Orchard Care Homes.Com Limited

Longridge Hall and Lodge

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

This was an unannounced 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 and to look at the overall quality of the service.

Longridge Hall and Lodge provides personal care and support for a maximum of 60 people. At the time of our visit the home was fully occupied. Longridge Hall and Lodge is a purpose built home located in a residential area of Longridge and close to local amenities. Accommodation is provided in large single bedrooms on two floors. Each bedroom had ensuite facilities of a wet area with shower, toilet and wash basin. Each floor had a large lounge/dining room, plus several smaller lounges. There were safe garden areas with outdoor seating provided.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our visit we saw that staff had developed a good relationship with the people in their care. People spoke very positively about the service and told us they felt safe and well cared for. One person told us, “This is home from home. We are treated like royalty.”

Throughout our visit we saw examples of where the registered manager and staff had adopted a proactive approach to offer practical solutions to meet people’s support needs. This included a review of mealtimes and people’s dietary and fluid intake which had resulted in a positive impact for people who lived at the home. In addition the home had developed excellent working relationships with local healthcare services to ensure people’s health needs were met.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

The registered manager assessed staffing levels to ensure there was enough staff to meet the needs of people who lived at the home. We observed staff made time for people whenever required and took time to explain things to people so they didn’t feel rushed.

We found people were involved in making decisions about their care and were supported to make choices as part of their daily life. People had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people’s needs and wishes. Records showed there was a personalised approach to people’s care and they were treated as individuals.

Staff spoken with were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people’s needs.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, ‘residents meetings’ and care reviews. Satisfaction surveys we reviewed showed overall satisfaction with the service was extremely positive.

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?

Good

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

The home had policies and procedures in place that ensured they followed the codes of practice for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

On the day of our visit we saw staffing levels were sufficient to provide a good level of care and keep people safe.

Is the service effective?

Good

The service was effective.

Staff had access to on going training to meet the individual and diverse needs of the people they supported. A number of staff had undergone specialist training to become a champion in key areas of care such as diabetes, hearing loss, sight loss, men's well-being and dementia care. This proactive approach meant preventative action could be taken to enable people to maintain good or the best of health.

People were assessed to identify the risks associated with poor nutrition and hydration and spoke highly about the quality and choice of food. The registered manager had introduced a proactive approach to encouraging people to improve their dietary intake, which had resulted in positive outcomes for people who lived at the home.

The management and staff at the home worked in partnership with other agencies and services to make sure people's health needs were managed.

Is the service caring?

Good

The service was caring. People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive. Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

People told us there was a personalised approach to activities. They took part in activities which were of interest to them. In addition there was a structured programme of activities.

Is the service well-led?

Good

The service was well-led. Staff told us the registered manager 'led by example'. This was underpinned by a clear set of values which included privacy, dignity, choice, independence and fulfilment. During our visit we observed staff acted according to these values when providing support to people in their care.

Summary of findings

The registered manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Longridge Hall and Lodge

Detailed findings

Background to this inspection

Longridge Hall and Lodge was last inspected in April 2014 when it was found to be meeting the national standards covered during that inspection.

The inspection on the 29 July 2014 was led by an adult social care inspector who was accompanied by a second inspector and an expert by experience who had personal experience of caring for someone who uses this type of care service. The expert by experience at Longridge Hall and Lodge had experience of caring for older people.

Prior to the inspection visit we gathered information from a number of sources. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. In addition the registered manager had completed a provider information return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions; Is the service safe, effective, caring, responsive and well-led. We used the PIR and other information held by the Commission to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included ten people who lived at the home, two visiting family members, the registered manager, six staff members and a visiting nurse practitioner. A nurse practitioner (within their scope of practice) are qualified to diagnose medical problems, order treatments, prescribe medications, and make referrals for a wide range of acute and chronic medical conditions. We also spoke to the commissioning department at the local authority in order to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. We observed during the day staff regularly checked on people especially those who spent more time on their own. People told us they felt more secure knowing staff were around to ensure they were all right.

