

Chase Lodge Care Home Limited

Chase Lodge Care Home

Inspection report

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Date of inspection visit:
19 May 2016
20 May 2016

Date of publication:
23 June 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 and 20 May 2016 and was unannounced.

The inspection was carried out by one inspector, and one expert by experience. Chase Lodge Care Home provides care and support for up to 21 adults with mental health needs. Accommodation is provided in a large house and a four bedded annexe. They also provide support to one person who lives independently in their own flat.

On the day of our inspection 21 people were using the service. There was a registered manger in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were well supported by the registered manager and senior carers and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

There were some quality audits in place to ensure that people were kept safe and received a quality service. However not all audits were used effectively to make changes in a timely way.

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.

People were protected by staff who were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported, had regular sessions of supervision and received a wide range of training.

People's consent was sought by staff before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People who lived in the home and their visitors spoke very highly of the care provided.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's care plans had been reviewed and updated regularly and when there were any changes in their care and support needs.

People knew and were supported to raise complaints that were responded to.

People were supported to engage in activities of their choosing.

Is the service well-led?

The service was not always well-led

There were a number of audits and premises checks which had not taken place.

The culture within the home was open and transparent. The manager was approachable and listened to and acted on feedback.

Staff were supported and knew what was expected of them in their role.

Staff understood and worked to the visions and values of the home.

Requires Improvement 

Chase Lodge Care Home

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 May 2016 and was unannounced. The inspection team included two inspectors and a specialist advisor with a background in mental health. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service and looked at notifications received.

We spoke to six people who used the service. We also spoke with five members of staff, the registered manager and one relative. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We looked at medicine administration records, seven care files and six staff files. Policies and procedures were also reviewed during the inspection. We also spoke to the local authority contracts and commissioning teams and two social care professionals.

Is the service safe?

Our findings

The service was safe.

One person who used the service replied yes, when asked if they were safe. Another person told us "Yes it's safe here, they lock the doors at night and I can lock my own room door too". A relative we spoke with said, "Yes, I know [person's name] is very safe at Chase Lodge." We saw that people were relaxed in the company of staff. We observed that the annex and garden were secure. The main building was open and people were able to go in and out. All visitors were asked to sign in as they entered the building, and our identity was checked.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would speak to the senior on shift or the manager." Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Safeguarding referrals had been made when required to the local authority safeguarding team and these were investigated appropriately and actions taken if necessary..

There were notices on the notice board giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC). Staff also told us they were aware of the whistleblowing policy and would feel confident in using it.

People's support plans contained risk assessments to promote and protect their safety in a positive way. These included; social vulnerability, self-harm and health issues. These had been developed with input from the individual, family and professionals where required, and explained what the risks were and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. We saw premises and equipment were appropriately maintained to keep people safe.

There was a health and safety file which contained the location of main switch points for services such as gas, water and electricity, emergency contacts and general risk assessments. People had their own Personal Emergency Evacuation Plans (PEEPS) within the home's "grab file". We suggested to the registered manager that these could also be placed in people's care plans. The registered manager agreed and told us that they would do this. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies. This meant that the registered manager could identify any emerging patterns and keep people safe.

Staff told us there was always enough of them to support people. The registered manager told us they did not use agency staff but had their own bank staff if needed, but staff preferred to cover themselves due to the needs of the people they were supporting and to maintain consistency. On the day of our inspection there was enough staff to provide support for each person. We looked at the rota for the past week and

following two weeks and found that it was based around the dependency needs and planned activities of people who used the service.

We found safe recruitment practices had been followed. One staff member said, "I had to produce proof of identity and get references and have checks carried out before I was able to start." We looked at staff files and found that they contained copies of appropriate documentation. These included copies of an application form, a minimum of two references, an up to date photograph and a Disclosure and Barring Services (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people.

The registered manager told us and we saw that staff were only allowed to administer medicines only if they had completed training and competency checks to do so. People were given their medicines in private. Time was taken to ensure it had been taken and people were fine following this. The staff member administering the medicines checked and completed the Medication Administration Record (MAR) at each stage. We observed this when people were receiving their morning medicines. The staff member said, "The manager and senior always do a stock count." We checked four people's medication records. These contained information and a photograph of the person, to make sure the right medicine was given to the right person. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily.

Is the service effective?

Our findings

The service was effective.

People told us they liked living at Chase Lodge and were able to make their own decisions. One person told us, "I like my room, it's how I want it and it's nice and clean." Another person said, "I like the food, I get what I want."

