# Orchard Care Homes.Com (4) Limited

# Chorley 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

We carried out an unannounced inspection of Chorley Lodge on 21 and 22 October 2015.

Chorley Lodge provides accommodation and personal care for up to 66 older people, including people living with dementia. At the time of the inspection there were 63 people living at the service.

Bedrooms are located over three floors and a lift is available. There is a lounge and dining room on each floor and all rooms have wheelchair access. All bedrooms have ensuite facilities and there are also suitably equipped toilet and bathroom facilities on all floors.

At the time of our inspection there was a registered manager at the service who had been in post since February 2014. 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.

# Summary of findings

A previous inspection was carried out in August 2014 in response to concerns we had received about the service and during that inspection we found that the standards we reviewed were being met and no action was required.

The people we spoke with at Chorley Lodge told us they felt safe. They said, "I feel safe living here" and "This is a safe place to live, there is always someone around". One relative told us, "I feel at peace that my relative is here, it's a very safe place".

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

Some people living at the service, their relatives and staff told us that staffing levels were sufficient. However, others felt that more staff were needed to meet people's needs. During our inspection we observed that there were sufficient staff on duty to meet people's needs.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them.

Most of the people we spoke with and their relatives were happy with the care provided at Chorley Lodge. They told us, "The staff are trained well and they know what they're doing". However, two people told us they felt that staff did not have the skills to meet their needs.

We found that staff were well supported. They received an appropriate induction, regular supervision and could access training if they needed it. They told us communication between staff and with people living at the service and their relatives was good.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and the service had taken appropriate action where people lacked the capacity to make decisions about their care.

People told us they had been involved in decisions about their care and we saw evidence that where people lacked the mental capacity to be involved, their relatives had been consulted.

Everyone we spoke with was happy with the food at Chorley Lodge and we noted that people were supported appropriately with their nutritional needs.

People were supported with their healthcare needs and were referred appropriately to a variety of health care services. A visiting occupational therapist, a district nurse and a local GP were happy with the care being provided at the service.

The people we spoke with told us the staff at the service were caring and we saw staff treating people with kindness, compassion and respect.

People and their relatives told us staff respected their privacy and dignity and encouraged them to be independent.

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly.

A variety of activities were provided and people were encouraged to plan and take part in them.

We saw evidence that the manager requested feedback about the service from the people living there and their relatives. The feedback received was used to develop the service and to contribute to decisions about issues such as the home environment and communication with relatives.

People living at the home and their relatives told us they felt the service was well managed and they felt able to raise any concerns.

We saw that the service had a clear statement of purpose which focused on the importance of people's care, wellbeing and comfort.

The staff and the manager communicated with people, their visitors and each other in a polite and respectful manner.

The manager and staff had a caring and compassionate approach towards the people living at the service and the people we spoke with told us they were approachable.

We saw evidence that a variety of audits were completed regularly and were effective in ensuring that appropriate levels of care and safety at the home were achieved and maintained.

# 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.

The manager followed safe recruitment practices.

The majority of the people we spoke with felt that staffing levels at the service were adequate and during our inspection we observed that there were sufficient staff on duty to meet people's needs.

Medicines were managed safely and people received their medicines when they needed them.

Good

**Is the service effective?**
The service was effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. DoLS applications had been submitted when appropriate.

People were supported well with nutrition and hydration and their healthcare needs were met.

Good

**Is the service caring?**
The service was caring.

Staff treated people with care, compassion and respect.

Staff respected people's privacy and dignity.

People were encouraged to be independent.

Good

**Is the service responsive?**
The service was responsive.

People's needs were reviewed regularly and people were involved in planning and reviewing their care.

People were supported to plan and take part in a variety of social activities.

The registered manager sought feedback from people living at the home and their relatives and used the feedback received to develop the service.

Good

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

The service had a clear statement of purpose that was promoted by the manager and the staff and focussed on the importance of people's care, wellbeing and comfort.

Staff understood their responsibilities and were well supported by the registered manager.

The manager regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained.

Good

# Chorley Lodge

**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 service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 22 October 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse with expertise in mental health, the care of older people, dementia care and adult safeguarding. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of caring for an older person with dementia who had used residential care services.

Prior to the inspection we reviewed information we had received about Chorley Lodge including statutory notifications received from the service, comments and concerns and safeguarding information and used this to inform our inspection.

