

Heathbrock Limited

Chester Lodge Care Home

Inspection report

Brook Street
Hoole
Chester
Cheshire
CH1 3BX

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Tel: 01244342259

Website: www.chesterlodgenursinghome.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Chester Lodge is a residential care home that provides personal and nursing care for up to 40 people. Some people also live with dementia. At the time of the inspection 33 people lived in the service.

What life is like for people using this service:

Whilst improvements had been made, we identified a continued breach of regulation in relation to records.

The registered providers system for checking on the quality and safety of the service were not fully effective as they did not identify risks associated with people's safety and a lack of records. Hot water outlets were not checked at the required intervals to make sure the water temperature was at a safe level for people to use. Records were not completed with details of fire drills carried out and the fire risk assessment for the environment was out of date. Although the registered provider had safe recruitment procedure, it was not followed for a senior member of staff. Care records for some people did not fully reflect their assessed needs and how they were to be met. Records for monitoring aspects of people's care did not include information about their needs and had not been consistently completed to evidence the care they were given. Monitoring records had not been evaluated at the end of each day as required. The manager took prompt action during the inspection to make the improvements.

The management of medication had improved since the last inspection. Medication was safely stored and medication administration records (MARs) were kept up to date. People received their medicines safely and on time.

People who were able consented to their care and support. Decisions made on behalf of people who lacked capacity to make their own decisions were made in line with the Mental Capacity Act. These decisions had been better recorded since the last inspection.

People were protected from abuse and the risk of abuse because staff understood their role and responsibilities for keeping people safe from harm. People told us they felt safe and family members were confident that their relative was kept safe. The premises were kept clean and hygienic and staff followed good infection control practices to minimise the spread of infection. People's needs were met by the right amount of suitably skilled staff.

People told us they received all the right care and support from staff who were well trained and competent at what they did. People received the right care and support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People were treated with kindness, compassion and respect. People told us that staff were kind and respectful of their privacy and dignity and encouraged their independence. Staff had formed positive

relationships with people and their family members. Visitors people received were made to feel welcome.

People received personalised care and support. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff were confident in the management of the service. They described the manager as supportive and approachable. They told us many improvements had been made to the service since the last inspection and that they were fully engaged and involved in the running and development of the service. The manager and staff worked in partnership with others in the best interest of people using the service.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published 08 August 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection, however further improvements were required for the service to achieve a rating of Good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will meet with the registered provider to discuss how they plan to address the issues identified during this inspection.

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Chester Lodge Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by two adult social care inspectors, a nurse specialist advisor (SPA) 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:

Chester Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; We obtained information from the local authority commissioners and safeguarding team, and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people using the service and five family members to ask about their

experience of care. We also spoke with the manager, registered provider, deputy manager and seven members of staff who held various roles, including a nurse, care staff and ancillary staff.

We looked at five people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for staff and records of checks carried out on the premises and equipment.

We also took account of information the manager sent to us following the inspection site visit.

Details are in the Key Questions below.

The report includes evidence and information gathered by the SPA and Expert by Experience.

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.

Assessing risk, safety monitoring and management

- Some safety checks on the environment and equipment had not taken place at the required intervals. Weekly checks had not taken place as required on hot water temperatures to make sure they were at a safe level. A check was carried out on all hot water outlets at the time of the inspection and no concerns were noted. The registered provider assured us that weekly checks would continue to be carried out.
- Although there was a fire risk assessment in place for the environment it had not been updated as required in November 2017. This was despite a large increase in the occupancy levels at the service since the last inspection. The registered provider agreed to action this. Following the inspection site visit the manager confirmed that they had arranged for a fire risk assessment to be carried out on the environment.
- Records showed the last fire drill took place at the service in March 2018. However, the manager confirmed a number of fire drills had taken place since that date but had not been recorded. The manager agreed to ensure that all fire drills were recorded to evidence they had taken place.
- Safety checks had been carried out at the required intervals on equipment people used to help with their mobility and to keep them safe.
- Each person had a personal emergency evacuation plan (PEEP) which was kept under review and updated to reflect any changes in people's needs.
- Risks people faced had been identified through assessments and care plans contained instructions for staff on how to reduce the likelihood of harm to people.