People received varied and nutritious meals including a choice of fresh food and drinks. One staff member told us, "People could get their own breakfast and lunch but most people choose not to. Then dinner is cooked by staff and there is always a second option." We asked people whether they wanted to make their own meals with support. Most people said no they didn't and that they were happy with staff cooking for them. The registered manager explained that the provider was going to construct a smaller kitchen for people to start making their own drinks and small snacks. This being with a view to cooking meals that are more complicated in the future, in order for people to develop and maintain their independent skills.

Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day. One staff member said, "We know what they like and don't like." Another staff member told us, "Definitely got choices, for example if someone doesn't like what's on offer and wants a takeaway or something we haven't got, I'll go and get it". People could choose when to eat and had a choice of snacks throughout the day. People's plan of care included information about their dietary needs.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "A lot of training can be interesting and I found training has helped make me feel I can do a better job as given me more understanding." Staff told us training was a mixture of E-Learning and face to face training. New staff to Chase Lodge completed an induction programme before they were permitted to work unsupervised. One staff member told us, "Induction covered everything, policies, health and safety, and shadowing more experienced staff who mentor you, absolutely everything". This included training the provider had identified as necessary to be completed by staff during their induction. This included core training on a number of key areas including medication awareness, infection prevention and control, emergency first aid, mental health awareness and equality and diversity.

The registered manager said all new staff would be working towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care. One staff said, "Training really goes into detail and the manager makes sure I understand everything before I leave, it was not rushed and I really enjoyed it."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff said supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member said, "Chance to talk about how I feel about the company, any improvements,

and good feedback for me as well, to see how I'm doing. Really enjoy my supervisions." Staff informed us that they had supervisions three monthly as well as a yearly appraisal. One staff member said, "I just had my supervision yesterday and found it really helpful." Another staff member told us, "I feel supported and really learnt a lot since been here. Definitely a two way process.". We saw evidence in staff files that this was the case and the registered manager told and showed us they were improving the supervision template they used to make it more "user friendly".

Staff had received training in the Mental Capacity Act, 2005(MCA). The MCA provides a legal framework to 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Everyone using the service had capacity. Staff were aware of how to keep people safe and protect their rights.

Health professionals supported people and staff knew how to access specialist services for people. Records showed people accessed a range of health care services, which included doctors, dietitians, opticians and dentists. People were also supported by community health support teams with therapy and support which included Psychiatry and Psychology.

Is the service caring?

Our findings

The service was caring.

People told us they felt the staff were very caring. One person said, "It's lovely here, I love the staff, they make me laugh." another person commented, "I know they care about me." Through our observations and discussion with the registered manager and staff team it was clear that staff knew people well. We saw staff used people's first names when speaking with them. People responded to any discussion with staff by also using staff first names. This showed how people had established relationships with the staff who supported them.

People said their rooms were their own private space and that staff respected any decisions they made to spend time either in their room or in communal areas of the home. People could have keys to their own rooms if they wanted to. People told us and we observed that keyworkers were assigned to each person and people told us they could regularly meet with them to discuss their care plans and needs. This meant staff and people knew each other well.

People said the registered manager and other staff regularly asked them how they were feeling about their own support. They also said staff always asked if they could perform a care task before they undertook it and were polite when they spoke with them. We observed staff knocking on doors to people's rooms and not going in until people said it was okay to do so. We also saw staff going into private areas to speak with people when this was needed in order to respect people's privacy and dignity. One staff member gently reminded one person about their appearance and suggested a change of clothes discreetly in respect of their dignity.

People and staff told us that staff often chose to visit the home on their day off to take people out and do things they wanted to do. We observed staff and people respecting each other throughout our inspection.

Staff had a clear understanding of their role within the team structure and we saw the registered manager had worked to develop a culture based on behavioural incident avoidance rather than reacting when a situation occurred. For example, we saw a member of staff identify someone was becoming anxious. The signs were subtle but the staff member knew the person well enough, spoke to them calmly and with warmth. They demonstrated they understood how the person felt and they kept good eye contact whilst they spoke with each other. Through the staff members approach the person's body language visibly relaxed and the person said thank you to the staff member.

Care records had details about people's cultural, religious and lifestyle preferences. The registered manager and people and staff we spoke with also confirmed that although they celebrated the main annual Christian festivals, wherever any other religious events people wished to celebrate would also be supported and respected. People told us they knew it was in their care plans and they could refer to their care plan whenever they wanted to.

The registered manager told us they had taken on the role of 'dignity champion'. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. After we completed our inspection the registered manager told us that issues related to dignity would be discussed as part of the teams learning and at future team meetings.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. The registered manager and staff confirmed staff had access to this and understood how it should be applied. We saw peoples' care records were stored securely so only the registered manager and staff could access them. These arrangements helped ensure people could be assured that their personal information remained confidential.