The service had procedures in place for dealing with allegations of abuse. Since the last inspection, the registered manager had raised two safeguarding alerts with the local authority and notified the Care Quality Commission (CQC). Where incidents had occurred, we saw detailed records were maintained with regards to any safeguarding issues or concerns, which had been brought to the registered manager's attention. This demonstrated what action had been taken to ensure that people were kept safe. We saw safeguarding alerts, accidents and incidents were investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence. This demonstrated the home had a system in place to ensure managers and staff learnt from untoward incidents.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. Training records confirmed staff had received training on safeguarding vulnerable adults.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

We looked at two records where a Deprivation of Liberty Safeguards Authorisation had been requested. The applications showed that mental capacity and best interest meetings had taken place, when decisions needed to be taken on behalf of the person who was deemed to lack capacity to make the decision themselves. There was evidence of family involvement and the funding authority that had placed the person at the home had been involved as part of the best interest decisions.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff. We did not observe any other potential restrictions or deprivations of liberty during our visit.

Pre admission assessments were carried out before people moved to Longridge Hall and Lodge. This allowed staff to assess if they could meet the person's needs safely. Care records reviewed showed a needs based assessment had been compiled, with people and their family members, and included things the service needed to know to keep that person safe. This detailed such things as equipment needed and the staffing ratio required to support that person safely.

Where people may display behaviour that challenges, we saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at the staff rotas and spoke with the registered manager about staffing arrangements. The registered manager told us the staffing levels were regularly reviewed to meet people's needs and dependency levels. They gave us an example of where staffing levels in the morning had been increased, following comments made that people were having to wait too long to get up.

We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaged in activities. Call bells were responded to quickly when people required assistance.

People told us they were happy with the care and support they were receiving. They told us they felt there were

Good

Is the service safe?

enough staff on duty to meet their needs and that staff had time to spend with them. Family members we spoke with felt there was enough staff on duty to meet the needs of their relatives. One person said, "I left Mum in the lounge and popped back to the room for something, when I came back a member of staff was talking to her and they were sitting holding hands."

Four of the six staff members we spoke with told us they were happy with staffing levels. They told us they worked well as a team and supported each other. However two of the staff we spoke to on The Lodge dementia unit (which accommodated thirty people), told us they felt 'stretched' at times because they wanted to spend more time with the people in their care. They told us they had supervisions with their line manager and attended regular team meetings where they could raise any concerns. One person told us, "We have talked a lot about staffing levels. It's a free forum and we can raise any concerns we might have."

We spoke with the registered manager about the feedback we had received. They told us staffing levels were reviewed monthly to meet people's needs and dependency levels. However in light of the feedback received they would review staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs.

Good

Is the service effective?

Our findings

Staff confirmed they had access to a structured training and development programme. Staff training records showed staff had received training in safeguarding vulnerable adults, food safety, moving and handling, health and safety, medication, infection control, fire training and first aid. In addition there was a range of training taking place which reflected good care practices for people who lived at the home. This included staff development training on dementia, Mental Capacity Act 2005 awareness, diet and nutrition and customer care. This ensured staff were supported to gain the knowledge and skills they needed to care for people who lived at the home.

In addition a number of staff had undergone specialist training to become a champion in key areas of care such as diabetes, hearing loss, sight loss, men's well-being and dementia care. The registered manager told us the champions had received extensive training in their area and they provided specialist care tailored to each person's needs. The registered manager explained, for example, that the diabetes champion had received training to identify symptoms and test blood glucose levels for signs of the disease. They had also been taught how to control and manage diabetes through on going monitoring, diet and exercise and if necessary medication. The registered manager told us that if diabetes was suspected, the person is referred to the GP. The registered manager explained, "This is already making a difference to our resident's lives by identifying and managing any symptoms before they require hospital admission."

