

Charing Dale Limited

Chippendayle Lodge Residential Care Home

Inspection report

10 Chippendayle Drive
Harrietsham
Maidstone
Kent
ME17 1AD

Tel: 01622859230

Website: www.charinghealthcare.co.uk

Date of inspection visit:

25 January 2018

29 January 2018

Date of publication:

28 February 2018

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 ●

Summary of findings

Overall summary

The inspection took place on 25 and 29 January 2018 and was unannounced.

Chippendayle Lodge Residential Care Home 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. Chippendayle Lodge Residential Care Home provides care and accommodation to a maximum of 52 people. There were 35 people living at the service at the time of our inspection, some of which were living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. A registered manager was employed at the service and had been in the position since July 2016. 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. The registered manager was supported by a deputy manager and a number of senior care assistants.

People continued to be protected from the potential risk of abuse. Individual risks were identified and steps continued to be taken to reduce and control risk, making sure people and staff had the guidance they needed to prevent harm while at the same time supporting independence. The environment and equipment continued to be serviced and checked to ensure the safety of people. There continued to be enough staff to meet people's needs, however the registered manager had identified an additional member of staff was required at mealtimes. Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff.

People continued to receive their medicines safely as prescribed by their GP. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed regularly. People were protected by the prevention and control of infection where possible, with systems in place to ensure the risk of contamination were minimised. Accidents and incidents continued to be managed effectively.

People's needs and choices continued to be assessed when they started using the service, either as respite or on a permanent basis. People received care that was personalised to their needs. People were offered the opportunity to take part activities which they enjoyed. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People continued to be given choice at mealtimes and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff and the kitchen team met people's specific dietary needs and support. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

People continued to be treated with dignity and respect. Staff were kind and caring and knew people's needs and preferences. Staff were responsive to people's emotional needs, providing reassurance in a calm manner.

Staff continued to receive training to meet people's assessed needs. Staff received support and supervision with their line manager. Staff continued to be given the opportunity to discuss any concerns or improvements about the service at team meetings.

People and others were encouraged to express their views and had completed surveys. Systems were in place to monitor the quality of the service being provided to people. There were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Chippendayle Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 29 January 2018 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection had experience in care for older people.

The manager had completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. As part of the inspection we spoke with the registered manager, the deputy manager, the Director of Care and Operations, one senior support worker, two care staff and the activities co-ordinator. We spoke with seven people using the service and two relatives to give their feedback on the service they received.

We reviewed a range of records. This included four people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment including four staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Is the service safe?

Our findings

People told us they felt safe with the care staff and living at the service. One person said, "I like the staff here. I feel safe." Another person said, "I feel safe here. There is always someone [staff] wandering around." Relatives told us they felt their loved ones were safe and spoke about safe moving and handling they had witnessed, which gave them reassurance.

Some people told us they felt there were not enough staff available to meet their needs. One person said, "There are not enough staff here. If I press my call button I sometimes have to wait 10-15 minutes for someone to come." Another person said, "I ring my buzzer and sometimes I can wait 30 minutes for someone to come. There aren't enough staff here. They do the best they can." A third person said, "The staff are all kind. I think they are pretty well stretched." However, feedback from the October 2017 survey showed that 75% of people were happy with the number of staff available to meet their needs. Throughout our inspection we saw staff were busy and were task focused, this meant staff were moving from one task to another. Call bells were heard and were answered promptly. The registered manager audited call bell answering time as part of their monthly audit. The registered manager had assessed people's needs and records showed a consistent number of staff were on duty to meet people's needs. Through observations the registered manager had identified the need for an additional member of staff during mealtimes and, as a result a dining room assistant was being recruited. Staff told us they felt the addition of a dining room assistant would be beneficial.

The provider continued to follow safe recruitment practices to ensure that staff were suitable to work with people living in the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. Written references from previous employers had been obtained. The registered manager told us they were in the process of auditing the staff recruitment files and were planning to employ an admin member of staff, who would have responsibility for the staff files. People could have confidence that the staff supporting them were of good character and were safe to work with people.

The registered manager and management team continued to promote an environment where people were safe. Staff followed the provider's policy and procedure and received regular training regarding safeguarding adults. Staff gave examples of potential signs to look for and gave examples of what action they would take such as, reporting any concerns to the registered manager, the deputy manager, the local authority safeguarding team or the Care Quality Commission (CQC). The registered manager had issued easy read versions of the local authorities' procedure to staff during supervisions to embed their knowledge. These were also displayed around the service for people to access. Staff understood the whistleblowing policy and told us they would be confident in using it if the need arose.

