Charing Dale Limited

Chippendayle Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 16 October 2015 and was unannounced.

The home provided residential accommodation and personal care for older people, some of whom were living with mild dementia. The accommodation was provided over two floors. A lift was provided for people to move between floors. There were 25 people living in the home when we inspected.

There was a registered manager employed at the home. 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 home is run.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe and staff understood their responsibilities to protect people from harm. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People and their relatives described a home that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the home was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment were maintained to keep people safe.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working in the home. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

People felt that the home was well led. They told us that managers were approachable and listened to their views. The registered manager and other senior managers provided good leadership.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. New staff were recruited using safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protect people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction and on-going training. They were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were followed by staff.

Good

Is the service caring?
The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

Good

Is the service responsive?
The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were clear structures in place to monitor and review the risks that may present themselves as the care was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the home. People were asked their views about the quality of all aspects of the care they received.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day-to-day basis by leaders in the home.

Chippendayle Lodge Residential 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 16 October 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us by law.

We spoke with three people and two relatives about their experience of the home. We spoke with six staff including the registered manager, the deputy manager, the director of care and operations and three care workers. We asked two health and social care professionals for their views about the home. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 24 March 2014, the home had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they felt safe living at Chippendayle Lodge. People said they could lock their doors if the wanted to which made them feel safer. We observed that people were relaxed and comfortable with staff when care was delivered.

A health and social care professional from the community nursing team told us they had visited the home regularly and there had never been a time when they had concerns about people's safety. A GP told us that people were safe and well cared for by staff in the home.

People were protected from harm by staff who understood how to safeguard people. The provider had policies about protecting people from the risk of foreseeable emergencies, such as power failure so that safe care could continue. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. People told us that fire drills and test were regularly practiced. They could describe what they needed to do in an emergency. Records showed that safety test were completed.

Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm.

Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse happening. Training for staff about safeguarding people was updated in line with good practice guidance.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files.

As soon as people started to receive care, risk assessments were completed by staff. Incidents and accidents were investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The risk to people were re-assessed and recorded after any accidents or incidents.

People were cared for in a safe environment and staff were trained to move people safely. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. A hoist was available for emergencies, for example if people fell and needed help to get up.

Staffing levels were planned to meet people's needs. The rota showed staff being deployed flexibly and at times where they were most effective. For example, more staff were available at meal times and when people needed more support with personal care in the morning and late evening. In addition to the registered manager and deputy manager there were seven staff available to deliver care during the day. At night there were two staff delivering care. Cleaning, maintenance and cooking were carried out by other staff so that staff employed in delivering care were always available to people. Staff absences were covered within the existing staff team. This ensured that staffing levels were maintained in a consistent way.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed application forms and been interviewed for roles within the home. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions, or if they were barred from working with people who needed safeguarding.

Medicines were available to administer to people as prescribed and required by their doctor. The provider's policies set out how medicines should be administered

Good

Is the service safe?

safely by staff. The registered manager checked staff competence, as they observed staff administering medicines ensuring staff followed the medicines policy. Staff administering medicines did this uninterrupted, as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the home, stored and when required disposed of by staff in line with the homes procedures and policy. Medicines were stored securely at the right temperatures to prevent them from becoming less effective. Temperatures were recorded and monitored. Medicines systems were regularly audited by senior managers.

Good

Is the service effective?

Our findings

People spoke highly of the staff who met their needs well. One person said, "There are no issues with the staff." We observed staff delivering care and support and they were competent in their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People told us about how their freedoms were upheld by staff good practice around DoLS and their ability to leave the home and go shopping or out for a walk without any issues. Others were protected by staff who were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. Records demonstrated that relatives had been involved in meetings and discussions about how best their loved ones should be cared for.

People were protected from poor health through not eating and drinking enough. People told us they liked the food in the home. They also told us they could get snack foods and drinks at night and between meals if they were hungry or thirsty. Menus were varied and seasonal, they were planned to provide a balanced and nutritious diet for people. Records showed people could choose foods that were not on the planned menu or that differed from their original choice. For example, people who chose not to eat their meal had eaten toast or sandwiches.

People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans included eating and drinking assessments. Care plans detailed people's food preferences and allergies.

People received care from staff who were trained and supervised. Systems were in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. For example, staff received dementia awareness training and diabetes training. Where staff had specific skills, such as monitoring people's blood sugar levels, a qualified nurse checked their continuing competence. This ensured staff could meet people's needs and help people maintain their health and wellbeing.

New staff inductions followed nationally recognised standards in social care. Staff told us the training and induction provided ensured that they were able to deliver care and support to people appropriately.

Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and were fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding care and welfare issues for people living at the home.

Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others so that should any issues arise they could respond appropriately.

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. This protected people's health and wellbeing.

Good

Is the service caring?

Our findings

People described their care positively. Staff we spoke with had the right attitude to care and were committed to delivering compassionate care. People said, "You would have to go a long way to find such nice staff". And, "The staff are out of this world, wonderful."

The GP spoke with confidence when they told us, "People were well cared for", and the health and social care professional from the community nursing team said, "The staff have always been respectful to people."

Relatives were made to feel welcome and could sit with people and chat in either the lounge, conservatory or a quiet room designated for meetings.

We observed that staff were polite and cheerful. Staff took the time to understand how dementia or other conditions affected people. They got to know people as individuals, so that people felt comfortable with staff they knew well. Staff were aware of people's preferences when providing care. The records we reviewed contained detailed information about people's likes and dislikes.

We observed staff providing care in a compassionate and friendly way. Staff spent time talking with people. We observed a member of staff listening to a person telling them about what they did before they moved into the home. People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. People had personalised signage on the outside of their bedroom doors or memory joggers to help them identify their room.

