

Lakeland Care Services Limited

Chichester Hall Care Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection that took place on Friday 28th August 2015.

Chichester Hall is a period property that has been adapted to provide accommodation and care for up to twenty older people. It is set in its own extensive grounds in a residential area of Skinburness.

All accommodation is in single, ensuite rooms and there are suitable shared lounge and dining areas.

The provider owns two other care homes in Cumbria.

The home has a registered manager. 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

The service had suitable systems in place to protect people from harm and abuse. The staff team understood their responsibilities under safeguarding. The provider responded appropriately to staff concerns and had a 'whistle blowing' policy.

There were suitable plans in place to deal with any emergency situation. Risk assessments and management plans were in place to ensure the environment was safe. Accidents and incidents were monitored.

We saw that the home was suitably staffed to meet people's needs. Recruitment was done correctly and the service had a disciplinary procedure in place.

Medicines were well managed. Staff were trained and competent in dealing with medicines.

The home was clean and tidy and there were good infection control measures in place. Staff had ready access to personal protective equipment.

Staff had been in receipt of training over a two year period that ensured that everyone had the right skills and knowledge to care for vulnerable people. Staff received regular supervision and appraisal. The manager made sure that staff understood what good practice was.

The registered manager and the senior care staff understood their responsibilities under the Mental Capacity Act 2005. They took appropriate steps when they judged someone might be deprived of their liberty. Restraint was not used in the service.

People told us that the food was "really good" and we saw evidence of people being encouraged to eat well. The food provided was nourishing and varied. People were helped to maintain a healthy weight.

Chichester Hall is an older property but the provider had an ongoing programme of improvement and upgrade to the environment.

We observed staff interacting with people in the home. We saw that they cared for and about people as individuals. We saw sensitive and patient staff who could also use affection and humour appropriately.

People were helped to retain their privacy and dignity. Care planning supported independence and personal preferences.

We had evidence to show that the team worked well with local health care providers to give people good care at the end of their lives.

We saw good assessments of need and detailed and relevant plans for care delivery. We judged the care planning system to be person centred and effective.

People told us they were happy with the activities, outings, parties and entertainments on offer. The home had good links with the local community.

There had been no complaints about the service and there was information available so that people could complain formally. People said they just told the registered manager.

The home had an experienced and suitably trained and qualified registered manager. People who lived in the home and the staff were aware of her vision and values.

The service had a quality assurance system that the registered manager had developed to meet the needs of the home. This was working effectively. Any suggestions for improvement were followed through in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of their responsibilities in protecting vulnerable adults.

The home was suitably staffed.

Medicines were well managed.

Good



Is the service effective?

The service was effective.

Staff had received suitable levels of training, supervision and appraisal.

The team understood their responsibilities under the Mental Capacity Act 2005.

People were supported to eat and drink well.

Good



Is the service caring?

The service was caring.

Staff treated people with privacy and dignity.

People were encouraged to be as independent as possible.

End of life care was done well.

Good



Is the service responsive?

The service was responsive.

Assessment and care planning was done in detail and people were fully involved in the process.

People told us they were happy with the activities and entertainments on offer.

Complaints were well managed.

Good



Is the service well-led?

The service was well led.

The home had an experience and suitably qualified registered manager.

The home had a quality monitoring system that promoted change and improvement.

The service had good working relationships with health and social care colleagues.

Good



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 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.

This inspection took place on 28th August 2015 and was unannounced.

The inspection team consisted of the lead adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both team members had experience of caring for or working with older people and people living with dementia.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We planned the inspection using this information.

We spoke with all the people who lived in the home. We had in-depth conversations about the service with ten people in the home. We read ten care files and read six care plans in depth. We checked on records related to the delivery of care for these six people. We also checked on money kept on their behalf.

We looked at all of the medicines managed on behalf of people in the home. We checked on the records related to ordering, administering, storing and disposing of medicines.

We spoke with three visiting relatives and saw examples in care files of relatives meetings and other ways relatives were involved.

We met with the registered manager and with six members of the care staff team, the maintenance person, the cook and a member of the housekeeping team. We read six staff files and we were sent a copy of the training records and the training plan. We looked at staff meeting minutes. We also saw supervision and appraisal notes for these six team members. We looked at three recruitment files.

We walked around all areas of the building and looked at records relating to maintenance, repair and décor. We looked at the fire log book and at food hygiene records.

We read the safeguarding file, the file related to accident monitoring and to the comprehensive quality monitoring file. This included annual quality reports about the service.

Is the service safe?

Our findings

We spoke to people who lived in Chichester Hall and they told us that they felt safe in the home. One person told the inspector: “There is nothing wrong here...the manager knows everything that is going on and nothing like [abuse] would happen here.”

