healthwatch Cheshire West

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Enter and View Report
Chester Lodge Residential Nursing Home

Care Home Contact Details:

Sarah Shone
Chester Lodge
Brook Street
Hoole, Chester
CH1 3BX

Date of Visit: 2 September 2019
Time of Visit: 10.00 a.m.

Healthwatch Cheshire Authorised Representatives (ARs):
Katie Tierney, Andrew Pleass

Chester Lodge Staff Present:
Sarah Shone - Registered Manager, Chester Lodge
Linda Rathbone – Director Heathbrock Ltd. (Provider)

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improves the service are made.

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1. Description & Nature of Service

Owner: Heathbrock Ltd

Person in charge: Sarah Shone (Manager)

Local Authority / Social Services: Cheshire West and Chester Council (click for contact details)

Type of Service: Care Home with nursing – Privately Owned , Registered for a maximum of 40 Service Users

Registered Care Categories*: Old Age • Physical Disability

Specialist Care Categories: Cancer Care • Epilepsy • Hearing Impairment • Huntington's Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Orthopaedic • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment

Admission Information: Ages 18+.

Languages Spoken by Staff (other than English): Polish, Romanian

Single Rooms: 40

Rooms with ensuite WC: 22

Weekly Charges Guide: Personal Care Single £730 – £730 Nursing Care Single £860 – £860 (These prices are only a guideline, please contact Chester Lodge to find out the exact price for your requirements.)

Facilities & Services: Palliative Care • Day Care • Respite Care • Convalescent Care • Own GP if required • Own Furniture if required • Pets by arrangement • Smoking not permitted • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

2. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWC ARs at the time of the visit.

3. Purpose of the visit

- To enable Healthwatch Cheshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire ARs to observe how the service delivers on the statements it advertises on its website

4. Introduction/Orientation to Service

Chester Lodge is a purpose-built care home situated in Chester city centre, which provides residential and nursing services to adult users. It is a private, family-owned facility and is the sole care home operated by its provider, Heathbrock Ltd. The care home has been running since 1991, but has had a difficult recent history, having been placed in special measures after a 2016 CQC inspection. Subsequent CQC inspections have recognised the improvements made by staff and the provider, particularly in terms of the quality of care provided to users, but the most recent inspection in January 2019 (report published March 2019) still gave an overall rating 'Requires Improvement'. Despite 'Good' ratings in 3 assessed categories, 'Requires

Improvement' comments were recorded in the areas of responsiveness and leadership.
The current manager, Sarah Shone, is also lead nurse and has been in the manager position since January 2019, having previously served as acting manager, and in total has worked at Chester Lodge since 2011.

5. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

6. Summary of Key Findings

• City centre location, close to railway station, public transport links and other public facilities
• Long-serving, friendly and caring staff
• Committed and involved care home provider
• Residents appeared comfortable in their environment and with each other
• Positive comments from residents and relatives on staff support and quality of care provided
• Healthwatch ARs engaged with at least 5 members of staff, 4 residents and 1 visiting relative

7. Detailed Findings

7.1 Location, external appearance, ease of access, signage, parking

Chester Lodge occupies a prominent, corner position at the junction of two roads, which in turn form part of a larger road junction. The name of the home is clearly displayed in large lettering on the side of the building facing the junction. The building itself directly abuts the pavement on two sides. To the rear is a small parking area, and an enclosed small garden/patio area, visible behind street fencing. On-street parking is otherwise restricted although there are a number of payable public car parks within close walking distance.

The small visitor and staff car park is recognised as being an issue by management. The home has applied to the local authority for additional street parking space permits without success.

Externally the three-storey building appeared to be in a good state of repair. Access, direct from the street, is by a small covered entrance porch on one side of the building. Although facing on to the street, ambulances and taxis are still able to pull up safely outside.

7.2 Initial impressions (from a visitor's perspective on entering the home)

The doorbell was answered promptly by a member of the care team and, after identifying ourselves, Healthwatch ARs were asked to sign in by means of a laptop whilst the staff member announced our arrival to the manager.

The initial impression was of a small, somewhat dark, reception area (due to the bare brick facing wall), which was busy as a result of a wheelchair user being attended to by a staff member, and the main resident lounge and the managers offices being immediately adjacent to the reception area.

After signing-in, ARs were greeted by the manager, Sarah, in her office together with the provider, Linda. Both were familiar with the role of Healthwatch and were friendly, willing and open in answering our questions. After discussions with the manager, we were shown around the home by Jan, a supervisor with 12 years' experience at Chester Lodge, who was also very friendly and open with us.

