Care Quality Commission

Chandos Lodge Limited

Chandos Lodge

Inspection report

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Hagley
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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

Chandos Lodge provides accommodation and personal care for up to 34 older people. At the time of our inspection there were 30 people living at the home.

The inspection took place on 3 and 9 November 2015 and was unannounced.

There was a registered manager in place at the time of our inspection. 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.

People we spoke with told us they felt safe living at the home. People were aware of their right to raise concerns about the service they received and these were investigated. Where the service was not to people's expectations apologies were given and the registered manager looked at ways to resolve matters.

Summary of findings

Staff showed an awareness and recognition of abuse and the actions they would need to take to keep people safe from harm.

Staff had knowledge of people's changing care needs and their individual risk assessments to assist in keeping people safe. People's needs were discussed as part of handover and care plans and risk assessments were regularly up dated to ensure staff had guidance to work to.

Staff felt supported by the registered manager and had received training and supervision. Staff were trained in order to provide them with the necessary skills and ability to meet the individual needs of people who lived at the home.

People were able to participate in events which took place in the home as well as enjoy individual interests. Staff had an awareness of people's likes and dislikes and were seen to act upon these.

The majority of people liked the food provided and were given a choice. People were supported with their meals as needed and had a choice of drinks available to them. Sufficient staff were available to people who lived at the home to have their needs met. People had access to healthcare professionals as needed to maintain their wellbeing.

People and their relatives were involved in care planning to ensure they were up to date. People who lived at the home were able to feedback their thoughts of the care provided by means of a survey.

The registered manager and the operations manager had systems in place to monitor the quality of the service provided.

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.

People were supported by a sufficient number of staff. People were supported by staff who were aware of how to keep them safe and had an understanding of risks involved in the care of people. People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People who needed support in decision making had their human rights protected. People's needs were met by staff who were trained and supported by the management. People generally liked the food and had access to healthcare professionals.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and considerate. People were involved in how their care was provided. People's right to privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People were able to make choices about what they did during the day to engage in interests and hobbies. People felt listened to and were aware of their right to raise concerns and complaints.

Good

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

People were aware of who the registered manager was. People and their relatives found the registered manager to be approachable. The level of service provided was audited to ensure standards were maintained.

Good

Chandos 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 took place on 3 and 9 November 2015 and was unannounced. The inspection team consisted of one 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 service. The expert by experience involved in this inspection had experience in dementia care.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spoke with seven people who lived at the home and six relatives. We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided.

We spoke with the registered manager, the operations manager, the deputy manager and seven members of staff. We also spoke with a healthcare professional who visited the home on a regular basis. We looked at the records relating to three people who lived at the home as well as medicine records. We also looked at some staff rotas, complaints and quality audits completed by staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us, "I feel safe because the staff help me in and out of the bath and make sure I don't fall over. Another person told us, "I do feel safe and well cared for". The same person told us they felt, "Comfortable and safe" due to the caring staff team. A further person told us, "I feel quite safe here". During our inspection we saw people who lived at the home were relaxed when with staff and during discussions.

Relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us their family member was, "Absolutely safe living here". Another relative told us their family member was, "Most defiantly safe" living at the home. A further relative told us, "We have never seen anything happen that gives us concerns".

We spoke with staff and found they all had an understanding of their responsibilities in the event of them becoming aware of any abusive practice within the home. Staff told us about the action they would take if they had any concerns. One member of staff told us, "I would tell the manager straight away". The same member of staff told us, "I believe people are safe here." Another member of staff told us, "I know the telephone number I would need to ring to report any safeguarding." The same member of staff told us they had never needed to do this but added they would have no hesitation in doing so if needed. The staff member described safeguarding as, "Promoting the wellbeing of people and keeping people safe". The member of staff was confident in the management of the home and that poor or abusive practice would be reported and stopped.

Staff were aware of the risks associated with the care and support they provided for people. We saw risk assessments were in place to provide staff with guidance on how to provide care and support people in a safe way. We saw some people were assessed as at risk of developing sore skin. As a result of these assessments people were identified as needing to use equipment such as a special cushion. We saw these cushions were in use and correctly positioned on the chair people were sitting in. Staff we spoke with were aware of the need to use the equipment and the reason it was in use.

People told us staff were available to meet their needs. Two people we spoke with believed there were sufficient staff on duty to meet their needs. One person told us, "There seems to be enough staff to look after us". Another person told us they believed there were enough staff, "To help us and keep us safe and happy." A relative told us, "I think there are enough carers (staff) to support the residents although they are often very busy." Another relative told us, "I think there are enough of them (staff) to keep my relative safe and well."

The registered manager told us they assessed the dependence levels of people each week and submitted these figures to head office. The registered manager was confident they would be able to increase staffing levels if needed to meet people's accessed needs. We were told any shortfalls in staffing levels were usually covered by staff working additional hours. Where this was not possible agency staff were used.

One person told us, "Staff help me with my medication every day and they stop with me until I have taken them." Another person told us, I'm pleased the staff look after my medication for me and I have it every day". We saw staff administered people's medicines prior to them signing records to evidence people had taken them. We saw staff checked people had sufficient water to take their medicines and explained to people when they asked why the medicine was required. Suitable storage facilities where provided to keep medicines safe.