Staffing and recruitment

- The registered provider had a safe recruitment procedure. However, it had not been followed for a senior member of staff. The staff members recruitment records did not include evidence of an up to date check with the disclosure and barring service (DBS) and a reference check with their previous employer. The registered provider actioned the DBS check at the time of the inspection and following the inspection site visit confirmed that they had obtained a reference from the staff members previous employer.
- There were enough staff with the right skill mix on duty to support the needs of people and keep them safe. There was a process in place for checking that nurse's registrations were valid and current.

Using medicines safely

- The management of medication had improved since the last inspection. The required records for the application of prescribed creams were now in place and properly completed and creams were now safely stored.
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.
- Medication administration records (MARs) were in place for each person. The records detailed people's prescribed medicines and instructions for use and were signed when medicines were given.

- Appropriate records were in place to guide staff on the use of medicines prescribed to people to be given when required.
- People told us they got their medicines at the right times. Their comments included; "Oh yes they [staff] are on the ball, I always get my pills" and "Yes I always get my tablets when I need them."

Systems and processes

- People and their relatives told us the service was safe. Comments included, "I feel very safe as the staff look after me really well", "This is a very safe place" and "My relative is very safe here and the staff are brilliant."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Preventing and controlling infection

- Staff were provided with training and guidance in relation to the control and prevention of infection and they followed good practice to minimise the spread of infection.
- The environment was kept clean and hygienic. Cleaning schedules were in place and being followed across the service.

Learning lessons when things go wrong

- There was a system in place to monitor incidents and accidents and learning had taken place to try and prevent future occurrences.
- Care records were reviewed and where necessary updated following incidents to prevent re-occurrence.

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 and staff providing consistent, effective, timely care within and across organisations.

- Call bells were available to people so that they could alert staff when they needed assistance. We saw an example where one person in bed did not have access to a call bell. The manager explained that the person was unable to use the bell effectively and they were at risk of becoming entangled in the cord. We were given assurances that staff regularly checked the person when they were in bed, however a record of the checks was not maintained. The manager agreed to action this and following the inspection they sent us confirmation that this was now being done.
- People and family members were supported to make decisions about the care and support provided. People told us they knew about their care plans, had agreed to them and were involved in regularly reviewing them. Family members told us they were consulted about their relatives and where appropriate they had.
- Assessments of people's needs were completed and used to help plan their care.
- Staff handovers took place about people's care and support needs, and staff told us these were effective.

Supporting people to eat and drink enough with choice in a balanced diet.

- People told us they got plenty to eat and drink. However, charts in place for people who required their food and fluid intake monitoring were not always completed. They indicated long periods where food and drink had been offered, refused or taken. The manager agreed to speak with staff and ensure recording was improved.

We recommend that the registered provider maintain comprehensive and accurate records about people's food and fluid intake.

- People's nutritional and hydration needs were understood and met. Care records detailed the support people needed to eat and drink as well as any special dietary requirements, their preferences, likes and dislikes.
- Most people told us they enjoyed the food and got a good choice. Their comments included; "The food is smashing. I get plenty of hot and cold drinks, they [staff] are always asking if you want a drink," "I enjoyed the cauliflower cheese I am a vegetarian and this is my favourite" and "There's plenty to choose from if I don't like what's on the days menu."

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

- The decoration and some furnishings, fittings and flooring across the service showed signs of wear and tear. This was acknowledged by the registered provider and manager and they confirmed plans in the near future for redecoration and the replacement of furniture and floorings.
- The environment lacked items of stimulation and signage to support wayfinding and orientation for some

people who are living with dementia. The registered provider assured us that improvements to the environment would take account of people's needs. □

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from healthcare professionals this was organised. Referrals to other health and social care professionals were made promptly and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as hospital.
- People told us they received good healthcare and that staff were good at recognising when they were unwell and needed to see their GP. Their comments included; "They [staff] call my doctor when I'm feeling unwell," "My health has improved, they [staff] make sure I get the right healthcare" and "I wasn't feeling well and they [staff] called the doctor out and he prescribed antibiotics. I got them the next morning." A family member told us; "My [relative] was very poorly and they [staff] called the doctor at 2 am and rang me too." Another family member told us; "They have a really good understanding of [relative] health needs."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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.