We observed that staff knocked on people's doors before entering to give care. Staff described the steps they took to preserve people's privacy and dignity in the home. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff.

Staff operated a key worker system. Each member of staff was key worker for three or four people. (This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their care.) They took responsibility for ensuring that people for whom they were key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

People had choices in relation to their care. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. Staff closed curtains and bedroom doors before giving personal care to protect people's privacy. People told us that staff were good at respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this. Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

People described staff who were attentive to their needs. The atmosphere in the home was relaxed. There were quiet areas people could go to if they wished to sit away from others. For example, one person had chosen to sit in one of the lounges on their own. People told us staff came quickly when they called them. We observed staff speaking to people with a soft tone, they did not try to rush people.

People and their relatives had been asked about their views and experiences of using the home. We found that the registered manager used a range of methods to collect feedback from people. There were residents and relatives meetings at which people had been kept updated about new developments in the home. We saw the last residents meeting was well attended and people's views had been recorded and responded to by the registered manager.

We found that the results of the surveys/questionnaires were analysed by the provider. Information about people's comments and opinions of the home, plus the providers responses were made available to people and their relatives. This kept people involved and up to date with developments and events within the home and showed they could influence decisions the provider had made. We found that the results of the surveys were analysed and the results fed back to people.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to.

People said, "The deputy manager is wonderful, he really helped me to sort things out when my hospital appointment was changed at short notice". People told us they were happy with the activities offered by staff. We saw from the last residents meeting that people had chosen the types and frequency of visiting entertainers. We observed staff sitting talking with people, reading with people and engaging people in group activities.

Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs.

A visiting health and social care professional from the community nursing team told us that staff were very responsive to people's needs.

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the home an assessment of their needs had been completed to confirm that the home was suited to the person's needs. Assessments and care plans were well written, detailed and reflected people's choices. Care planning happened as a priority when someone moved in, so that staff understood people's care needs. Staff told us that the care plans were good and provided them with the information they needed to deliver care.

After people moved into the home they and their families where appropriate, were involved in discussing and planning the care and support they received. Care plans had been consistently reviewed with people or their relatives and any changes had been communicated to staff. We could see people's involvement in their care planning was fully recorded.

Staff records about the care delivered were up to date and recorded in peoples care files. The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible.

People had chosen pictures to identify their bedrooms and these served as a reminder to people which room was theirs and assisted people to move around the home independently.

If people's needs could no longer be met by staff, the registered manager worked with the local care management team to enable people to move to more appropriate services. For example, nursing care.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. We checked what had happened after a person's GP had recommended a weekly blood test. We found the GP's instructions had been followed, district nurses had been in to take the bloods as required, and staff had recorded every outcome in the persons care plan notes. This showed that staff were responsive to maintaining people's health and wellbeing.

People had lots of opportunities to raise concerns during residents and relatives meetings, at care plan reviews or directly with a manager. All of the people and staff we spoke with felt that their concerns were listened to. There had only been four complaints since our last inspection in March 2014. These complaints had been dealt with to people's satisfaction. There was a policy about dealing with complaints that the staff and registered manager followed. Complaints were logged onto a system which could be checked by people working at head office. This ensured that complaints were responded to by the right people within the organisation. People could attend meetings in the home where they could talk about any concerns or complaints they had about the care.

Good

Is the service responsive?

There were examples of how the registered manager and staff responded to people's request. People spoken with said they were happy to raise any concerns. The registered manager always tried to improve people's experiences of the care by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

The home was led by a stable and consistent management team. Managers were well known by people and passionate about delivering high quality, person centred care. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. The registered manager had been registered for a year, but had worked in the home for ten years. They had continued their professional development and were working towards an enhanced management qualification. The deputy manager was experienced in social care.

The aims and objectives of the home were set out and the registered manager of the home was able to follow these. For example, staff had a clear understanding of what they could provide to people in the way of care and meeting their dementia needs. Staff told us how their behaviours and attitude were discussed with their manager to ensure they delivered the best care possible. This was an important consideration and demonstrated people were respected by the registered manager and provider.

Managers were committed to making the home a good place for staff to work in and they promoted good communication within the team. Staff told us they enjoyed their jobs. New staff told us they were made to feel part of the team from the day they started. Staff felt they were listened to, they were positive about the management team in the home. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the home. One member of staff said, "I like it here as the registered manager is very approachable". Other staff told us their experiences were similar and they confirmed they attended team meetings. The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the home.

There were a range of policies and procedures governing how the home needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the home.

Audits within the home were regular and responsive. Senior staff carried out daily health and safety check walk rounds in the home and these were recorded. For example, audits had ensured hazards like fallen leaves were cleared from pathways to minimise the risks of people slipping. This showed that audits were effective and covered every aspect of the services provided at the home.

Managers from outside of the home came in to review the quality and performance of the staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

People were protected from risk within the environment and from faulty equipment. Staff reported maintenance issues promptly and these were recorded. Maintenance staff ensured that repairs were carried out safely and signed off works after these had been completed. Records showed that repairs were carried out soon after the issues had been reported.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. Firefighting equipment and systems were tested as were hoist and the lift and gas systems. The maintenance team kept records of checks they made so that these areas could be audited.

The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. The registered manager was part of a managers mentoring group, they were able to meet with other key people in the provider organisation and registered managers from other homes to talk through any issues they may have. The minutes of these meetings were available to us and demonstrated knowledge sharing. This promoted support for the registered manager and enabled them to gain knowledge of best practice or share knowledge with others.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their

Good

Is the service well-led?

legal obligations. For example, by sending notifications to CQC about events within the home. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.