7.3 Facilities for and involvement with family/friends

Visiting hours are flexible, including meal times, although there does need to be some protection of the latter for certain higher-dependency residents. While most of the more mobile users and their visitors use the main lounge, dining room and conservatory on the ground floor, there are smaller quieter lounges on each of the upper floors which are available if greater privacy is needed.
Although the home is willing to accommodate family members, e.g. at periods of serious illness or at end of life, it was stated that

relatives tend not to stay in the home overnight. Comfortable bedside chairs would be provided for longer visits however.

Small lounges on each of the upper floors are available for residents or visitors who require more privacy

Visitors are encouraged to participate in organised events and activities. The manager highlighted the presence in the home that day of a gentleman whose wife was formerly a resident but has since passed away, and who continues to come to the home to participate and help with outings for other users.

One other gentleman's wife has been a resident for 10 years. He visits her every day, tends the small garden area at the home and commented: '*They are brilliant. They let me come any time. They feed me and treat me as part of the family*'.

7.4 Internal physical environment

7.4.1 Décor, Lighting, heating, furnishing & floor coverings

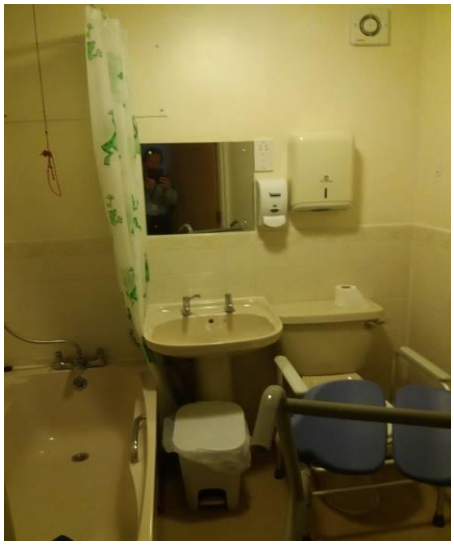
The home is surprisingly large inside and appeared to be in a good state of repair throughout. There are 40 bedrooms in total, of which 6 were originally designated as double rooms although in reality are not used as such. Bedroom sizes do vary in terms of size, outlook and available daylight/window space. Roughly half of the bedrooms are en-suite with WC; all have washbasins. There appeared to be sufficient additional toilet and bathroom facilities on each floor.

Bedrooms vary in size, are somewhat functionally furnished and decorated, but all appeared to be in good condition. As rooms become vacant, opportunities are taken to refurbish

Walls appeared to be predominantly plain, pastel coloured (magnolia) in most areas, including bedrooms, with a variety of pictures on walls. As rooms become vacant they are redecorated and have new carpets and curtains. Perhaps more use could be made of 'period' pictures and photographs in public areas to stimulate memories and resident reminiscences. Most areas, including corridors, were carpeted: these appeared to be securely fixed and in good condition.

7.4.2 Freshness, cleanliness/hygiene & cross infection measures

The home appeared clean throughout and apart from a few lingering breakfast smells (toast) in the dining room area there were no obvious odours which could be termed unpleasant. Domestic staff were in evidence, all wore aprons. 6 domestic staff were said by the supervisor to be on duty each day. Bathrooms and toilets seen were all clean and in good condition although some appeared quite small.



Toilets and bathrooms are clean with mobility assistance equipment in evidence.

Provisional bathing schedules form part of resident care plans, but the manager said it was primarily a matter of 'patient choice'. '*They can ask at any time for a bath or we ask them – would you like a bath today?*'

A daily laundry service is operated. Individually named boxes for residents are maintained in the on-site laundry room.
The kitchen is small, but clean and uncluttered. A food hygiene level 5 notice is displayed together with in-house hygiene standards and allergen notifications.

7.4.3 Suitability of design to meet needs of residents

Resident bedrooms are located on all 3 floors. There is a lift and stair access to each floor. Fire evacuation mats are located on each floor. Corridors and rooms generally are wide enough for wheelchair access. Hoists, lifting equipment and stand-assists were observed in lounges, bathrooms, toilets and in a number of resident bedrooms.

