

Heathbrock Limited

Chester 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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We visited this service on 28 July 2014 and the inspection was unannounced.

The last scheduled inspection was carried out in September 2013 and we found that the home was not meeting the required regulations with regard to the safety and suitability of the premises. We revisited the home on 17 March 2014 and found that actions had been taken and the home now met the current regulations.

Chester Lodge is a nursing home that is owned by Heathbrock Limited. It is a modern three storey building close to Chester city centre. There are car parking spaces next to the building. The home provides personal and nursing care for up to 40 people.

Summary of findings

At the time of our visit there were 34 people living at the home.

The registered manager was experienced and had worked at the home for many years. She had been the registered manager for five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us that they were happy living at the home and they felt that the staff understood their care needs. People commented “The staff are kind”, “I like it here”, “Mum is safe here” and “This is the best place I have been in.”

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone’s health needs. We saw that the staff team understood people’s care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

We found the home was clean, hygienic and well maintained in all areas seen.

Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We looked at the care records of four people who lived at the home. We found there was detailed information about the support people required and that it was written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We found the home had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the home had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding and staff recruitment. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at Chester Lodge.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at Chester Lodge could be confident that they were protected from staff who were known to be unsuitable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had policies and procedures in relation to the MCA and DoLS. One application was in place. This meant that people who lived at Chester Lodge could be confident that staff were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

We found the service was effective.

People told us they enjoyed the food provided in the home. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

We saw there were arrangements in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the home.

Visitors confirmed that they were able to see people in private and that visiting times were flexible.

Good



Is the service caring?

We found the service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people. Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities due to their level of dementia. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring, kindness and gentleness of the staff at Chester Lodge. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Good



Is the service responsive?

We found the service was responsive.

Good



Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People and relatives we spoke with said that they had been involved in the care plan process and confirmed the plans reflected their current needs.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that on a recent complaint the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

Is the service well-led?

We found the service was well led.

The home had a registered manager who had been registered with the Commission for five years. All people and staff spoken with told us the home was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that shortfalls they had identified were addressed.

Good



Chester Lodge

Detailed findings

Background to this inspection

We visited Chester Lodge on 28 July 2014. We spent time observing care in the dining rooms and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms (with their permission) and the communal areas. We also spent time looking at records, which included people's care records, staff recruitment files and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at

safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team and the local authority contracts team for their views on the service. They confirmed that they had no concerns regarding the home.

On the day of our inspection, we spoke with 10 people who lived at Chester Lodge, one relative who was visiting the home, the registered manager and six members of the staff team.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure in the home. Comments included, “I can’t find fault with anything” and “The atmosphere is very good indeed.”

People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. A relative spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. We observed interactions between people living in the home and the staff and saw that there was a warm and friendly atmosphere. We saw good care practices, for example staff supporting people safely to get out of seats and moving with walking frames, all done with a friendly chat and respect for the individual.

We looked at staff rotas over the previous four weeks, which showed the staffing levels at the home. We saw that one nurse, one senior care assistant and five care assistants worked during the day and at night there was one nurse and three care assistants on duty. The registered manager said these staffing levels currently met the needs of the people. The care team were supported by ancillary staff which included cooks, a domestic supervisor and domestic assistants, a maintenance man and an activities coordinator. The proprietor and the registered manager were both supernumerary to the rota. The registered manager confirmed that they currently had three staff vacancies for a nurse, a senior care assistant and a care assistant. They said they usually managed to cover shifts with staff who were prepared to do overtime, the home’s casual staff or by using a local agency. The casual staff are staff that have been appropriately recruited and are available for work on a casual basis. The registered manager also explained that they were aiming to recruit slightly over budget to cover holidays and sickness. People who lived at Chester Lodge said, “The carers - you can’t fault them” and “The staff are so kind.”

We saw during our visit that there were sufficient staff to support people when they required. Call bells were answered promptly and people’s needs were attended to in a timely manner. We spoke with one relative who said “Mother is happy and so am I.”

We spoke with the staff and registered manager about safeguarding procedures. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training, they were able to tell us the right action to take so that people were protected. The training records showed that staff undertook safeguarding training on an annual basis. This meant that staff had the knowledge and understanding of what to do if they suspected abuse was taking place.

We had a discussion with the deputy manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The staff spoken with during the inspection understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The registered manager confirmed they had a copy of the Act’s codes of practice and understood when an application should be undertaken. She said that they had made eight applications recently for non-urgent DoLS and were waiting for a response from the local authority.