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the next day and choices available to them. People were offered a selection of choices for breakfast which included a cooked breakfast or cereal and toast. For lunch there was a lighter meal and the main meal was served at tea-time.

The registered manager told us, "I am really passionate about ensuring residents receive nutritious meals." They went on to explain that two years ago they had noted some of the people who lived at the home were losing weight. In order to identify if there were any underlying causes they had completed a study. This monitored people's weight and included observations of people's eating experience and carrying out a survey with people who lived at the home.

The study found people were having a big breakfast and were not then managing to eat their main meal at lunchtime. As a result the meals were changed so there was a lighter lunch time menu and the main meal was served at tea-time. In addition the registered manager identified that people were not eating enough vegetables. To address this the home added soup to the mid-morning and afternoon snack options, including a variety of vegetable options. In terms of the eating experience the registered manager told us the liquidised meals had appeared bland and unappetising. As a result each part of the meal is now liquidised and presented separately.

The registered manager told us the changes had seen a positive impact and people started to regain their weight. As a result they continue to monitor and evaluate people's weight and their dining experience. This demonstrated a proactive approach to encouraging people to improve their dietary intake, which resulted in a positive outcome for people who lived at the home.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody's dietary needs changed. One staff member told us, "We see and get the monthly weight loss charts. We have a communications book where any messages from staff or residents are put to keep us informed or for special requirements." We reviewed the records and noted this system for providing information to the catering staff was detailed. This meant catering staff were able to ensure people received food and drink that matched their preferences and special requirements.

We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room others in the lounge or their own room. We observed lunch being served in a relaxed and unhurried manner. Tables in the dining room were set with linen tablecloths. We saw staff members were attentive to the needs of people who required assistance. The people we spoke with after lunch all said they had enjoyed their meal.

Good

Is the service effective?

Staff at the home worked very closely with people and their relatives to understand people's likes and dislikes. Care plans reviewed detailed information about people's food and drink preferences. Care plans also assessed people's nutritional requirements. Assessments were monitored on a regular basis. Where there had been changes to a person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. This confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. People told us their healthcare needs were carefully monitored and discussed as part of the care planning process. One person told us they saw the chiropodist every six weeks, more often if needed and the optician. They told us staff noticed if they were unwell and supported them in getting the right treatment.

The registered manager told us the care champions for hearing loss, sight loss and diabetes are trained to identify early symptoms so that they can help and support people access the appropriate services. The registered manager explained this proactive approach meant preventative action could be taken to enable people to maintain good or the best of health.

The registered manager also explained that people at the home benefited from being registered either temporarily or permanently with one of the two local GP practices. They told us this was because there were excellent links with the health services provided from the GP practices. They explained referrals were made and responded to promptly and health professionals such as the falls team, dietician or nurse practitioner were available to people who lived at the home on a daily basis, which meant they were seen at the earliest opportunity. A nurse practitioner (within their scope of practice) are qualified to diagnose medical problems, order treatments, prescribe medications, and make referrals for a wide range of acute and chronic medical conditions. A family member told us, "The nurse practitioner comes in to see my relative, which she considers to be very helpful in keeping her healthy."

During our inspection we spoke with the nurse practitioner who was visiting a number of people at the home. Feedback from the nurse practitioner was very positive. They told us relationships with staff at the home were supportive and any communications or referrals regarding a person's health were timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Very caring, kind and friendly." One person told us, "There's no intrusion, but there is always someone there for you if you want." Another person told us, "I am in the kindest, safest hands."

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home.

We observed good practice where staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests without delay. We observed that one person appeared upset. A member of staff demonstrated patience and understanding to deal with the situation safely in a caring and compassionate way. The person responded positively to this.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at six people's care records and other associated documentation. We saw people had been involved with, and were at the centre of, developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. One person told us, "Someone came to our home and asked a lot about our likes and interests." A family member told us, "My relative was thoroughly assessed. There was pages of it."