We contacted agencies who were involved with the service for their comments including a district nurse team and a GP surgery. We also contacted Lancashire County Council contracts team for information. During the inspection we spoke with an occupational therapist who visited the service regularly.

During the inspection we spoke with ten people who lived at Chorley Lodge, ten visitors and ten members of staff including two deputy managers, one senior care assistant, four care assistants, a cook, two domestic staff and the activities co-ordinator. We observed staff providing care and support to people over the two days of the inspection and reviewed the care records of four people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe. They said, "I feel safe living here" and "This is a safe place to live, there is always someone around". One relative told us, "I feel at peace that my relative is here, it's a very safe place".

We looked at staff training and found that 91% of staff had received training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the local authority were included.

We looked at how risks were managed in relation to people living at the service. Prior to the inspection we had received a number of notifications from the service and some safeguarding concerns from the local authority relating to incidents and accidents at Chorley Lodge. We addressed these issues as part of our inspection.

The local safeguarding authority had advised us that an investigation into one person's care had concluded that accident recording had been insufficient, risk assessments had not been updated when appropriate and the management of the person's risk of falls was poor. In addition, there was no care plan regarding the person's behaviour which could be challenging. We saw evidence that the service had taken action following this investigation and that these issues had been addressed with staff during a recent meeting.

During our inspection we found that there were detailed risk assessments in place including those relating to falls, moving and positioning, skin integrity and nutrition. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the deputy managers and senior carers and were reviewed monthly or sooner if there was a change in the level of risk. Records showed that 92% of staff had received training in care planning and risk assessment.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident and any future actions necessary, for example encouraging people to seek support when moving around the home. We saw evidence that accidents and incidents were reviewed and analysed regularly by the deputy managers and follow up action, such as a referral to the falls prevention service or the person's GP were clearly recorded. Records showed that 86% of staff had completed training in falls prevention and the staff we spoke with confirmed that they had received this training.

A number of incidents had taken place between residents in recent months. During our inspection we saw evidence that the incidents had been managed appropriately and requests had been made for people to be reviewed by their GP or by the community mental health team when appropriate. We noted that a number of the reviews had been delayed and saw evidence that the service had contacted the relevant health care services to update them when there had been further incidents and to find out when the reviews would take place. We noted that 89% of staff had received challenging behaviour training and the staff we spoke with were confident about supporting people in situations where they displayed behaviour that could be challenging. Staff told us that they used distraction techniques to encourage people to become calm when they were agitated and that restraint was not used at the home.

We noted that 89% of staff had received moving and positioning training and during our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks would help to ensure that the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were eleven care staff on duty during the day from 8am until 8pm. This included one senior care assistant on each of the three floors and three care

Good

# Is the service safe?

assistants on the middle and ground floors, with two care assistants on the top floor as there are fewer people living on this floor. In addition to this, one of the deputy managers was always on duty and the manager was available five days a week. At night there was a senior care assistant and a care assistant on duty on each floor. The registered manager told us that the service did not use a staffing level assessment tool. Decisions about staffing levels were made based on his experience of managing a care home, the level of dependency of the people living at the home and information received from staff.

The registered manager told us that agency staff were not used at Chorley Lodge as the service provider did not want people being cared for by staff who were not familiar with their needs. He informed us that the service had nine bank staff members and any periods of annual leave or sickness were covered by either the bank staff or permanent staff.

We spoke to the people living at the home, their visitors and staff members about the staffing levels at Chorley Lodge. Ten people felt there were enough staff to meet people's needs and seven felt that more staff were needed as there were sometimes delays in call bells being answered. Staff told us that periods of staff sickness were often covered by moving staff from a different part of the home. We noted that comments had been made about concerns regarding staffing levels in the recent customer satisfaction survey. During our visits we observed that call bells were within people's reach and people received support in a timely manner.

We looked at whether people's medicines were managed safely. We observed staff administering medicines and saw that people were given time to take their medicines without being rushed. Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. The service used an electronic dispensing and recording system and medicines were administered by the senior care assistants on duty. The service used a blister pack system, where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. We noted that Insulin was administered by community district nurses and was recorded on people's MAR charts and in their care plans.

We found that MAR sheets provided clear information for staff. Medicines were clearly labelled and staff had signed MAR sheets to demonstrate that medication had been administered. Where controlled drugs had been administered two signatures were present.

