

Orchard Care Homes.Com Limited

# Longridge Hall and Lodge

## Inspection report

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Date of inspection visit:  
03 May 2017

Date of publication:  
13 June 2017

## 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 visit took place on 03 May 2017 and was unannounced.

Longridge Hall and Lodge is a residential care home for up to 60 people. Longridge Hall and Lodge is a purpose built home located in a residential area of Longridge and close to local amenities. The home is registered to provide accommodation for people who require assistance with personal care without nursing. Accommodation is provided in large single bedrooms with ensuite facilities of a wet area with shower, a toilet and a wash basin. The property is built on two floors. Each floor has a large lounge/dining room, plus several smaller lounges. There are safe garden areas with outdoor seating provided. Ample parking is provided to the front of the premises. At the time of the visit there were 57 people who lived at the home.

At the last inspection in July 2014 the service was rated Good. At this inspection we found the service remained good.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. They analysed information about these events to reduce the risk of future occurrence.

Recruitment checks were carried out to ensure only suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place to guide staff with how people wished to be supported. People who received support or, where appropriate, others acting on their behalf were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Systems were in place to ensure people received their medicines safely.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided.

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised. Entertainers were arranged on a regular basis, as were trips out to various places.

People who lived at the home and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service provided to people. These included regular audits of the service, as well as staff and resident meetings to seek the views of people about their experiences of the service they received.

## 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.

# Longridge Hall and 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.

This inspection visit took place on 03 May 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Longridge Hall and Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home including seven people who lived at the home, three relatives and ten staff members, including the registered manager.

We looked at care records of five people who lived at the home, training and recruitment records of three staff members and records related to the management of the service. We also contacted the commissioning department at the local authority and spoke with an external professional who visited the home. This helped us to gain a balanced overview of what people experienced living at Longridge Hall and Lodge.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and with the way staff supported them. Comments we received included, "I feel safe. I'm well looked after, it's a nice place." And, "There's always someone on hand if you need them." A visiting relative told us, "[Relative] is safe here. The staff do a very good job."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the management team. Staff confirmed they had undergone checks to make sure they were suitable before starting work and had received a thorough induction to enable them to support people safely.

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments were used to inform care planning, which provided instructions for staff members when delivering support to people. Where potential risks had been identified the action taken by the service had been recorded.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. For example, staff told us leading up to Christmas last year, several people were poorly so extra staff were put on duty to assist with the increased workload. Staff told us they felt there were always enough of them to make sure people's needs were met.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed two staff administer medicines during the afternoon. Staff followed best practice guidance and took a person centred approach. The registered manager had audits in place to monitor medicines procedures.

The building was clean and tidy. Hand sanitising gel and hand washing facilities were available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Comments we received from people included, "They [staff] all know what they're doing." And, "The staff are great."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one.

We observed staff supported people to eat their meals wherever they wished, including in the lounge and their own bedrooms. Staff offered a choice of drinks and were patient when they supported people with their food. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. People we spoke with told us the food was of a good standard and they had a good variety of food to choose from. One person told us, "The food is always excellent."

People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. In addition there were several separate lounges for people to make a choice and spend their time. We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

## Is the service caring?

### Our findings

During our inspection visit we observed people and relatives were relaxed, happy, smiling and comfortable. We spoke with people about how caring the staff were towards them. Comments we received included, "It's very comfortable. The staff are all really helpful and kind." And, "The staff are good. We have a good laugh, there's always a bit of banter." One relative we spoke with told us, "The care and kindness is first class. It's the little things that make a difference."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. We witnessed many positive and caring interactions throughout our inspection.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name and ensured doors and curtains were closed during personal care interventions.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. People we spoke with and their relatives confirmed visitors were welcomed to the home at any time. Relatives told us they were made to feel welcome by staff and were offered drinks and snacks during their visits. One relative told us, "They go above and beyond. I class them as family." We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.



## Is the service responsive?

### Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. One person told us, "They [staff] always come when I need them and they help however I need them to." A relative told us, "They go beyond the call of duty." This relative gave us an example of how the week before, the staff had helped one person who was living with dementia to write a birthday card for their relative.

We looked at care records of five people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support people required. There was evidence of people being involved in reviewing their own care plan. People told us they had been consulted about support that was provided for them. The service had introduced a 'Resident of the Day' initiative. Members of staff from each department within the service visited the person to ensure their needs and preferences continued to be met. Additionally, the person's plan of care was reviewed with them. This helped to ensure the service continued to respond to changes in people's needs and wishes for how support was delivered to them.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at the home. Documentation was shared about people's needs should they visit, for example, the hospital. This meant other health professionals had information about individual's care needs to ensure the right care or treatment was provided.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with staff or the manager and were confident their concerns would be taken seriously.

## Is the service well-led?

### Our findings

There was a registered manager employed at Longridge Hall and Lodge. 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.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. We received positive feedback about the management team at the home. Comments we received included, "[Registered manager] is really good at keeping an eye on everything." And, "[Registered manager] is very friendly and she knows what's going on." We received other positive comments about the staff team including the deputy manager. People described them as "fantastic", "very caring" and "very efficient". A relative told us, "I have nothing but praise for them".

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition staff and resident/family surveys were carried out annually. The management would analyse any negative comments and act upon them. For example surveys from February 2017, showed activities was an area for improvement. The home scored well in each other area. In response to the concerns raised, we saw a second activities coordinator had been appointed and movement to music classes had been introduced, which people told us they enjoyed. This showed the registered manager had responded positively to concerns which had been highlighted to improve the experiences of people who live at the home.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, the environment, care records, accidents and incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. Regular checks were also made to ensure window restrictors were working and water temperatures were safe. This helped to ensure people were living in a safe environment

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrists and district nurses.