The provider held a central database where any safeguarding concerns were logged and stored. This enabled the senior management team to track the progress of any safeguarding concerns and identify any areas to learn and improve the service. For example, records showed a safeguarding concern that had been

raised at another one of the providers locations, had been concluded and the lessons learnt had been shared across all locations. The director of care and operations told us that as a result of that concern, all services had to complete an examination of any stand hoists; this was to reduce the risk of reoccurrence. The registered manager told us about a recent incident regarding a medicines concern; as a result the administration of people's medicines was changed.

Incidents and accidents were recorded by staff and monitored by the registered manager. However, on the first day of our inspection records showed there was inconsistent recording of accidents and incidents. Some people had body maps, 24 hour observation charts and risk assessments attached to their accidents forms, whereas other people did not. We spoke to the registered manager about this who took action, by the second day of our inspection the registered manger had implemented a checklist for staff to follow which detailed the forms staff were required to complete. All accidents and incidents were monitored by the registered manager and the senior management team on a monthly basis; this enabled the management team to identify any patterns or trends.

People continued to receive their medicines safely by staff that were trained and followed the providers' policy and procedure. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. During our inspection we observed the medicines round. Staff asked people if they would like to take their medicine prior to administering them to people and accurately recorded when they had been taken. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. The temperature of the medicines fridge had been fluctuating, the registered manager contacted the pharmacy and a new fridge was ordered.

Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Staff asked people if they required any pain relief before administering PRN medicines.

Risks to people continued to be assessed and minimised. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to care and support needs, moving and handling and a specific assessment for falls. The assessments outlined the associated hazards and detailed what measures staff were to take to reduce the risk. Risk assessments were regularly reviewed by a member of the management team to ensure staff provided sufficient support to people to keep them safe. Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency.

Risks associated with the safety of the environment and equipment continued to be identified and managed to keep people safe. The provider had an internal maintenance department who managed the day to day maintenance issues within the service. Records showed that equipment continued to be properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed the maintenance person followed a programme of daily, weekly, monthly and quarterly checks on items such as the water temperatures and window restrictors. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

People were protected by the prevention and control of infection where possible. The provider employed a team of domestic staff to ensure an adequately clean and hygienic environment. We observed that staff used Protective Personal Equipment (PPE) such as aprons and gloves appropriately during our inspection.

There was a monthly infection control audit, which showed attention to the whole environment in detail. Audits showed shortfalls were identified and corrected, such as carpet cleaning in the main lounge and dining room.

Is the service effective?

Our findings

People told us they enjoyed the food they received. One person said, "I have enough to eat here. I eat everything they give me." Another person said, "We have two choices of meals. If I'm not feeling too well I have soup and a roll. I think the diet is okay. The chef comes round each day to make our food choice for that day."

People continued to be provided with the support that they needed to eat and drink enough to maintain a balanced diet. People had an initial nutritional assessment completed when they moved into the service and their dietary needs and preferences were recorded. The provider continued to use a sessional set menu; this included a variety of meals and alternative choices. The menu was in easy read format with pictures for those who needed help to understand written words. There were two chefs employed who worked alongside each other. They had worked at the service for a number of years and knew people well, including the food likes and dislikes, which were recorded within the kitchen. Dietary requirements for health or culture were provided for and the kitchen team were trained to provide these. The kitchen team were aware of people's specific dietary requirements such as a soft diet or diabetic diet, and these were catered for. The service was awarded five stars through the food hygiene rating scheme on the 11 May 2016.

Regular tea trolleys were taken around to offer people a variety of drinks and snacks. People had access to fresh fruit and water within the conservatory. Observations of the lunch service on the first day showed people were waiting for 30 minutes before their lunch arrived. We fed this back to the registered manager who took action to reduce the waiting time for people with the use of hot food bags. Some people had chosen to eat lunch in the newly built dining room, this meant the hot food trolley was used at one end of the building and then moved to the other side. The registered manager told us that only recently had people started to use the other dining room, and that they would monitor the usage with the potential of purchasing another hot food trolley. The registered manager told us that dining room assistants were in the pipeline of recruitment to enhance people's dining experience and to support the staff team.

The registered manager and the deputy manager continued to undertake initial assessments with people prior to and when they started to use the service, for respite or on a permanent basis. A health and social care professional completed an initial assessment with people and this was sent to the registered manager to begin the referral process for either respite care or a permanent placement. The providers' assessment took into account the persons' care and support needs, communication, physical and social needs. They included details about how the person wanted to be supported and were written in conjunction with people's families if necessary. Staff worked in conjunction with health care professionals to ensure people received effective, consistent support. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. There were equality and diversity policies in place and staff had received training in this subject, this helped staff promote people's equality, diversity and human rights. The provider had recently introduced new policies regarding gender re-assignment and sexual orientation. Nobody living or staying at the service had a protected characteristic.