Bathrooms are spacious and have good mobility assistance

The main ground floor lounge was well occupied and had suitable furniture. Residents appeared comfortable in each other's presence. A pleasant, bright and spacious dining room adjoins the lounge and this in turn opens into a conservatory with additional seating and tables. The conservatory was said to be well used for activities

A conservatory adjoins the dining room

7.5 Staff support skills & interaction

7.5.1 Staff appearance/presentation

Nursing, care and domestic staff wear uniforms and name badges. All were neatly dressed, presentable and were both courteous, friendly and cheerful in their interactions with residents.

7.5.2 Affording dignity and respect/Approach to care giving

Chester Lodge currently has 31 service users aged from 28 years (a short respite stay) to 101 years old. 11 have residential care 20 require nursing, one of whom needs PEG feeding. As such, there are wide variations in the dependency levels of service users and the demands on staff support. The male to female ratio of users is approximately 50:50.
3 male care staff are currently employed at the home in addition to a male activities coordinator.

All staff observed showed compassion and understanding in their dealings with users. The supervisor, who showed us around, made a point of knocking and asking for permission to enter any resident's bedroom. She knew all the users by name and all of their bedrooms even if vacant at the time. Unprompted, she also asked several if they were willing to talk to Healthwatch ARs and in doing so left us discreetly to talk in privacy with them. In her own words: '*I wouldn't be here if I didn't love it*'.

7.5.3 Effective communications – alternative systems and accessible information

Chester Lodge is not registered as a dementia unit, so there appeared to be limited evidence of signage, colour schemes or images being used within the home to aid orientation for people who may benefit from such assistance. Bedroom doors are numbered but also had space showing individual resident names. As the resident population of Chester Lodge is predominantly elderly, however, and some deterioration in awareness is likely, more visual signs were used on bathrooms and toilet doors to denote their function

Pictograms used on bathroom doors to denote function

One lady who is recovering from a stroke, has limited verbal communication capacity and is largely confined to bed has use of a keypad which helps her communicate with staff.

7.6 Physical welfare

7.6.1 Appearance, dress & hygiene

Whilst several users had intensive nursing care needs and were confined to bed, most were able to acknowledge and respond to the engagement of the supervisor. All other residents who were up and about were fully dressed, appeared clean and alert. Several were preparing for an outing with the activities coordinator for a trip to a nearby hotel for a meal.

7.6.2 Nutrition/ mealtimes and hydration

All food is freshly prepared and cooked on site by the chef, Jason. Fresh food is delivered daily; in his own words the chef doesn't like to use frozen food. Breakfast time and content is flexible:

'*They can have what they want*.' Whilst he plans a 3 week menu cycle, he makes a point of checking each day what individual residents would like to eat that day. '*I expect them to treat this like a hotel. If they don't like what they're served, they won't come back*'. Each Thursday he put's on a '*chef's special*'to encourage residents to try different foods, and uses a residents' meeting every 4 to 6 weeks to prompt suggestions for new or popular menu items.

Lunch is served by trolley to bedroom- confined residents at 12.00 noon and in the dining room at 12.30pm: evening meals respectively at 4.30 and 5.00pm. Supper generally consists of light snacks such as crumpets, cheese and biscuits, fruit loaf. Drinks are available throughout the day.

7.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

All but 3 or 4 Chester Lodge service users are funded by the local authority or NHS. The home has just started to charge top-up fees. When potential new users are referred, Sarah undertakes a pre-assessment of nursing requirements and a senior carer assesses their residential needs to ensure the home is suitable for them.

2 nurses are always on duty on week day shifts (including the manager); night and weekend shifts have 1 on-duty nurse. Medication is overseen by a nurse and is locked in a secure room after dispensing. 4 carers additionally work daytime shifts, 3 night times.

Care staff all have level 2 or 3 NVQ training in Social Care. Core induction consists of 12 discrete training areas. Sarah is a qualified trainer in patient moving and handling and her deputy is also being trained as a trainer. Chester Lodge funds further NVQ training for staff and sources additional optional training as required: recent examples have included eye care oral health and fluids.

Chester Lodge is registered with the local Elms surgery and a GP from the practice visits regularly. A local wheelchair-accessible dental surgery (Sandon Dental Surgery) is used and a chiropodist visits the home every 6 weeks

Following the January 2019 CQC inspection, fully electronic care plans are in the process of being generated and uploaded.