- Staff had completed MCA training and they understood the principles of the act and the associated DoLS.
- Staff obtained people's consent before providing them with care and support and people told us this was usual. Their comments included; "The girls [staff] always ask me first" and "Before doing anything they [staff] ask if it's ok."
- Accurate records were maintained about people's mental capacity and any decisions which needed to be made by others on their behalf.
- Authorisations in place to deprive people of their liberty were appropriate and monitored by the manager.

Staff skills, knowledge and experience

- Staff received appropriate training and support for their role. They were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff felt supported in their role. Their comments included; "I've never felt this well supported. I wouldn't hesitate to ask [manager] for advice or any help" and "She [manager] is really approachable, easy to talk to and she listens."

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff were kind, polite and respectful towards people and people told us this was usual. Their comments included; "They [staff] always say good morning and ask if I am ok," "Staff are second to none," "Very polite indeed and always show me respect" and "I wake at 5 am and the staff kindly bring me tea and toast."
- Conversations staff initiated with people showed they knew people well. There was a lot of laughter and banter amongst people and staff and people told us this was usual and that they enjoyed these times.
- Staff recognised when people were upset or anxious and they provided them with appropriate comfort and reassurance with positive outcomes.
- Staff sat close to people when holding conversations with them and they maintained eye contact and listened carefully to what people had to say.
- Staff understood people's diverse needs and were supportive of them. They had good knowledge of people's personalities and individual needs, and what was important to them. One person told us; "They [staff] know I like a little snooze after breakfast and don't like to be disturbed" and another person told us; "They help me with my jewellery."
- People were supported to personalise their bedrooms and they told us this was important to them. One person told us, "I love my family photographs around me" and another person said, "My things make it [bedroom] more homely."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. Staff offered people choice and respected their decisions. Staff assisted one person to their room after they requested to be taken there to spend some time alone.
- People were provided with opportunities to express their views about their care through regular review meetings, 'resident's meetings and regular discussions with the registered provider and manager.
- People were provided with information about advocacy services and supported where needed to access these services. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and independence. Their comments included; "Yes they [staff] do knock before coming into my room," "The girls [staff] talk to me when helping me to make sure I'm ok and happy with everything," "They let me do things for myself and help when I need them to. They know I like to be independent" and "They give me time alone when I need it."
- Staff were careful to maintain people's dignity when assisting them with transfers in communal areas using a hoist. They also reassured people throughout the transfer and checked they felt safe and comfortable.

- Staff knew of their responsibilities for ensuring personal information about people was treated in confidence. Person records were locked away when not in use and discussions of a personal nature with and about people were held in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

During the previous inspection we found the registered provider was in breach of regulations in relation to records. During this inspection we found improvements had been made however they remained in breach of regulations in relation to records.

Personalised care

- Since the last inspection improvements had continued to be made to care records to ensure they reflected people's needs in a person-centred way. Most people's care records contained relevant and up-to-date information regarding their needs and how they were to be met. However, there were examples where some people's care records had not always been completed to reflect their needs and the care given.
- Care plans for two people did not reflect all their assessed needs and how they were to be met. In addition, records for monitoring aspects of people's care were not consistently completed to reflect the care they received. For example, food and fluid intake charts did not record the amount of food and fluid a person needed to consume in a 24-hour period to maintain good nutrition and hydration. In addition, they had not been checked as required at the end of each day to make sure people had received the care and support which was responsive to their needs. We did not evidence any negative impact on people and the manager agreed to action this.

This was a continued breach of regulation in relation to good governance and records.