A relative said to the expert by experience: “We are very happy with the care here. If there was anything wrong I would see it. The manger is one of the merry crew here so she knows what is going on. We know our relative is well looked after and I have never seen anything untoward.”

People told us there were enough staff and said they were “very good.”

People were happy with the way staff helped them with medicines. One person said: “Never a problem...always get them on time.”

In the afternoon the inspector had a conversation with six members of staff who were able to talk about safeguarding in depth. They told us that they had every confidence in the manager but could talk to the provider if necessary. They said there were suitable arrangements for ‘whistleblowing’.

They told us that they had received ongoing training about safeguarding. We confirmed this when we looked at training records. We also noted that the registered manager checked care plans and daily notes, spoke to individual residents and their families with a specific focus on safeguarding as part of her quality monitoring. We had evidence to show that the manager and senior staff understood how to report any potential safeguard.

Staff also spoke about how they assessed risk whilst also ensuring that people who lived in the home had their rights respected. The team talked about discrimination and how they managed any problems within the home. We saw evidence in the service’s policies and procedures that the team worked in a non-discriminatory way.

The home had a suitable emergency plan for every eventuality. Accidents and incidents were monitored carefully and steps taken to reduce any risk.

We asked for four weeks’ worth of rosters and we saw that the home had been suitably staffed in that period. The care staff team were supported by housekeeping, maintenance and catering staff. We judged that staffing levels met the needs of people in the home.

We look at recruitment files of new staff and we judged that was done correctly in the home with all relevant checks completed appropriately. We saw the home's disciplinary procedures. There had been no disciplinary action taken but the registered manager was confident that she would receive suitable support to do this if necessary.

We looked at the medicines kept in the home. Staff said that they administered medication in twos and checked that prescribed medicine was given to the right person at the right time. We saw that medication was ordered, stored, administered and disposed of appropriately.

The home had a policy on infection control. On the day of our visit the home was clean and orderly. Staff had ready access to personal protective equipment and chemicals. There had been no major outbreaks of any infectious disease. Staff had a specific work schedules which were checked on a daily, weekly and monthly basis.

Is the service effective?

Our findings

We asked people in the home about how effective they thought the service was. They told us that the staff understood their needs. One person told us: "They are good to me. I made the choice to come here after my partner died. My friend has my power of Attorney and I have everything I want. I am very comfortable and the staff are very good. We have a good talk sometimes. I will be here now till the last."

People were happy with the food provided. They told us: "The food is damn good. You get a nice choice as the cook is very good here." "The food is good; the cook is excellent so you couldn't do better" and "I love the food here, I can eat everything except fish so I get something else."

The registered manager gave us her training matrix and we could see from this that in the previous two years there had been ongoing training. Some of this had been done by distance learning and we saw examples of completed work books. These were completed by staff in considerable detail. The registered manager had also completed this training to ensure that staff were receiving the quality of training she felt was needed. Staff had also attended external courses on things like end of life care and mental health needs of older people. We met a local nurse who told us that the community nursing team gave staff informal training. We also noted that there had been a good attendance on a more formal course run by community nursing which had covered all the principles of home nursing.

Staff told us they felt that they were given the kind of training they needed to do their job. Staff were confident about their skills and knowledge. We had examples during the day that showed that this staff team had been developed appropriately to give people good levels of care.

We read staff development files. These gave us evidence to show that staff were suitably inducted into their role, were given appropriate training and were encouraged to develop. For example we saw that one of the housekeeping team had completed every piece of training that the care team had undertaken. Staff were encouraged to complete their National Vocational Qualifications.

The staff files showed that each member of the staff team received regular appraisal. Staff told us that they received

regular formal supervision but that they also worked alongside the registered manager who supervised them "on-the-job". Supervision records were detailed and showed how staff had been supported.

We asked senior care staff about their understanding of the Mental Capacity Act 2005. They had a good working knowledge of their responsibilities. The registered manager told us that this had been covered in the training delivered to staff. We noted that the manager had attended specific training and that there was information readily available about things like Deprivation of Liberty. The registered manager had applied for a Deprivation of Liberty authority and had ensured that this was regularly reviewed.

We saw that in care files the registered manager had discussed general consent with individuals where possible. Some people had signed to say that they consented to treatment and care intervention. We noted that for some people relatives with lasting power of attorney had signed on their behalf. During the day we saw that people were asked for consent for every interaction.

The people who lived in the home invited both the inspector and the expert by experience to eat with them at lunchtime. People were given a nicely presented and well balanced meal which was taken, by most people, in the dining room. The inspector looked at food supplies in the home, menus and records of meals taken. This gave us evidence to show that people in this home were given a well-balanced diet.