We looked at care documentation to track MCA assessments and DoLS and we saw that there was one DoLS in place. The information regarding this was seen to be in date and in good order. We noted that the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We looked at recruitment records of four staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the home. We discussed the induction programme with new staff members. We were told that it consisted of mandatory training delivered in a variety of ways. For example, e-learning and classroom based training. One person explained that she had been well supported from the beginning and had received basic training in moving and handling, fire awareness, first aid, safeguarding adults, basic care and had clearly understood how to maintain the privacy and dignity of people who used the service. This meant that people were supported

Is the service safe?

by staff who had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults and had received induction training appropriate to their role.

Recruitment of new staff had been undertaken however some posts were still vacant. The registered manager explained that staff usually covered for each other and casual staff supported them. Occasionally they used a local agency. We saw on the staff rotas that staff worked overtime to cover most of the shifts and that agency staff also were employed to cover shifts within the home.

We looked at four people's care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and

their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. We saw that falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and specialist equipment put in place to reduce the risk.

We found that the home was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. One person commented "This home is lovely and clean."

Is the service effective?

Our findings

Some of the people who lived at Chester Lodge could not tell us if they were involved in decisions about their care because they were living with dementia. However, we observed people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity.

One relative we spoke with confirmed they were consulted and felt involved. People commented, "I can't find fault with anything" and "Carers - you can't fault them." One person said, "The atmosphere is very good indeed." This comment reflected the feeling of a family setting within the home and the registered manager said, "That has always been my aim." Visitors confirmed that they were able to see people in private and that visiting times were flexible.

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people's care plans we noted there was information and guidance for staff on how best to monitor people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of deterioration in health. We noted records had been made of healthcare visits, including GPs, optician, practice nurse, community mental health nurse and the chiropodist. We saw that the local GP visited the home on a weekly basis and people confirmed the staff contacted their doctor when they were unwell.

We saw that nursing and care staff operated in an integrated way to the benefit of the people who lived at the home. For example a person came to the home to receive end of life care. However their condition greatly improved and their relative said "They are very happy here."

We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. When a person's need for extra support was

identified, specialist advice was sought by the appropriate professionals. For example reviews had been undertaken by the diabetic nurse, memory clinic and occupational therapist.

There were systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, safeguarding, and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. We saw a plan for future training over the next 12 months that included dementia awareness; nutrition; and infection control. The registered manager confirmed that once funding was sought these courses would be undertaken. We also saw that staff undertook National Vocational Qualification (NVQ) training in levels 2 and 3. This is a nationally recognised qualification and meant that people who used the service were supported by staff that had good knowledge and training in care. During discussions with the staff team on duty they confirmed that the training was good. One staff member who was on an apprenticeship said the training and support was very good. Another new staff member commented "I cannot do lifting at the moment because I have not had my training yet. It is coming shortly." During our visit we observed staff were efficient and worked well as a team.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed how handovers were conducted. We were told that information is verbally passed on between night staff and day staff. This ensured staff were kept well informed about the care of the people who lived in the home. We spoke with six staff who were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs.

We observed the care and support provided at lunchtime. The meal was well served and the tables were nicely set. Attention had been paid to people having various choices

Is the service effective?

of meal which had been checked the day before with people by a member of the staff team. We observed that staff on lunch duty were very attentive to people's needs, some of whom needed assistance with eating. They talked to people in a friendly manner as they served the food. Everyone we spoke with was complimentary about the food. "The food is excellent – I really mean that word" said a person who lived at the home. One relative who regularly ate at the home was very complimentary about the meals, including about the specialist feeding required for their family member. They also commented "Every need is met." We saw that the registered manager shared a meal with people who lived at the home. She said that this enabled her to see what people were eating, and gave her the opportunity to taste the food and monitor the mealtime progress.

We found the food looked appetising on the day of our visit and all people told us they had enjoyed their meals. People were offered three meals a day and were served drinks and snacks at regular intervals and at other times on request. We saw staff being available to attend to people's needs and offering drinks and interacting with them. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

The home had a three week rotational menu. The chef was an integral part of the staff team and had a good knowledge of people's likes and dislikes and any special dietary requirements. This meant the chef had up to date information about people's preferences and nutritional needs.

Is the service caring?

Our findings

We spoke with 10 people who lived in the home and a visiting relative and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at Chester Lodge. This meant people who lived at the home were treated with dignity and respect and the views of their relatives about the way care and support was provided were listened to.

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person's own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention.

During our observations we used a short observational framework for inspection (SOFI) to gather information about the experience of care from the point of view of people who used the service, alongside other information we would usually gather during an inspection. As part of this we also spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves.

We saw that staff showed patience and understanding with the people who lived at the home. They spoke with people in a respectful and dignified manner. We saw good interactions throughout the day and all the staff we observed showed dignity and respect to people who lived at the home. We spoke with one person who said for

everyone's birthday celebrations a cake and a party was held. We also saw when a family visited that staff offered them refreshments on arrival. Another example we saw was that one person became unwell during lunch. A staff member spoke quietly to them and reassured them. She then went and got a wheelchair and took them to their room. She offered them a drink and showed concern for their welfare.

