

Lakeland Care Services Limited

Chichester Hall Care Home

Inspection report

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Date of inspection visit:
12 September 2018

Date of publication:
26 November 2018

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 November 2017. After that inspection we received concerns in relation to moving and handling and nutrition. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

We undertook this unannounced inspection on the 12 September 2018. We inspected the service against three of the five questions we ask about services: is the service well led? is the service effective? and is the service safe? This is because concerns had been raised that the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This inspection took place on the 12 September 2018 and was unannounced.

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

Chichester Hall accommodates up to 20 people in a converted period property. At the time of our inspection 15 people were living there. The service is located in the seaside town of Sillth.

The service had a registered manager in post. 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 service is run.

Risk assessments and care plans were in place that correctly identified people's needs. The staff were able to demonstrate their knowledge of this whilst helping people to mobilise safely. The staff team told us they understood how to protect vulnerable adults from harm and abuse. Staff talked to us about how they would identify any issues and how they would report them. Medicines were managed appropriately and equipment was properly maintained and serviced.

Business continuity plans were in place and each person had a personal evacuation plan to help keep them safe in the event of a fire or flood. Any accidents or incidents had been reported to the Care Quality Commission as necessary. The home was clean and odour free.

People were supported to take adequate nutrition and hydration and told us the food was satisfactory.

People were not unnecessarily deprived of their liberties.

Staff were well trained and people and their relatives told us they were competent and confident in supporting people correctly.

Quality assurance systems were in place, and the registered manager had clear ideas for the future of the service and shared their values with the staff.

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 ●

The service was safe.

People and their relatives told us they felt safe at Chichester hall.

Staff were well trained and understood how to identify and report abuse.

Moving and handling was carried out appropriately and was inline with risk assessments and care plans.

Is the service effective?

Good ●

The service was effective.

People were well nourished and hydrated.

Staff were trained to an appropriate standard.

People were not unnecessarily deprived of their liberty.

Is the service well-led?

Good ●

The service was well led.

The registered manager had a clear vision of the purpose of the service and promoted professional behaviour to the staff.

People were consulted with about the service provided.

There was a quality assurance system in place.

Chichester Hall 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification which contained information about practices related to moving and handling in the home. This indicated potential concerns about the management of risk associated with moving and handling. This inspection examined those risks.

This inspection took place on 12 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications notify us of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We spoke with health and social care professionals including social workers and representatives of the local safeguarding authority and asked their opinion of the service. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people who lived at Chichester Hall. We examined three staff files. We spoke with five people who used the service, three of their relatives, five members of staff including care staff and the registered manager. We reviewed records relating to the safety and management of the care and the premises. We walked round the building, its grounds and, with permission, looked at people's bedrooms.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Chichester Hall. One person told us, "I feel perfectly safe." A relative said, "They are certainly safe here." A visiting health professional commented, "Are they safe? Absolutely. They go above and beyond here, their risk assessments are brilliant." We observed people who looked calm and relaxed in the home.

The registered manager and their staff carried out risk assessments when needed to help keep people safe. Examples of completed risk assessments we found included the use of walking frames, the safe use of moving and handling equipment and personal evacuation plans. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually. We examined moving and handling risk assessments and their accompanying care plans and observed practices. It was clear that staff were adequately trained in this area and were correctly following the guidance in the home's risk assessments and care plans. We asked a member of staff if they had seen poor moving and handling practice at Chichester Hall, they replied, "I would flip my tree if I saw that sort of thing."

The staff protected people who used the service from abuse. Staff were able to tell us about different kinds of abuse such as physical, sexual or psychological. They told us they would speak with the registered manager if they suspected abuse was taking place. One member of staff commented, "If I was not happy with anything I'd voice it." The registered manager knew how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the CQC and the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance in place meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

The registered manager told us there were enough staff to support the people who lived in the home. we observed people being supported quickly and efficiently by care staff. We noted that staff were sometimes working extra shifts to ensure there were enough care staff on duty. The registered manager, who lived on site, was also available to provide care if needed. The registered manager explained they were having difficulties recruiting people to work at the home due to its rural location. However they had taken steps to ensure people were kept safe including restricting admissions to the home. Chichester Hall could accommodate up to 20 residents but the registered manager had decided to 'cap' this at 15 until they had recruited additional staff. The provider confirmed this.

The provider had effective recruitment processes in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home. Some staff had started their induction prior to checks being finalised the registered manager confirmed that this was to complete their orientation, initial mandatory training and to shadow experienced staff.