We saw a range of information around the home about Lay Advocacy Service which people could access and people said they knew about the services. One person said they'd had good support from staff to get an advocate when they wanted one. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

The service was responsive.

The service provided people with care that responded to their needs. People's relatives and external stakeholders also felt that the service was very responsive to people within the service. We spoke to two social care professionals following the inspection. One social care professional told us, "Staff have really got to grips with meeting people's needs." The same social care professional said, "Staff always ask is there anything else we can do."

The registered manager told us they visited people in their previous setting to complete a care plan and to get to know the person. Records showed that once people had completed their trial period within the service, a care plan and risk assessment was completed by the service.

Care plans reflected the needs of people, and these were linked to risk assessments. Care plans and risk assessments were reviewed regularly. Staff understood the importance of recording changes in people's needs. We found that timely and appropriate referrals were made to health professionals which ensured that changes to people's needs were addressed. We asked staff how they could ensure personalised care and they described people using the service in a lot of detail as well as what their individual care and support needs were. For example, one person did not like leaving their room and there were plans and strategies for staff to try and encourage them to come out for short periods of time.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family. People were also involved in wider decisions about the service through residents meetings. Minutes of these meetings showed that people were able to make their views known about how they wished the service to be managed. Staff made sure that the people were able to share their concerns and they acted quickly to resolve any issues.

Care records showed people's involvement in activities. The registered manager told us they worked at trying to keep people active by encouraging them to participate in activities they enjoyed. Where they had concerns, they would discuss this with the person to formulate a workable solution. We saw in residents meetings, that activities formed part of the agenda and people were consulted about what weekly activities they wanted to do. There was no set activity programme. Staff explained that they offered people either one to one activities daily or group trips out. However, we were told and we observed that some people were reluctant to engage with staff around this. People told us that they were happy watching tv either with others or in their own rooms. Although some people chose not to participate people were supported and encouraged to engage in meaningful and stimulating activities.

We saw records from meetings with people living at the service had taken place. People had a chance to discuss activities and menus as well as any other issues they chose. These meetings were held as and when people requested. The registered manager stated that they intended to hold these on a monthly basis as people rarely requested meetings

The complaints system enabled people to make a complaint to anyone working at the home or to the provider directly. The complaints information gave details about what action would be taken to resolve a complaint, who would take the action and what people could do if they remained dissatisfied with how their complaint had been handled with. The home had not received any complaints over the past two years. Relatives told us that they knew how to make complaints. One relative told us "I would talk to the manager [name] or provider [name] if I had any concerns and they will sort it out."

Is the service well-led?

Our findings

The service was not always well led.

We identified a number of areas where the provider and registered manager did not operate effective governance systems or processes to routinely monitor and complete actions for the safety of people within the service. For example, annual resident, relative and staff surveys had not taken place for some years, though the registered manager assured us that these would be re-commenced as soon as possible. On our second day of inspection, we saw that surveys were available for people, relatives, staff and professionals.

In addition the arrangements in place for the provider to carry out appropriate provider audits, as written in the home's policies, had not been completed. We also saw the service did not record health and safety checks or infection control audits so the outcome of these and any areas where improvements were required was not available. We did see evidence of other checks being completed in a timely manner. For example, medicines were routinely checked by staff and by a community pharmacist. Other health and safety checks such as fire safety checks had been recently undertaken.

Staff and relatives told us the service was well-led. Staff said the registered manager and provider were supportive, approachable, and always willing to listen. One staff member said "[The manager] is a brilliant boss. We're managed exceptionally well. They let you get on with the job but they'll be on your case if they need to be." Another staff member told us "If I have any problem [The manager] is always willing to deal with them." A relative told us "They're always welcoming, anytime."

There was a relaxed and open culture within the home. Staff were complimentary about the provider, who had spent time in the home supporting the manager. One staff member said, "The provider is very supportive. We have a good team working together and they support us when we need it". Another staff member said, "The manager is very open and approachable. We have a brilliant team". The manager was able to demonstrate their understanding of people's individual needs, knew their relatives well and were familiar with the strengths and needs of the staff team. They had a good understanding of the running of the home and were able to assist in answering questions and providing documentation on request.

The provider and registered manager understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns. The staff told us they enjoyed working at the service and that they felt supported by the registered manager. We saw that there had not been many staff meetings in the last twelve months. However, both the staff and the registered manager said that because the manager had an open door policy and it was such a small staff team, they had informal staff meetings weekly. We spoke to the registered manager about formalising the meetings and recording issues raised. They assured us that they would begin to have formal meetings, which would be recorded, and minutes given to staff.