Staff continued to work alongside health care professionals to ensure people remained as healthy as

possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. All appointments with professionals such as doctors, district nurses, hospital outpatient department, chiropodist and dentist had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. For example, a referral was made to occupational therapy for a walking aid when a person started to use the service. During our inspection staff noticed a person was not their usual self and felt unwell, staff telephoned the persons' doctor for advice and support.

The premises had been adapted and decorated for the people who lived at the service. People had pictures on their bedroom door which included their names and pictures of particular interests or loved ones. There were adaptations within the premises such as ramps to reduce the risk of people falling or tripping. People had access to a large outside garden which included a grass and patio area. People were observed eating their breakfast in the conservatory looking out onto the garden. The registered manager told us people had requested to be involved in the planting of new plants in raised flower beds, which was planned for the summer.

Staff told us they felt supported by their line manager and the rest of their team. Observations showed the staff worked well together as a team, with continuous communication between each other. Systems continued to be in place to provide support and supervision to staff, through supervisions and an annual appraisal. This was to provide opportunities for staff to discuss their performance, development and training needs. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

The registered manager continued to ensure staff had the skills, knowledge and experience to deliver effective care and support. Following a recent audit of the training the registered manager had sent letters to all staff informing them of any refresher training they were due to complete. Some new staff were awaiting practical manual handling training, until this had been completed the new staff were not able to undertake any manual handling. A member of staff told us that this had placed additional pressure on the remaining staff. Following our inspection the registered manager had arranged for staff to complete this training in February 2018. Staff continued to be trained to meet people's specific individual needs such as, dementia care and behaviours that challenge. New staff completed the Care Certificate (this is a set of standards for health and social care workers) during their induction, this gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff before working as part of the care team.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's rights continued to be protected and staff were acting in accordance with the Mental Capacity Act 2005. The registered manager had carried out MCA assessments with people and/or their relatives for 'less complex decisions' such as, personal care needs and medicine management. Staff gave examples of how they offered people choice such as, where they would like to spend their time, what they would like to wear and eat. We observed staff seeking permission from people before carrying out tasks such as assistance to the dining room or bathroom. Records showed that when people lacked the capacity to make certain

decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

People told us the staff were friendly, kind and caring. One person when speaking about the staff said "They are pleasant." Another person said, "Lovely, just lovely." A relative said, "The staff are polite and friendly here."

People continued to have their privacy and dignity respected. People told us and we saw staff knocking on doors and waiting for an answer before entering. One person said, "The staff knock before they come into my room. They ask me before they do anything, such as help me to dress if I need help." Another person said, "The staff knock on my door before they come in. They respect me." Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing doors, covering people with a towel and speaking with people to ensure they feel comfortable and are happy with the support.

Staff were observed responding to people's emotional needs when people were distressed. Staff offered reassurance to a person who had been asking where they were, staff spent time talking to the person. The person appeared visibly calmer when speaking with the member of staff. On the second day of our inspection another person became distressed and was shouting, a member of staff sat next to the person speaking quietly and calmly, the person stopped shouting and appeared to be reassured. Staff were observed acknowledging people as they walked into a room, saying, "Morning [name]".

People's care plans continued to contain specific guidance for staff to follow regarding how to meet the emotional support they required. For example, a person's specific medical condition and the support they required relating to their emotions. People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. The information included topics such as, where the person grew up, past careers and family life. Friends and relatives were made to feel welcome and were able to visit whenever they wanted to. One relative said, "We have a good relationship with the staff. We visit two or three times a week."

People and/or their relatives were involved in the planning and delivery of the service they received. One person said, "I have a care plan. It says I like my door open at night." A relative said, "The manager went to the hospital and discussed the care plan with [loved one] before they were discharged here." People's care plans included clear information and guidance about their individual communication needs and personal preferences. People's preferences were known to staff and people were supported in line with their wishes. For example, we saw people being addressed by staff using their preferred name throughout our inspection. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff. One person said, "When I get dressed the staff ask me what help I need."

People's confidential records relating to their care were kept by the deputy manager in a locked cabinet in their office to maintain people's privacy.

Is the service responsive?

Our findings

The registered manager, deputy manager and the staff team were responsive to people's needs and requests. During the second day of our inspection a member of staff pressed the emergency buzzer whilst they were supporting a person who felt unwell: staff responded quickly to offer support and call for the emergency services. Records showed that another person had requested a new mattress for their bed; this had been actioned promptly by the registered manager.

People told us they enjoyed living at Chippendayle Lodge. One person said, "I wouldn't change anything about living here." Staff told us they enjoyed their job. One member of staff said, "I enjoy the resident's, we are like a big family. Each person is different and I can see the difference in everyone."