The provider had systems in place for the safe management of medicines. Only specially trained care staff whose competency had been assessed, administered people's medicines. There were systems in place to ensure that time sensitive medicines, such as tablets that were to be taken before food, were given at the correct times. We saw records relating to the receipt, administration and disposal of medicines were accurate. Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations. The service had recently had an issue with hot water supply when their biomass boiler had failed. The manager was able to show us a new back-up system that would prevent this from happening again. The back-up systems operation instructions had been included in new business continuity plans.

The provider kept detailed records for incidents and accidents at the home. These were audited to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the registered manager looked for ways to improve the service.

The home was kept clean and hygienic by the domestic staff who we observed at work throughout our time spent at the home. The registered manager monitored this with regular infection control audits to check cleanliness was maintained to a high standard. We viewed the records of previous audits which showed effective systems were in place. These showed a good standard of hygiene was confirmed. We noted hand washing guidelines were displayed near all hand washing facilities as a reminder for staff, people and visitors.

Is the service effective?

Our findings

We asked people if the staff knew how to support them properly, one person told us, "We live like lords and ladies here." Another person added, "We would tell staff if we thought they were getting it wrong." A relative commented us, "Staff know what they are doing, they are lovely." We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. Staff told us, "There is always training on." And, "We have just done loads."

Records confirmed that staff had completed mandatory training. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were supported in their role via an induction programme. During this period their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training such as the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviour expected of specific job roles in health and social care.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss any training requirements or to request additional training. It also allowed staff to review their performance within their roles with a senior member of staff.. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home and included recognised assessment tools to help staff identify issues around falls, nutrition and skin care. The assessments were detailed and written in the first person. The registered manager told us that people and their families were as involved as they possibly could be in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

The provider ensured people's nutritional needs were being met. We saw everyone had care plans relating to food and drink. One person said, "The food is not bad at all." Another commented, "It's nice, always nice, I enjoyed breakfast." A visiting health professional told us, "The food always looks good." We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been requested.

The home accepted transfers from other services including local hospitals. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place in order to minimise any inconvenience or delays for the person being transferred. A 'hospital passport' system was in use which contained a summary of people's needs, risks and likes and dislikes.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people

regularly attended their GP or their dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

Communal areas, corridors and bedrooms were clean and in a good state of repair. We commented about some worn carpets and the registered manager had arranged to have them replaced or repaired within a week of our inspection. The building was a period property and the provider had made many adjustments, such as ramps and a lift, throughout the home to make sure it was suitable for frail and elderly people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found people who used the service were either appropriately subject to a DoLS or were awaiting authorisation for one.

Is the service well-led?

Our findings

We asked people who used the service what they thought of the leadership at the home. One person told us, "I would not live anywhere else." Another said, "I see the [registered] manager whenever I want to." A relative added, "The [registered] manager is always nice." Staff we spoke with were very complimentary of the manager. One staff member said, "[name] has been wonderful and has accommodated me." Another told us, "Absolutely looks after the staff." And another commented, "They look after us, they are a brilliant boss, firm but fair." A visiting health professional said, "It's very good here, if it was my parents I would be happy for them to live here."

We noted that the registered manager had good experience working at the service and promoted professional behaviour to their staff.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for the future of Chichester Hall, They told us, "Chichester Hall is 'home' where I believe all should feel free to express themselves and feel comfortable in doing so, to have the freedom to live their lives as they would wish, in a well kept, clean, comfortable environment, to be shown privacy dignity and respect as standard, as their position rightly deserves, to have their medical, social, and psychological needs met in a timely fashion, with family members continuing to be involved in the health and well-being of their loved one

The staff who support me to keep my values 'burning bright' are the home's best asset, I feel they should be nurtured, respected and appreciated for the job they do, I believe they should receive training and support with a good skill mix, they can then learn from each other and continue to develop an open and transparent culture with each one of us working towards the same goal. I would like to think that my staff share my core values, to make life as good as it can be for all who live and work within the confines of the home, always striving to improve and perfect each task we undertake for the service we provide, and the individuals we provide that service for."

"Our award of being in the top 20 of the care homes in the North West, was a huge boost for me and my staff, I do know that the providers were very proud of our achievement, especially as it was due to reviews from family members and visitors to the home."

Finally the registered manager told us that Chichester Hall was, "Their world."

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues. The registered manager and their staff then used this information to "learn lessons" and improve the service. For example improved business continuity plans following the breakdown of the boiler systems.

There were regular staff meetings held so issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them

afterwards. We observed a culture where the staff and the manager had worked hard to improve their service. There was also evidence within records that people and, where possible, families, were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys.

A visiting GP told us the registered manager worked in partnership with them to ensure good outcomes for the people who used the service.

The ratings from the previous inspection were displayed in the home as required and on the provider's website.