A medication policy was available and provided guidance for staff which included safe storage and disposal, record keeping, consent and PRN (as needed) medicines. We noted that a large amount of PRN medication was being used. We discussed this with the manager who assured us that where this was the case, he would arrange for people's needs and medicines to be reviewed. A homely remedies policy was available in respect of over the counter remedies and provided clear guidance for staff, which included the need for GP authorisation and use only for a short period of time.

We noted that 93% of staff had received training in the safe administration of medicines and saw evidence that staff competence to administer medicines safely was assessed yearly. Records showed that medicines audits were completed monthly when an inventory was taken of the medicines in stock and this was compared with the information on the MAR sheets. We saw evidence that where discrepancies were identified, a deputy manager met with the staff member responsible to discuss the issue and their practice.

The people we spoke with told us they received their medicines when they should and pain relief when they needed it. One person told us, "The staff explain my medication to me and I get it on time". Relatives also told us they were happy with how people's medicines were managed. One relative told us, "My mother's medication is managed well. They never run out".

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We noticed an unpleasant odour on the middle floor and the registered manager explained it was the carpet. He showed us evidence that the carpets were being replaced the following week. We found the standard of hygiene in the home during our inspection to be high and this was confirmed by the people we spoke with, their relatives and staff.

Good

# Is the service safe?

Infection control policies and procedures were available and records showed that 85% of staff had received infection control training. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons, was available and was used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

We noted that where people living at the home experienced an infection such as a chest infection or urinary tract infection, this was monitored monthly and any actions that needed to be taken were recorded. We also noted that where people sometimes refused personal care, this was documented in their care plan with instructions for staff to encourage people as much as possible to accept support.

We found that environmental risk assessments were in place and were reviewed regularly. This included regular water temperature checks and checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks would help to ensure that the people living at Chorley Lodge were living in a safe environment. We noted that 85% of staff had completed health and safety training and 93% had completed COSHH (control of substances harmful to health) training. In addition 83% of staff had completed first aid awareness training.

We noted that 89% of staff had received training in food safety and in January 2015 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We saw evidence that 91% of staff had received fire safety training in the previous 12 months**.** We noted that information regarding action to take in the case of a fire was displayed in the entrance area. There was evidence that the fire alarm, fire extinguishers and emergency lighting, which would come on if the normal service failed, were tested weekly and that fire doors and blankets were checked regularly. We noted that a fire risk assessment had been completed in July 2014 and we saw evidence that all actions identified had been completed. These checks would help to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service, including hoists, stand aids and the lift, was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. We noted that the service had a valid policy of employer's liability insurance in place. This would help to ensure that people received care in a safe environment.

Good

# Is the service effective?

## Our findings

The majority of the people living at Chorley Lodge that we spoke with were happy with the care they received. They told us, "The staff are smashing, without exception" and "The staff are trained well and they know what they're doing". However, two people felt that staff did not have the skills to meet their needs. The visitors we spoke with were happy with the care being provided. One relative told us "The staff are really, really good".

Records showed that all staff had completed a thorough induction which included safeguarding vulnerable adults, moving and positioning, infection control and health and safety. We saw evidence that new staff observed experienced staff during a number of shifts prior to becoming responsible for delivering people's care and their practice was observed and assessed as part of the induction process. This was confirmed by the staff we spoke with. This would help to ensure that staff provided safe care and were able to meet people's needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, 93% of staff had completed training in dementia awareness, 91% in diet and nutrition, 89% in equality, diversity and inclusion and 79% in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. All of the training outlined had been completed in the last two years. We saw evidence that staff competence to provide support with a variety of tasks including medicines administration, moving and positioning, infection control and personal care was assessed regularly. This would help to ensure that the care being provided by staff was delivered in a safe way.

A staff supervision policy was available which stated that supervision should take place at least four times each year and issues to be addressed should include staff practice, training and service policies and procedures. We saw evidence that supervision took place on a one to one or group basis with staff in line with the policy and staff confirmed this to be the case. We noted that a safeguarding concern had been discussed during a group supervision session and the findings of the safeguarding investigation had been shared with staff, including the action that needed to be taken to achieve the appropriate standards of care and documentation.

Staff told us that a verbal and written handover took place between the senior care assistants on each floor prior to the shift changes at 8am and 8pm, who then provided a handover to the care assistants on their floor. We reviewed handover records and noted they included information about people's personal care, food and fluids, their mood and how they had slept. In addition, any concerns were clearly recorded. This would help to ensure that all staff were aware of any changes in people's risks or needs. Staff we spoke with told us that handovers were effective and communication between staff at the service was good. The relatives we spoke with told us staff updated them regarding any changes in people's needs.

