

Chase Lodge Care Home Limited

Chase Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chase Lodge Care Lodge is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 21 people in one converted property.

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

We found shortfalls in safe recruitment of staff; this was a breach of regulation.

Since the last inspection the provider had invested in the fabric of the building and the environment was greatly improved. The environment was now clean and smelt fresh throughout. The provider had refurbished most areas of the service with plans to improve other areas.

People living at the service were complimentary about the registered manager and staff. They said they liked living at Chase Lodge and liked their bedrooms. People received individualised care which respected their preferences. Care plans were now of a high standard and contained accurate information about people's needs.

There were systems and processes in place to safeguard people from abuse. Medicines were stored and administered safely. Staff followed infection control procedures and there was a cleaner employed at the service. When incidents had occurred, these were analysed and measures put in place to prevent recurrence.

People now had access to a range of activities. During the Covid-19 restrictions further activities had been introduced to help support people who usually went out regularly. As restrictions were relaxed staff worked with people to help them understand what was happening and what the rules were.

People's rooms had been refurbished and they had been involved in deciding colour schemes and other decorations. People were able to personalise their rooms as much or as little as they wished. Staff had encouraged people to discuss their wishes for the future and any arrangements for the end-of-life they may have.

There was now an effective governance system in place. The registered manager had a good oversight of the quality of the service being delivered. There was a system in place to monitor supervision and training and to take action on any staff performance issues.

All of the breaches from the previous inspection had been met, however we identified a shortfall in safe recruiting. We identified a shortfall in the recording of water temperatures in people's taps, however the registered manager took action to rectify this on the day of inspection.

Staff morale was good and we heard comments about the improvements within the service and

management team from both staff and people living at the service.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 04 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of those regulations.

This service has been in Special Measures since 03 December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chase Lodge Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe recruitment of staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below.

Chase 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Chase Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours notice of the inspection due to Covid 19 guidance. This gave the provider time to inform us of any specific infection control measures they had in place.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us about improvements to the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- New staff were not always recruited safely. References for new employees had not always been sought in line with legal requirements and the provider's policy. For example, two staff members did not have references from their last employer in health and social care. References used were not always clear in what capacity the referee knew the new employee and did not always verify employment dates.
- Changes in name had not always been verified with the appropriate supporting documentation.
- Where application forms had not been fully completed, further information was not always obtained. Recruitment records did not always contain a written record of any previous gaps in the staff members employment history as legally required.

We found no evidence that people had been harmed. However, the provider could not be fully assured about new staff's suitability, which could put people at risk of harm. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Photographic identification had been obtained. Staff had a full Disclosure and Barring Service check (DBS) in place before commencing employment.
- We reviewed the staff rotas. Staffing levels were kept at the level deemed safe by the provider. One person said, "There is always staff around." A staff member said, "Yes, there are enough staff most of the time."
- Staff absences were being managed in line with the provider's policy.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and knew the procedures to follow. One staff member said, "I would go to my manager."
- The provider reported safeguarding concerns to the local authority and the Care Quality Commission as required.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and manage environmental risks to people. This was

a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental risks had been identified and actions taken to remove or reduce these risks.
- The majority of radiators were now covered to reduce the risk of burns. There was a suitable risk assessment in place for two radiators without covers.
- Staff completed regular checks of fire alarms, everybody at the service had an accurate emergency evacuation plan. A fire risk assessment had been completed and actions needed had been completed. Following our inspection the registered manager developed a 'grab bag' containing details of people's evacuation needs.
- Risks to individuals such as physical and mental health issues were assessed and plans put in place to support people.
- There was no system in place to check hot water temperatures in people's bedrooms to reduce the risk of scalds. The registered manager told us they would take action immediately.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff administered medicines in pairs to reduce the risk of errors. Both staff signed at the end of the medicines round to confirm they had checked all medicines had been signed for.
- All handwritten medicine administration records (MARs) were signed by two people which reduced the risk of transcription errors.
- Medicines were stored and disposed of safely.
- We identified one MAR which did not give clear instructions about the correct dose as it combined information about the regular dose and the 'as required' dose. We brought this to the attention of the registered manager who contacted the GP immediately to seek clarity.