A member of staff told us they had ready access to people's care plans and they were informed if there had been any changes. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "I sit down with people one to one to talk about their likes and dislikes."

During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering and doors were closed when personal care was delivered. People told us they felt their privacy, dignity and independence were respected by the staff at the home. They told us they were able to keep their rooms locked and they were able to speak to people in private in their bedroom or in one of the quiet rooms. One person told us he enjoyed the independence of being able to go out on his own.

Good

Is the service responsive?

Our findings

People were supported to express their views and wishes about all aspects of life in the home. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. One staff member told us, "You get to know all the residents and so you can spot when something is not quite normal for them."

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People told us they had opportunities to be involved in the development and review of care plans if they wished.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

People who lived at the home were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them and meant they were familiar with people's needs and choices. We spoke to one of the keyworkers to ask them about their role. They told us, "I am the keyworker for six residents. My role is to ensure each resident is cared for in a safe way. We talk about the past, talk about their friends and what activities they would like to do. I have a chat with them every time I am on and make sure they have all the things they need."

We saw that as part of the care planning process, the key worker would review and discuss the person's care and support with them. Records we looked at showed these reviews had taken place as appropriate. If people's needs changed, care plans would be reassessed to make sure they received the care and support required. We found an example of where following a fall at the home; staff had put a short term care plan in place for one person. The plan included a falls risk assessment, a body map to show any injuries suffered, a falls diary and a plan of care to support the person. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

Family members told us they felt the communication with the home was excellent and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "They let me know if there are any changes or anything happens." Another family member told us they felt staff had responded quickly to their relative's changing needs and reassessed them regularly to ensure they were supporting them appropriately.

There was a varied programme of activities for all people who lived at the home. People told us there was a personalised approach to activities. One person told us he was happy to spend the day as he chooses as he liked to go out on his own and then come back and watch the television. Another person told us they didn't like to join in the structured activities because they preferred to read a book. Another person told us they liked to help out with special events held at the home.

People were enabled to maintain relationships with their friends and family members. Throughout the day there was a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. One family member told us, "The staff are very caring and friendly and as a visitor I am made welcome and have the freedom to come and go at any time."

The service had a complaints procedure which was made available to people they supported and their family members. We saw the service had received one complaint in the last twelve months. The complaint had been acknowledged and responded to appropriately. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint.

People who lived at the home and the family members we spoke with told us they had received a copy of the complaints procedures. They told us they were aware of

Good

Is the service responsive?

how to make a complaint and felt confident these would be listened to and acted upon. One person said, "You feel like you can raise any concerns and they will be acted upon and not taken personally."

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Longridge Hall and Lodge had a statement of purpose which outlined the service provided. It also set out the service's mission statement to provide services which are 'person-centred, respect people's dignity and privacy and promote independence.' During our visit we observed that the registered manager and staff acted according to these values when providing support to the people in their care.

We spoke with the registered manager about the culture at the home. They told us, "Orchard's ethos is 'caring is in the detail'. As the registered manager I live by this and instil this by leading by example. I instil a person-centred approach into the home by ensuring staff provide care that promotes independence, compassion and empathy towards the resident's needs; offers choices at every opportunity and observes individual dignity and rights." Our observations and conversations with people who lived at the home and their family members confirmed that Longridge Hall and Lodge was a well-led service.

Observations of how the registered manager interacted with staff members and comments from staff showed us that the service fostered a culture that was centred on the individual people they support. We found the service was well managed, with clear lines of responsibility and accountability. All staff members we spoke with confirmed they were supported by their manager. One staff member told us, "We have good daily communications with the manager. Her door is always open and we can talk to her at any time."

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff attended handover meetings at the end of every shift and regular staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. Staff received regular supervision sessions as well as annual appraisals. We saw evidence these had taken place. This helped to support staff in their roles as well as identifying their individual training needs.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through 'resident's meetings', satisfaction surveys and care reviews with people and their family members. We saw 'resident's meetings' were held quarterly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.