We looked at how Chorley Lodge addressed people's mental capacity. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We looked at whether the service was working within the principles of the MCA and found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. At the time of our inspection, no authorisations had been received from the local authority. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies and procedures were in place. The staff we spoke with had a good understanding of the main principles of the legislation, including the importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about

Good

# Is the service effective?

their care when they could. Staff told us that restraint was not used at Chorley Lodge and when people were unsettled or agitated, staff used a variety of methods to help them to settle, including distraction techniques.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation), which advised that CPR should be carried out unless there was evidence of a decision stating otherwise. We noted that DNACPR decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. We saw evidence that decisions were reviewed appropriately and the results clearly recorded.

We looked at how people living at Chorley Lodge were supported with eating and drinking. Everyone we spoke with was happy with the food and the support provided by the staff. People told us, "The food is very good. I've never refused a meal. I'm asked everyday what I'd like for lunch and my evening meal" and "The food is good. There's plenty of choice". Relatives were also happy with the food. They told us, "There's lots of choice at mealtimes and my mum is encouraged to eat but not forced" and "Mealtimes are managed well. Staff cut my mother's food up and then she can manage her meal herself".

We reviewed the home's menus and noted that there were two choices of meal at lunch time and in the evening. The cook told us that people could have something else if they did not like what was planned and this was confirmed by the people we spoke with. We saw that there was a notice in the kitchen reminding staff to offer drinks every two hours and to bring drinks to people's rooms if they were not in the communal areas.

We observed lunch and saw that dining tables were set with linen table cloths and condiments. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed and music was playing in the background. Staff interacted with people throughout the meal and we saw them supporting people sensitively. Staff asked people what they would like to eat and informed them what their meal was as it was being served. Sometimes this information needed to be repeated to people a number of times and staff were patient and helpful. People were encouraged to eat and offered something else if they did not want the meal they had chosen. People were given the time they needed to eat their meal and we noted that they were able to have their meal in other areas of the home if they preferred, including the lounge and their room.

A record of people's meal time choices was kept and any dietary requirements were documented including when people had diabetes, or needed soft or pureed meals or finger food. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks throughout the day. We noted that drinks and snacks such as fruit, crisps and biscuits were available around the home for people to help themselves to, and jugs of water and juice were also available throughout the home.

Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. Handover information included details of people's food and fluid consumption throughout the day.

People's weight was recorded weekly and a Malnutrition Universal Screening Tool (MUST) was also completed in respect of people living at the service. Records showed that appropriate professional advice and support, such as referral to a dietician, was sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service and their relatives felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs and were reviewed monthly.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, community mental health teams, a falls assessment team and a continence service. We found healthcare appointments and visits were documented and visitors told us they were kept up to date with information about their relative's health needs and appointments. We noted that the service had a diabetes champion and that foot care assessments were completed regularly and referrals

Good

# Is the service effective?

made to a podiatrist when appropriate. We also noted that GP reviews were completed yearly. This would help to ensure that people were supported appropriately with their health.

We spoke with a visiting occupational therapist who attended the home weekly and told us she felt the care provided was good. She told us, "Staff take on board any advice or guidance I give them in relation to the patient's care". We received feedback from a district nurse who attended the service regularly. She did not have any concerns about the home and told us, "The staff always contact us if they have any problems". We also received feedback from a local GP who told us, "The Chorley Lodge team cope well with care and compassion for their residents".

Good

# Is the service caring?

## Our findings

People told us that the staff at Chorley Lodge were caring. They said, "The staff are kind and caring. It's not often we're left on our own" and "The staff ask me if it's ok to do something. They are very respectful. They know me as a person". The visitors we spoke with also felt that staff were caring. They told us, "My mum likes the staff. They're very caring, gentle and kind" and "I haven't met any staff who aren't nice. They'd do anything for my friend".

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

We noted that a list of the staff on duty each day was displayed on the wall in the dining room which would help people identify who was providing them with support that day.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

During the second day of our inspection, a singer who regularly attended the home visited and people really enjoyed it. We saw staff joining in, singing and dancing and encouraging people to participate. Staff told us that people's birthdays were celebrated and this was confirmed by the people living at the home and their relatives. One person told us, "I had a party for my birthday recently and I loved it".