Preventing and controlling infection

At our last inspection the provider had failed to consistently ensure that national standards in respect of infection control were maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 15.

- People told us they liked the improvements made to the environment. One person said, "I like my room. They painted it orange and put [up] new curtains. I like it more now."
- Staff told us there were positive impacts of working and for those living at the service now improvements had been made to the environment. One staff member said, "I am proud of the place. It was horrible it was dated. Looks nice with the new tables and chairs. People have a choice now [of different outdoor areas]. Can clean easily. It is a brighter place to work."
- The service was visibly clean and smelt fresh throughout.
- Areas of the service, such as bathrooms, which were previously difficult to clean due to poor maintenance had been repaired and refurbished.
- People's bedrooms had been redecorated, flooring replaced where needed and bedding replaced.
- There was a cleaning schedule in place. The registered manager told us they carried out daily walk rounds of the service to check on cleanliness and hygiene.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and actions taken to reduce potential reoccurrence. The registered manager reviewed all reports to ensure effective care and support was received at the time and afterwards.
- A monthly overview of accident and incidents was monitored for patterns and trends.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to consistently ensure that people were supported to follow their own interests or encouraged to develop new interests. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had been involved in the development of their care records. Care plans contained information written in people's own words. For example, one person's mental health plan started with the statement, "I have seen on my records that I have a psychosis but I don't agree."
- People's care records contained detailed information about their care needs and how to meet these needs. Staff had guidance on how to support people depending on their mental health. For example, one person's plan included information about how to support them when their mood was elevated and how to provide support when their mood was low.
- Staff had clear information about people's interests and preferences. People were supported in this, for example one person's care plan had details about their choice of toiletries and how to support them with personal care in the way they liked.
- People had chosen the colour their room was decorated. One person had their room decorated in their football team's colours. They told us, "I love my room." Another person had their room in their favourite colour.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Everybody at the service had information about their communication needs in their care plan. There was nobody at the service who used pictures to communicate but relevant information was available. For example, one person's care plan said, "If instructions are too in depth I may struggle. I prefer clear instructions."

- Care records for another person stated they preferred information in large print. For a third person records explained their speech was unclear due to a stroke and that, "If you can't understand my speech I don't mind if you ask me to say it again."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they could participate in activities of their choice. One person said, "I like bingo. There are other activities on offer, but I don't want to do them."

- We observed people's individual rooms were personalised and reflected their interests and hobbies. For example, one person's room was decorated in the colours of the football team they supported whilst another person room reflected their passion for clocks. People were involved in the process when they moved rooms or joined the service in deciding how their personal space would look.

- People told us they could access the community. People were being supported to do adhere to COVID-19 guidance. One person said, "I can do whatever I want to do. Come and go as you please."

- Whilst people had been subject to Covid 19 restrictions such as a one hour trip outside for exercise, staff had increased the range of activities on offer. Staff had taken lots of photographs to remind people and were compiling a photo album.

- People living at the service were supported to access the community safely. They were advised about masks and social distancing.

- One person had regularly met their relative in town whilst maintaining social distancing.

- People living at the service were seen to be accessing the community freely during our inspection. One person had an agreement with staff that after a certain period of time if they had not returned they would be reported to police as a missing person.

- Many of the people living at the service enjoyed smoking. The service had developed a courtyard with bistro style chairs and tables to enable people to be outside. There was also a separate garden so people had a choice of where to sit and who with.

Improving care quality in response to complaints or concerns

- People told us they could raise any complaints or concerns. One person said, "I can talk to staff about things, I am comfy speaking to staff."

- Complaints were investigated and responded to. We highlighted where a particular complaints strategy was in place for one person which required clarity within their care plan to explain any deviation from the providers complaints policy.

