific era.
- People were supported to attend local events within the local community, such as; lunches at the local Salvation Army.
- People had access to an iPad. The care manager said, "The iPad can help people to reminisce, for example they can do pottery, where they touch the screen to throw the pot. It also helps people with advance dementia, visually it is colourful and has shapes which people can follow with their fingers. People can access films, do skype calls to family and look at google maps to areas they once knew, including where they lived."
- The home had an onsite coffee shop, although there was no one that could support running it. The care manager told us how they had plans to employ a volunteer to support this.

Improving care quality in response to complaints or concerns:
- People and relatives told us they knew how to complain.
- The provider had a complaints procedure in place. If complaints had been received, we saw that they were investigated and responded to in accordance to the complainant's satisfaction and overall improvement of the service.

End of life care and support:
- People had been involved in discussion about their care at the end of their life. This ensured that people were supported in line with their wishes. One relative said, "Yes, this was done in January this year, it was done very well."
- The care manager told us that the home works alongside Douglas McMillian and staff have completed end

of life training. The care manager also stated they support the family during such times and have attended people's funerals as a mark of respect.

● The home had received many appreciation cards from relatives, one said, "We would just like to say a huge thank you for taking care of our lovely [relative] over the last five years. [Relative] was very happy with you and we know [relative] was very much loved by you all. We will miss [relative] so much and no doubt you will too. Thank you once more."

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 with openness; and how the provider understands and acts on their duty of candour responsibility:
- People we spoke to were very complimentary about the home. One person said, "I get plenty of rest and attention, good food and good care."
- The provider had action plans in place to ensure continuous improvements were being made and high-quality care and support was given to people which was documented in people's care plans.
- The provider promoted people and their relatives to have their say through meetings and surveys. We saw that surveys that were completed were produced into a 'Care Home Report'. The report was transparent and detailed findings such as; staff and care, home comforts, and quality of life. The results showed a comparison from the previous year and where there had been improvements or a deterioration in people's opinions.
- People and relatives felt able to approach staff and the management team.
- Staff we spoke with were positive about the care manager and the management team. One staff member said, "[The care manager] has an open-door policy, they are really approachable, and I feel they support the team," and "The provider's ethos is, happy staff, happy residents."
- The care manager had plans in place to further improve activities for people living there, these included; more community engagement, making improvements to the outside environment making it more pleasant and accessible for people to sit in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- The last inspection rating was clearly being displayed at the home and on the providers website. The provider had also produced a leaflet detailing a summary of the last report.
- Notifications were submitted where required. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- Systems were in place to monitor people's experiences of their care. Staff knew people's needs and how to support people which was recorded in people's care plans.
- Information such as complaints, compliments, accidents and incidents were being checked and monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
- We saw that people had a positive interaction with staff and management and they were involved in decision making.

● Feedback was gained from people and relatives during meetings and questionnaires, which were used to make improvements to the home. Details of the feedback and what the home did to make improvements were being displayed on a notice board.
● Staff meetings were held regularly, one staff member said, "The team meetings are really valuable."
● The provider had a closed social media platform which allowed relatives to see what had been taking place within the home, which offered reassurance to them.
● The care manager told us of plans they had to further improve the environment which would mean that people would be more enabled to have discussions about life events.

Continuous learning and improving care:
● Staff told us they were continuously supported to learn and improve the care they provided for people. For example; in addition to the mandatory training, they were able to request additional training should they wish and were supported with career development opportunities.
● Staff received regular supervision from the management team and had competency assessments where their practice was observed.
● The care manager had a clear vision in how the home could continue to improve which would have a positive impact on people that lived there

Working in partnership with others:
● The service worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.
● The care manager told us of the plans they had to involve more community activities that people could access and further support people's general wellbeing.