It was clear from our discussions, observations and from the records we reviewed that people living at Chorley Lodge were able to make choices about their everyday lives. People told us they could have a drink or something to eat whenever they wanted to and could choose what they wore every day. We saw that people had lots of choice at mealtimes.

The registered manager told us that none of the people living at Chorley Lodge were using an advocacy service as they all had family or friends to represent them if they needed support. A poster advertising Lancashire County Council's advocacy service was displayed in the entrance area. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence. For example, we saw staff offering to cut up people's food so that they could eat it independently.

People living at the home told us staff respected their dignity and privacy. One visitor told us, "The staff always make sure the door and curtains are closed when they're helping with personal care". We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home. A local GP told us, "Residents are treated with dignity, patience and respect".

The registered manager told us friends and relatives could visit at any time and staff, residents and visitors confirmed that this was the case.

The registered manager told us the home had recently introduced a 'visioncare at home' service for residents who wore glasses. This enabled staff to generate a picture and description of a person's glasses and keep it in their records so that if the person's glasses went missing, staff knew what they were looking for and could identify which glasses belonged to which person. This could help to locate glasses if they went missing and ensure that the people living at the service were wearing the correct glasses.

Good

# Is the service responsive?

## Our findings

Most of the people we spoke with told us their needs were being met at Chorley Lodge. They said, "All the staff know me and what I like. I've no complaints at all" and **"**The staff are caring, friendly and nice and know my likes and dislikes". However, as mentioned previously, two people felt the service was not meeting their needs.

We saw evidence that people's needs had been assessed prior to them coming to live at Chorley Lodge, to ensure that that the home could meet their needs. Most people told us their care was discussed with them. Three people we spoke with told us they were not involved in planning their care. However, we saw evidence that their care had been discussed with them or their relatives. We noted that where people lacked the capacity to make decisions about their care, their relatives had been consulted and this was confirmed by the relatives we spoke with. Each person living at the home was allocated a key worker, which would help to ensure that the care provided was consistent and that staff remained up to date with people's needs

Care plans and risk assessments were completed by the registered manager, the deputy managers or the senior care assistants and were reviewed monthly. The staff on duty updated care plans and risk assessments whenever there was a change in need and this was communicated to staff during the shift handovers that day. The care plans and risk assessments we reviewed were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with people. People were given the time they needed to answer questions and make decisions and staff spoke slowly and clearly and raised their voices and repeated information when necessary.

We noted that many aspects of the home were dementia friendly. There were pictorial signs on bathroom doors and photographs of people and their relatives on people's doors to help them recognise their rooms. Pictures reminiscent of the 1940s and 1950s were displayed on the walls throughout the home and background music from the same era was played during mealtimes. We saw a sign advertising a support group for relatives and friends of people living with dementia at the home, which offered to provide support and information about the different stages of dementia.

A calendar of activities for the month of our inspection was on display in the entrance area and included quizzes, flower arranging, crafts and a visiting male vocalist. However the registered manager told us that activities had reduced recently as the service had been without an activities co-ordinator for three weeks. We spoke with the newly appointed activities co-ordinator who told us about her plans to involve people as much as possible in the planning and delivery of a variety of activities including a Halloween party and raffle and a Christmas party. We noted that the home had been decorated for Halloween and she told us that the residents had been involved in this and had enjoyed it. The people we spoke with and their relatives told us that a variety of activities were available if they wanted to participate.

We saw that information was displayed in the entrance area informing people that Roman Catholic and Church of England clergy attended the home every Sunday to give communion. This would help to ensure that people's spiritual needs were being met.

As mentioned previously, a singer visited during our inspection and people got involved, singing along and dancing. He was very popular and the registered manager told us he visited every month. During our visit a hairdresser attended on both mornings and told us he visited two mornings every week. The people we spoke with confirmed they had the opportunity to book an appointment with him regularly and we saw a queue of people waiting for their appointment. It had the feel of a real hairdressing salon, with people drinking tea and chatting while they waited.

A complaints policy was available and included timescales for investigation and providing a response. Contact details

Good

# Is the service responsive?

for the service provider and the Commission were included. We reviewed the record of complaints received and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy.