People continued to receive a personalised service that was responsive to their needs. People and/or their relatives were involved in the planning and delivery of the care and support they required. People's care plans continued to be reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. If people were staying at Chippendayle Lodge for a period of respite, a summary care plan was written using the information from the initial assessment, as well as any further information. The summary care plan included guidance for staff to meet peoples' personal care needs, mobility needs, communication and nutritional needs. Additional information was available to staff within people's care plans if they had additional health needs such as diabetes or depression. People's care plans detailed what people were able to do for themselves and then information of the support they then required from staff. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

People continued to be offered a range of activities to meet their needs and preferences. The provider employed an activities person who worked three days a week. There were regular visits from the local PAT dog, signers and some people accessed a coffee morning in a local village. PAT dogs are Pets As Therapy dogs that are specially trained to give comfort through therapeutic interactions with people. Activities held within the service included, bingo, pamper sessions and cheese and biscuit afternoons. There was an onsite hairdresser which people could access on a weekly basis. The registered manager had recently created a sundry shop following feedback from people. This was available to people on set days and times. People were supported to maintain their spiritual or religious beliefs; a local church visited the service on a monthly basis.

Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. People's wishes had been respected if they had chosen not to discuss things. Some people's care plans recorded specific preferences such as whether they wanted to be buried or cremated.

People and their relatives continued to be encouraged to raise concerns or make suggestions about improving the service. Information was available to people on how to make a complaint if they were unhappy or concerned. One person said, "I never have a problem, but if I did I would speak to [deputy manager] or whoever is on-call." There had been three formal complaints made in the past 12 months. The

complaints included a relative stating there was a smell in their loved ones bedroom and another about the loss of a persons' hearing aid. Records showed the provider's procedure had been followed in relation to responding to and resolving the complaints.

Is the service well-led?

Our findings

People and their relatives told us they knew who the 'manager' was and saw them on a regular basis. The registered manager started working at the service in July 2016; they were supported by a deputy manager who had worked at the service for a number of years. The deputy manager split their time between working in the office and working as part of the care team. The deputy manager managed senior care staff who then managed the care staff.

Staff were aware of their role and responsibilities; these had been outlined within their contract of employment and job description. Staff knew who they were accountable to and understood the management structure within the service. Staff told us they felt their individual line managers were approachable. The provider had a range of policies and procedures in place to inform and guide staff. The registered manager used these policies when staff were not performing to the required standard; for example, the disciplinary policy and procedure.

The registered manager told us they had an 'open door' policy where anyone could come in and speak to them at any time. They had a plan of achievements they had planned over the next 12 months. These included, developing staff confidence and competence to enable them to have additional responsibilities, employing a 'head of housekeeping' and to increase the occupancy with the completion of the new extension.

The registered manager was supported by the director of care and operations, who visited regularly to offer support, provide one to one supervision to the registered manager and to check the safe running of the service. The senior manager was at the service during the second day of our inspection. The registered manager and staff team worked in partnership with other health care professionals such as occupational therapists to provide consistent care and support to people.

The deputy manager spent time working as part of the care team; this gave them the opportunity to observe staff practice, values and behaviours. Any feedback from the observations was used to improve the quality of the service staff provided. Regular staff meetings were held so staff could discuss practice and gain some feedback. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. The registered manager told us a member of the management team would regularly attend the handover meetings to ensure the information being provided was detailed and accurate.

People, relatives and staff were involved in the development of the service. An annual survey was sent out via the provider's head office. The results were collated and an action plan was created and sent out to people. Following feedback from the October 2017 survey the sundry shop was created. Results from the feedback showed 93.8% of people were happy living at the service and would recommend the service to others. Residents meetings were held on a six monthly basis with people and the management team. These meetings provided an opportunity for people to suggest and make decisions about the service such as the variety of food, the choice of the table cloths and activities people wanted to participate in.

Systems continued to be in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager on a regular basis, including health and safety, medicines management, infection control, training matrix, staff files and a systems audit. Audits were completed by a senior manager and, the provider also commissioned an annual audit which was completed by an external company. These audits generated action plans which were monitored and completed by the management team and the provider's senior manager. Actions from the last internal audit which had been completed in December 2017 included, ensuring consistency in the recording of incidents and accidents, recording who were the first aiders within the building and a review of the care plans where people were using a pressure relieving mattress. The registered manager had marked some of these actions as being completed such as recording who the first aiders were. The audit stated there would be a follow up audit within five months to check the actions had been completed.

The registered manager and the management team were clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred; for example, when a person had an accident. All incidents have been reported correctly.