When we looked in care files we saw that people's nutritional needs were assessed on at least a monthly basis. We looked at one file where the person was a little overweight and saw that gentle steps were taken to help this person. We also noted that for individuals who had problems maintaining their weight the care plans were very specific about how to fortify the diet and encourage them to eat well.

People were given the right levels of support in relation to health prevention and dealing with ill health. We met a visiting health professional who confirmed that staff made sure that people got the right levels of support. Files and daily notes showed that people had access to the GP, community nurses, the optician, dentist and chiropodist. Where people had specific health needs they had seen the appropriate consultant, dieticians, speech therapists and physiotherapists.

Is the service effective?

Chichester Hall was an older property which has been adapted to help people with their mobility. We noted that there had been considerable work done to the outside of the property. This home is very near to the sea and the provider had replaced windows and installed a biomass

boiler to make sure the house was warm and draught free. There had been ongoing replacement of furniture, fixtures and fittings. Internally the home had been redecorated in a systematic, planned way.

Is the service caring?

Our findings

People told us that: "It's much better than I expected here, far better than the hospital", "The girls are really good to me, you can have a really good laugh", "I torment the life out of the staff and we have a good laugh", "They are so good to me, so kind to me" and "They help me with everything, so kind."

We observed a well-trained team of staff who approached people in a respectful and open way. The staff approach was one of equality. The inspection team judged that staff treated people, no matter their age or disability, with dignity and empathy.

We had evidence that showed staff understood each person's background, personal preferences and future wishes. In part this was because the care plans were so detailed but we learnt from people in the home that it was because the staff team were genuinely interested in them as people.

The atmosphere in the home was one of openness. Humour and affection was used appropriately. We were party to some 'in-jokes' and group humour which was obviously part of daily life in the home. Staff were sensitive and gentle with frail people and showed patience and understanding of people living with dementia.

We witnessed staff reassuring and explaining a hospital appointment to someone in the home. The staff team showed that they could empathise with this person's anxiety and that they could give practical support. The visit went well and the person told us that the support given was "wonderful".

We heard staff asking people about their well-being and we noted that throughout the day the staff discussed with each other and with the registered manager how individuals were. The staff concerns were not solely about their physical well-being but also about people's emotional and social needs. We saw some sensitive touches where people were helped to retain their dignity.

Care plans and daily notes also reflected this holistic approach to supporting people.

We also noted that family members were well known to the manager and the staff team. We met relatives who told us that they were "completely satisfied" with the staff approach. We learned that the staff ensured that they always made visitors welcome and that they understood each individual's place in their family and social groups. One person spoke about how the staff knew "all my friends and how important they are to me."

People told us that they didn't need advocacy but they knew that they could get that kind of support if necessary. The registered manager said that she could easily access advocates.

Staff understood their responsibilities in relation to confidentiality and privacy. They gave people time to themselves. A balanced risk assessment was done when people did not want to be disturbed. We saw that some careful work had been done with someone who needed a little more intervention at night. That was done over an extended period as part of the care plan.

We also noted in care plans that people were supported to be as independent as possible. Even when people were living with dementia or physically frail they were given the right levels of support to maintain as much independence as possible.

We had evidence to show that end of life care was managed well. The local healthcare providers were brought in appropriately and we saw that contingency plans were in place because we visited just before a bank holiday. The registered manager had made sure that suitable arrangements were in place over this holiday period for a person who was coming to the end of life. We spoke to a healthcare professional who felt that end of life care was managed very well in the home.

Is the service responsive?

Our findings

People told us: "I like to stay in my own room...have my books and things....I prefer it that way." "The staff do my nails and my hair...it looks nice when it's done". A more independent person told us: "I get out and about. I used to go down to town on the bus but I take a taxi now. I go to the hairdressers or maybe the shops. I like that."

People were also aware of their care plans. One person said: "All I want is written down by the manager and the staff do it my way."

We looked at care files and we saw that every person the home had been thoroughly assessed in relation to their needs and wishes before they came into the service. This assessment was ongoing once the person came to live in the home. Things like nutritional needs, moving and handling support and emotional needs were reassessed on at least a monthly basis.

These detailed assessments were the basis of care planning. We read some care plans in depth and looked at others in less detail. We judged that the care plans were consistently detailed and up-to-date. The care plans gave a full picture of each individual and gave detailed guidance for staff. Staff said that they read the care plans on a very regular basis. We asked a new member of staff what was in a particular person's plan and this member of staff discussed the plan in detail. They told us that registered manager made sure that everyone understood how support was to be delivered.

The care plans covered all aspects of the person's needs and strengths. They were written from a person centred perspective. We had evidence to show that people were asked about their preferences and had played an active part in developing the care plan. The care plans covered all aspects of person's life including all the relevant details that staff needed to be aware of. We judged the care plans to be of very good standard and the registered manager was developing them even further. She felt that there needed to be a quick reference document in place and was working

on a one-page profile of strengths and needs. The plan was to have this one-page profile sit alongside the "grab and go" profile if a person had to go to hospital. We judged that this home continued to work on the person centred approach to responsive care.