End of life care and support

- People had been given the opportunity to discuss their wishes about the end of their lives.
- Some people had chosen not to speak about this whilst others had told staff about their last wishes. Several people had been clear they wanted to remain at Chase Lodge.

- Staff had completed future treatment plans with people and the GP about the level of care they wanted in hospital. Some people did not wish to be resuscitated whilst others did. These plans contained information about the suitability of intensive care for individuals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had the potential to be inconsistent. This meant not all shortfalls in the safe management of the service had been fully identified.

At our last inspection the provider did not have systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The system in place to monitor recruitment procedures had not been effective. This was a breach of regulation as outlined in the 'safe' section of the report.
- The provider had met the warning notice issued against regulation 17 and the four requirement notices for other breaches.
- Notifications of events that are required to be made to CQC had been made.
- The new registered manager had implemented a system of checks to monitor the quality safety of the service. The oversight of the service was much improved and shortfalls from the previous inspection had been rectified.
- There was now a system of effective environmental checks which resulted in actions being completed and signed off. The provider had a refurbishment plan in place. Due to the Covid-19 pandemic only essential maintenance was being carried out at the time of our inspection.
- There was a system in place to monitor and manage essential checks such as electricity and gas safety and servicing of fire equipment.
- There was a system in place to provide staff with meaningful supervision. Records showed that any performance issues were addressed.

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

outcomes for people

- The new registered manager had worked hard to develop a positive person-centred culture at the service.
- Systems were in place to monitor the quality and accuracy of people's care records. Where updates were needed this was identified and action taken.
- Systems in place supported people to remain as safe as possible whilst having maximum freedom to follow their interests. A contingency plan was in place to provide separate areas of the service should there be an outbreak of Covid-19.
- Systems were now in place to ensure that people received person-centred care. All care plans had been reviewed and updated. People had been involved in the development of their care plans and their preferences were clear.
- At the last inspection shortfalls in staff supervision were identified. At this inspection improvements had been made.
- Staff received regular and effective supervision with their line manager. This reviewed development, performance, training and well-being. One staff member said, "I have supervision with the registered manager every few months. I can bring up anything. I am being looked out for. Things get done from supervision."
- A system was in place to arrange supervision meetings with staff. It was highlighted to the registered manager that an accessible overview of completion would be beneficial. The registered manager said this would be implemented.
- The registered manager ensured performance matters were dealt with following the providers policies to maintain expected standards and to improve the quality of care and support.
- Staff received training appropriate to their role to ensure they had the necessary skills and knowledge.
- Staff training was monitored and reviewed for completion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirement to tell people when things had gone wrong, and to be honest about the limits of the service they could provide.

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

- We received positive feedback about how the service was managed and led. One person said, "[Name of registered manager] is very good. [Name] is out and about in the building, supervising staff and residents." A staff member said, ""It is better now. [The registered manager] actually does things."
- Staff had regular meetings and told us they felt confident to raise any issues. There were also meetings for people living at the service to provide feedback.

- Questionnaires were completed with people and staff to gain their feedback and views. Overall results were positive. One person had stated, "I am very happy here." An action plan was in place in relation to the staff findings. For example, best interest decisions under the Mental Capacity Act (2005) were revisited to ensure staff were clear on the process.

Continuous learning and improving care

- The registered manager had demonstrated their ability to identify and drive forward improvements. They had successfully addressed many issues at the service and had implemented positive changes. For example, a great deal of effort had gone into changing the staff culture which had been reported on positively by both staff and people living at the service.

Working in partnership with others

- The registered manager had been pro-active in working with professionals to develop a contingency staffing plan for one person who needed additional support when they became unwell.
- Records showed that staff liaised with other professionals. For example, the completion with the GP of people's advance wishes for treatment. Staff also liaised with psychiatrists and nurses from the local community mental health team and social workers.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider could not be fully assured about new staff's suitability as suitable checks were not always completed.