The registered manager and staff showed concern for people's wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the home, in the form of a service user's guide. We saw a copy of this located in the reception area. The service user's guide ensured people were aware of the services and facilities available in the home. Information was also available on the noticeboard about advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people living in the home were in receipt of these services at the time of the inspection.

There were policies and procedures for staff about the aims and objectives of the service. This helped to make sure staff understood how they should respect people's privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

We saw that the home had a plan of weekly activities. On the day of our visit we saw the activities coordinator engaging with the people who lived in the home with several different types of quizzes. We saw people were involved in giving answers and they was a good repartee between staff and people who lived at Chester Lodge.

We saw that interaction between staff and people who lived in the home was friendly and caring and that people responded well. This was evidence to support the fact that those people living with dementia were able to respond even in small ways. For example, we saw people who were living with dementia were involved in the quiz by the activities coordinator encouraging them to answer questions and giving them time to recall information.

We saw a planned schedule of activities for each week. This included regular external entertainers, films, bingo, crosswords, quizzes, dominoes, hairdresser and manicures. The mobile library visited on a regular basis. Other activities included monthly external visits. Recent trips had included visits to the ice cream factory, Llandudno and Llangollen Steam Railway. The registered manager explained there were strong local community involvement which included the local nursery, churches, bingo and social clubs. We saw in the entrance hall many photographs of activities that had recently taken place. Minutes of a recent residents and relatives meeting showed that activities were discussed and people were happy with the planned activities and trips out. One relative said "Mother is happy and so am I. She is provided with hair and nail treatments on a weekly basis."

We looked at four care plans and other care records for people who lived at Chester Lodge. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments, which we saw were up to date.

The daily record sheet was completed during each shift. This showed the care and support each person had received and also included information about their wellbeing.

Visitors we spoke with said they would feel confident in raising issues with the registered manager if they needed to. One visitor said they never had to complain. We saw that one complaint had been received since the last inspection. This had been investigated by the local authority and was not substantiated. We saw a copy of the complaints procedure was available in the foyer. This contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. No concerns about the service had come directly to us at the Care Quality Commission.

We saw a number of cards and letters complimenting the service during the visit. One person who lived in the home said that when they first came to the home they had requested a room change to a larger room. They said that shortly after the request a room became available and they moved rooms.

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered with the Commission for five years. We saw the registered manager during this visit and during discussions we found they had a good knowledge of people's needs. They said they aimed to provide people with good quality care.

Observations of how the registered manager interacted with the staff and comments from staff showed us that the leadership was good and a positive influence on the home. We also spoke to people who lived at the home and visitors. They said "There is a family feel here", "As a relative I have been made to feel welcome here" and "The staff are lovely." Staff said the management were approachable, and interested in their views.

We spoke with the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this home. This showed the service worked well with other agencies and services to make sure people received their care in a joined up way.

CQC had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities to the people who lived at Chester Lodge and the management team.

We saw the home had systems in place to monitor and review the service provided. These included night visits by the registered manager and lead nurse; audits for falls, medication, health and safety and bedroom cleaning. The registered manager carried out audits on a "safety

thermometer" which covered a wide range of areas including care plans, DoLS assessments, pressure care and falls. She also completed the essential steps to safe, clean care which is a self-assessment tool for care homes with regard to infection control and prevention. When action was needed this was documented on the audit form along with a record of when the shortfall had been addressed. We saw evidence of this on the recent audits produced. The registered manager told us that all these audits gave her the opportunity to look at the service as a whole and use information gathered to maintain and improve standards at the home.

Chester Lodge conducted an annual satisfaction survey of the home. This was given to people who lived in the home, and sent to relatives and visiting professionals. We noted from the returned questionnaires that people and their relatives said they were happy with the care and support they received. Comments included, "We are very happy here", "A very good home", "Friendly staff", "We see how caring staff are to all residents" and "My relative seems very happy and secure." Where concerns had been raised about the food, meetings had been held with the cooks and people who lived in the home to discuss the issues. We saw minutes of these meetings. Other professionals commented "Friendly, efficient staff", "Good understanding of individual's needs" and "Caring, considerate and respectful of the fact that the home is the residents home."

People who lived at the home and their relatives had the opportunity to attend meetings on a regular basis. The last meeting was in May 2014. Issues discussed included meals, activities and any other business. People confirmed they were happy with quality of the food and that meals were good. A copy of the minutes were seen on the noticeboard. This meant that people had the opportunity to discuss issues with the management, and that the home had sought the views of people who lived at the home.