7.7 Social, emotional and cultural welfare

7.7.1 Personalisation & personal possessions

ARs were introduced to one resident in her bedroom which was overflowing with cuddly toys of all shapes and sizes. Other bedrooms had photos, pictures and other personal reminders. Most bedrooms appeared to have televisions. One lady had asked for, and had been, allocated a large bedroom, but even though she was preparing to go on that day's trip to the Mill Hotel for lunch, clearly felt a little lonely:
'I find it friendly. But frills and furnishings don't make a home. I read a lot and don't watch much TV. But I find it difficult to find people to have a proper conversation with.'

Currently, one of the upper floor lounge areas is being redesigned to include pieces of furniture and memorabilia that residents would recognise from the past, including an old wireless and furniture. There are also a number of bookshelves with reading material available.

7.7.2 Choice, control & identity

Most residents stay in the home or only go out when accompanied by a relative or staff member. Only two DoLS are actually in place, however, with a further one under application. We were told of one lady resident who goes by herself to Bingo each week and of another gentleman who goes every evening to the pub opposite the home for a pint of beer.

Most relatives participate in activities and the staff make every effort to encourage interaction. The manager looks after service users' money for them and we observed her issuing funds, from a locked cabinet in her office, to the activities coordinator for the hotel visit that day. Only the manager, and in her absence the Heathbrock director, have access to the cabinet and a record of each resident's expenditure is carefully maintained for family members.

A hairdresser visits each Wednesday, paid for by residents as an extra. Smoking is permitted in the outside garden area and shelter.

7.7.3 Feeling safe and able to raise concerns/complaints

The manager aims to maintain an 'open-door' policy for staff, residents and relatives to allow any issues to be raised with her directly at all times. She also praised the provider: the director we met visits the home, and is actively involved, each Monday,

Tuesday and Wednesday. The other directors are available by telephone if needed.
Resident meetings are held every four to six weeks to which family members are also invited and which were referred to in passing by other staff members.

The relative we met who looks after his wife and the garden commented:
'*They are marvellous, all of them. I never have any issues and believe me I am not afraid to raise them if necessary*'.

7.7.4 Structured and unstructured activities/stimulation

John, the activities coordinator works 4 days per week, but also often comes in at weekends under his own volition. Although Healthwatch ARs were not able to have a meaningful conversation with him on this occasion, the activities he organises were said to be well appreciated and attended. These regularly include bingo, quizzes, board games, cinema afternoons, singalongs. He also aims to organise weekly trips, using a minibus which has two fixed wheelchair spaces to accommodate less mobile users. Trips have been arranged as far afield as Llangollen, Llandudno, Southport, New Brighton, Erddig

7.7.5 Cultural, religious/spiritual needs

Chester Lodge is close to a number of churches of different denominations which are attended as required by residents. Priests also visit from St Francis RC church.

7.7.6 Gardens – maintenance & design/suitability for use/enjoyment

A small, enclosed, level, paved, garden area to the rear of the property has planting and seating. Fencing and a pergola offer privacy from the surrounding streets for residents.

A pergola and screen planting offer shade and privacy to the small garden area

8. Additional Areas of observation

8.1 Comparisons of observations against providers website

Chester Lodge website www.chesterlodge.org.uk provides details of services, staffing, fees and a brief online application form.

8.2 Comparisons with previous Healthwatch Visit(s) where applicable

Healthwatch has visited previously in 2015 and 2016. On both occasions ARs commented on a positive home atmosphere and reported contented residents and relatives. This was also the experience of Healthwatch ARs on this visit.

8.3 Comparisons with the most recent CQC report

Management and staff are clearly making efforts to improve in the areas identified by recent CQC inspections and are taking comfort that, at successive inspections, improvement successes have been acknowledged by inspectors. They welcome an imminent follow-up inspection.

8.4 Other observations/findings of note

The manager commented that the home is in the process of installing new carpets in certain areas. The small lounge on the 2nd floor is being refurbished as a 'memory' room to aid stimulation for users. Suitable period items for inclusion are being sought in charity shops or by individual donation.

It was also commented that, despite recent adverse CQC inspection reports, staff motivation and retention has remained high, particularly among longer-service staff members.

9. Elements of Observed/Reported Good Practice

- Service users appear to be treated genuinely as individuals and their personalities are recognised and appreciated by staff.
- Positive feedback from relatives and users on support given by staff members

10. Recommendations

• Try to make more use of pictures, photos, objects etc. to stimulate user memories
• Consider use of a greater variety in wall decoration and colouring to brighten rooms and corridors and to provide further stimulation

11. Service Provider Response

Feedback from Provider of Service
No feedback was received prior to publication.