The people who lived in Chichester Hall had complex needs as many of them were physically frail or living with dementia. Those people who were more physically able were encouraged to go out into the community and were supported to have their own interests and hobbies. Where people were less able the registered manager had instructed staff to spend time with people on a one-to-one basis. Activities in the home were specifically designed so that each day time was set aside for different activities. The home also had parties, entertainments and outings. We judged that activities were pitched correctly to the needs of people in the home.

The staff team told our expert by experience: "People need stimulated...something gentle just to keep them on the go," and "We think of new stuff but a lot of residents don't want to be bothered much. They still love their music though and we do that from 2pm. We have chair exercises and entertainers in. That's very popular, and the Church services go down well."

One of the people in the home told us there was "plenty of gossip in the lounge." We saw that people knew what was happening locally and talked about national events. They were still interested in the wider world and staff liked to keep them up to date with what was happening in the community.

The home had a suitable complaints policy and procedure. People told us that they would take any complaints to the senior staff and that they had confidence in the registered manager dealing with any concerns appropriately. The complaints policy and procedure was easily accessible. There had been no formal complaints in the home. One person told us that "any little thing is dealt with straightaway."

Is the service well-led?

Our findings

People in the home knew the manager very well. People living with dementia knew and recognised her as the manager. People told us that she was the person that they would turn to for advice and help. Relatives told us that they were kept well informed. One person said "She's only small but she's all there!" Other people told us: "The manager is very good...really on the ball and knows us all very well. She leads the staff and keeps things right."

Staff told us: "I love coming to work...everything we do is for the residents." They told us that they looked to the registered manager for leadership in their work. They also said she was approachable and fair. "You can talk to her about anything...work or personal...it is a very good place to work."

Staff were extremely complimentary about the manager told us that they had trust and confidence in her. One person said: "Our manager is very knowledgeable and if there is a problem she knows who to call. We have good relationships with the local surgery and social workers."

We met with a group of staff who were obviously well used to questioning practice and being questioned about their own practice. It was evident that it was an everyday occurrence to look at values, application of theory and just simply to ask the question "are we doing everything we can".

We observed staff displaying the vision and values that this registered manager held.

The registered manager had been in charge of the home for a number of years. She had received suitable training in both care and management and had many years of experience. We had evidence to show that she kept her practice up to date. She did independent research on good practice. For example we saw that the home was signed up to a number of different organisations about Alzheimer's disease and manager cascaded knowledge to the staff team.

The home was involved in various charity fundraising events and with community projects in the Silloth area. The registered manager networked with other homes in the area and had a good working relationship with health and social care professionals.

The service had a quality monitoring system that been developed by the registered manager to meet the needs of the home. It was simple, easy to use and very effective. It covered all the principals of good quality monitoring and was so well embedded in the home that people in the home and staff team saw it as part and parcel of their daily lives.

The provider and the general manager completed checks on the registered manager's monitoring of quality. The provider had recently employed an external quality auditor who had visited the home.

The internal quality monitoring system was not a static system but had developed with changing need. Policies and procedures in place had been updated when there had been changes to legislation. The last staff meeting had gone over in depth changes to the regulations of the Health and Social Care Act 2008 and the approach being taken by the Care Quality Commission.

Quality monitoring systems set out all the tasks that helped the home to function correctly. There were work sheet for all aspects of care, housekeeping and catering.

Quality audits were undertaken on a regular basis. Some were done by senior care staff or by housekeeping staff. These included cleaning schedules and medication monitoring. The registered manager checked on these audits. She had monthly checks on all aspects of the operation. We noted that these audits were far reaching and covered all aspects of the care home. For example they covered 'unused or unoccupied areas' on the premises.

The service had a five-star excellence award for food safety. The fire logbook was up to date. Annual external fire safety audits had been completed.

Money kept on behalf of people in the home was accounted for correctly. The general manager of the organisation checked all financial transactions.

The quality monitoring of safeguarding was innovative and thorough. The service had started to use a checklist that was part of a Cumbria wide initiative.

Each month the registered manager checked that medication was dealing with people's symptoms. Where there were issues the medication was reviewed by health colleagues.

Is the service well-led?

The registered manager also made sure that she asked the people who lived in the home, their relatives, friends and professionals about quality. This was done both informally and formally. We saw recent surveys and the analysis of responses.

Every year the registered manager pulled together her audits, outcomes of questionnaires, meetings and analysis of events. This annual overview of the service was available for people in the home, their visitors and the staff team to look at. It was also sent to the Care Quality Commission.