All the people living at Chorley Lodge that we spoke with told us they felt able to raise concerns and they would speak to the staff or the manager if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern. Two of the relatives we spoke with told us they had raised minor concerns, which had been resolved quickly and to their satisfaction.

We looked at how the service sought feedback from the people living there and their relatives. The registered manager told us that satisfaction questionnaires were posted to relatives every six months. We reviewed the results of the questionnaires sent out in June 2015 and saw that 15 relatives had responded. We noted that a high level of satisfaction was expressed about issues including how comfortable, safe and secure the home was, how friendly, caring and professional the staff were and how approachable the management were. Comments also included concerns regarding the availability of equipment, a lack of information about care plans, care plan reviews not taking place, a lack of activities, medication running out, the need for refurbishment including replacing the kitchens, poor communication with relatives and the service being short staffed.

We noted that residents and relatives meetings took place regularly and were used as another means of gaining further feedback about the service. We reviewed the notes of the meeting in July 2015 and saw that 12 residents and relatives had attended in addition to eight members of staff. We noted that the feedback received from the recent satisfaction questionnaires was discussed and saw evidence that many of the issues raised had been addressed. This included the ordering of new kitchens, the implementation of an electronic medicines system, monthly newsletters, yearly care plan reviews and regular telephone calls to relatives.

We saw that the service provided monthly newsletters which were available in the entrance area and posted to relatives if requested. Information provided included events and activities for the month, birthday wishes and any concerns, such as a reminder that people's clothes needed to be clearly labelled for laundry purposes.

Good

# Is the service well-led?

## Our findings

The people we spoke with who lived at Chorley Lodge told us they felt it was well managed and that the staff and the manager were approachable. One person told us, "The manager is very approachable. If I had any concerns I'd speak to him". Relatives felt the same and told us, "The manager and staff are very approachable. We haven't had any problems at all but if we did, I wouldn't hesitate to speak to them" and "It's a lovely place. The staff are friendly and it's well managed".

We looked at whether people were involved in the development of the service. As mentioned previously, we saw evidence that feedback received during regular residents and relatives meetings and from satisfaction surveys was used to make improvements to the service.

We noted that there was a statement of purpose in place which identified the service's core values as privacy, dignity, independence, choice, rights and fulfilment. The philosophy of care stated that, 'Chorley Lodge aims to provide residents with a secure, relaxed and homely environment in which their care, wellbeing and comfort are of prime importance'**.** The manager informed us he felt well supported by the service provider and felt the necessary resources were made available to achieve and maintain appropriate standards of care at the home.

We noted that regular staff meetings took place, which were attended by the registered manager, the deputy managers and the senior care assistants and separate staff meetings took place with the night staff. Information from these meetings was then communicated to the care assistants. The meetings were used to address issues relating to care standards, processes and performance. We saw evidence that the concerns raised in the satisfaction questionnaires had been discussed and staff had been reminded about the importance of responding to call bells, completing care plan reviews, safe medication processes and communication with relatives. We saw evidence that regular managers meetings took place, which were attended by the registered managers of the service provider's different residential services in the area. The staff we spoke with confirmed that regular staff meetings took place and they were able to raise any concerns.

As stated previously, there was a supervision policy in place and we saw evidence that supervision and appraisals had been completed in line with the policy. The staff members we spoke with confirmed they received regular supervision and an annual appraisal, both of which addressed their performance, training needs and any concerns. Staff told us they felt well supported by the registered manager. We saw evidence that concerns regarding staff performance were documented and managed appropriately.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and he communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that he was polite and respectful towards them.

We noted that the registered manager and the deputy managers audited different aspects of the service regularly. In addition to the medicines and environmental audits mentioned previously, we saw evidence that accidents and incidents, falls, safeguarding concerns and equipment were audited regularly. Records of people's weight and pressure sores were also reviewed monthly to ensure that risks were being managed appropriately by staff. A care plan audit was completed monthly which reviewed a random selection of care plans and looked at whether appropriate assessments and reviews had been completed and whether staff documentation was appropriate. All audits included action plans where improvements were required. We also noted that the service was audited regularly by the service provider's quality manager. This would ensure that the registered manager's practice was being reviewed regularly. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained.

Our records showed that the service had submitted a number of statutory notifications to the Commission about people living at the service, in line with the current regulations. The manager was also aware that he is required to notify us of the outcomes of DoLS applications when these are received from the local authority.

Good

# Is the service well-led?

We noted the service had received the Investors In People award. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.