- People received person centred care based on their individual needs and choices. Staff kept up to date with people's needs through discussions with them and family members and through reading their care plans.
- People's life history, likes and dislikes, preferences and things of importance were recorded in their care plans. Staff kept up to date with people's needs through discussions with them and from information recorded in their care plans.
- People's communication needs were known and understood by staff. People's care plans included detailed information describing how people expressed their needs.
- People told us staff knew them well and provided them with the right care and support. Their comments included; "I am looked after very well indeed. They [staff] make sure of that," "I can't fault them, they do everything they need to do for me" and "I couldn't ask for any better. They [staff] are so good to me."
- People were supported to access a range of activities on a regular basis. People were happy with the activities they were offered. Their comments included; "There's plenty to do but sometimes I just like to watch" "The girls [staff] are always asking if there's anything we'd like to do" and "We have singers here and parties."

Improving care quality in response to complaints or concerns

- The registered provider had a system in place for receiving and responding to complaints. The process for complaining was clearly set out in a complaints procedure and made available to people and family

members.

People and family members were confident about complaining should they need to and were confident that they would be listened to.

- Complaints that were made were dealt with appropriately by the manager and where required were used as an opportunity to improve the service.

End of life care and support

- No one using the service was receiving end of life care, however where appropriate people were supported to make decisions about their preferences for end of life care.

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

Some regulations may or may not have been met.

During the previous inspection we found the registered provider was in breach of regulations in relation to governance. During this inspection we found improvements had been made however they remained in breach of regulations in relation to records. Further improvements were required to ensure people's safety and so that records fully reflected people's needs and how they were met.

Continuous learning and improving care

- There were processes in place for monitoring the quality and safety of the service. Most checks had taken place as required and improvements were made to the service. However, some checks were still not fully effective at identifying areas for improvement in relation to the risk associated with people's safety and records. The registered provider and manager did however respond quickly to make the required improvements after we identified them during the inspection site visit. They also agreed to ensure more robust checks would take place.
- Since taking up their post the manager had worked hard to make the required improvements to the service following previous inspections when breaches of regulations were found. The manager also acknowledged that lessons were learnt when things went wrong and they showed a commitment to ensuring continuous improvement to the care provided at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the time of the inspection, however there was a manager in post and they had applied to CQC to become the registered manager.
- The manager was clear about their role and responsibilities and they had a good understanding of regulatory requirements. The manager kept up to date with current legislation and codes of practice.
- The manager had the full support of the registered provider who visited the service regular and was actively involved in the running of the service. The manager also had support from a deputy manager and a team of nurses.
- People, family members and staff were clear about the management structure within the service and they knew the lines of accountability. They all felt able to approach managers and the registered provider should they need to discuss anything about the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider and manager had worked hard following previous inspections to promote a person-centred culture. People and family members were given opportunities to express their views about the care provided and they felt listened to.

- People's care was assessed, planned for and regularly reviewed with the involvement of the person and where appropriate relevant others.
- The registered provider and manager had notified CQC when it was required of events and incidents which occurred at the service. Other agencies and family members were also notified where this was required.
- The statement of purpose (SOP) for the service had been updated since the last inspection and now accurately reflected information about the service.
- The rating from the previous inspection was prominently displayed at the service and on the providers website as required by law.

Working in partnership with others; and Engaging and involving people using the service, the public and staff

- The registered provider and manager had worked closely with the Clinical Commissioning Group (CCG) and local authority commissioners and safeguarding teams to improve the service delivery.
- The management had developed good relationships with other visiting professionals involved in people's care and worked in partnership with them to ensure people received safe and effective care.
- Other professionals were complementary about how the service had progressed since previous inspections and they confirmed that the management team and staff worked well with them.
- Regular 'residents and relatives' meetings had taken place and the minutes of the meeting were made available to people and their family members.
- Staff morale was much improved and they described a more open culture at the service. They said they were more engaged and involved in the running of the service and felt their views mattered, were valued and listened to. People, family members and staff told us they had confidence in the way the service was being managed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to people's care and support needs were not always maintained.