We spoke with staff about the procedures carried out regarding newly appointed members of staff. Staff we spoke with told us new employees were not able to start work at the home until pre-employment checks were carried out. These checks included a Disclosure and Barring Service (DBS) check. The DBS is a national service and holds records of any criminal convictions and is in place to help employers make safe recruitment decisions.

Good

Is the service effective?

Our findings

People we spoke with and their relatives were confident staff had the skills and ability to meet the needs of people who lived at the home. One person told us, "The staff seem to know what they are doing" and "They are more than capable to help and support us." A relative told us they felt the staff to be, "Capable and trained to meet the needs of residents (people who lived at the home)."

People were cared for by staff who had received training and support to enable them to carry out their job. Staff told us they felt supported by the management of the home and received regular supervision which provided them with opportunities to discuss their work. Staff told us they also received observed supervision during which their practice would be monitored. For example how they used equipment such as a hoist or when they used gloves as part of infection control measures.

Staff we spoke with told us new employees received induction training which included shifts when they shadowed experienced members of staff. Staff told us they received the training they needed to carry out their jobs safety. One member of staff told us, "We have a lot of training". Another member of staff told us, "We get quite a lot of training. The training is available when we need it" and, "We get up dates." Staff told us the registered manager provided training in some areas while other training such as on risks associated with swallowing was provided by external specialist such as healthcare professionals.

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 helpful to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with members of staff who were working at the home and found they had an understanding of the MCA. Throughout our inspection we saw staff sought consent from people before they provided any care and support. For example when staff assisted people to walk or before they provided personal care permission was gained from people. We saw staff gave time for people to respond to any requests they made.

When people did not have the mental capacity to make certain decisions assessments had been carried out. We saw examples of best interest decisions having taken place. These involved people's family members and others as needed in order to arrive at an appropriate way to provide care and support to the person concerned.

The registered manager had completed and submitted to the local authority DoL applications. These applications were in relation to the majority of people who were living at the home as they would not be able to leave on their own and due to having the front door locked. The registered manager informed us none of the applications had been dealt with by the authority at the time of our inspection.

All but one person told us they liked and enjoyed the meals provided at the home. This person told us the meals were less tasty than they were previously. One person told us, "The food is good and we have several choices at each meal time. We have drinks and snacks throughout the day so I don't go hungry or thirsty." Another person told us about the main mid-day meal, "We have two courses and always have a choice". A further person told us, "You can have what you want to eat".

We saw staff visually showed people what the choice of menu was. Staff spent time with people explaining the different choices available to them. We saw people were offered gravy and sauces to go with their meal as well as extra helpings if they wanted. Staff provided guidance and assisted people where necessary to ensure they ate their meal. When this support was needed it was carried out in a discreet way and people's independence was maintained.

People told us they were able to see their doctor when they needed. One person told us, "If I'm not well the doctor comes and will see me in my bedroom." Another person

Good

Is the service effective?

told us that the chiropodist visited them now and again and "If I needed the GP I would ask them (staff) to arrange it for me." A further person told us staff would arrange for them, "To see a doctor or other professional person" when they needed one.

Relatives we spoke with confirmed they were kept informed of any changes in their family members healthcare needs. One relative told us staff were, "Very caring" when their family member was unwell. Another relative told us, "They (the staff team) will tell me if the GP is involved". Relatives we spoke with confirmed other healthcare professionals such as chiropodists and opticians were involved in their family members care as required. We also spoke with a healthcare professional who was supportive of the care provided by staff at the home. The healthcare professional we spoke with told us they felt they worked well together with the staff to ensure people's health needs were met. The same professional told us they believed staff had responded appropriately to people's changing needs. Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs.

Good

Is the service caring?

Our findings

People we spoke with were positive about the caring attitude of staff who worked at the home. One person told us, “The staff are really caring and are very helpful”. Another person told us “I think it’s a good home with nice caring staff. A further person told us, “I’ve not found any member of staff not willing to listen” and “If you ask for something you get it. It’s very nice here.”

A relative told us, “Nothing is too much trouble for them (staff members). The staff are always smiling and cheerful”. The same person also told us “I couldn’t be happier with the care provided”. Another relative described the care provided by staff as, “Very good”. Another relative told us, “I am amazed at the level of care and attention I have seen. I have seen how they (staff) treat other people and they are extremely caring. I can’t fault them.” A further relative told us, “It’s a very caring and compassionate home.”

Throughout our inspection we saw staff were kind and caring to people who lived at the home. Staff were seen to have respect for people and valued them as individuals. We saw staff chatted with people in a friendly way and they gave time for people to respond. Alternatively staff were heard to rephrase their question as needed to help people understand them. We saw staff offered reassurance to people and involved them in their own care where possible. For example one person reported they could not find their hearing aid. The member of staff reassured them they would find it together and sought permission to have a look in the person’s handbag.

People we spoke with told us staff respected their privacy and dignity. One person told us, “When they (staff) do my personal care they respect my privacy by closing the doors and curtain.” Another person told us staff respected their privacy when staff were assisting with their personal care. Relatives we spoke with confirmed their family member was treated with respect at all times. We also spoke with a healthcare professional. They told us they had witnessed staff treating people with respect and had no concerns on the way people’s privacy and dignity was upheld. Staff were seen to provide personal care with bedroom and toilet doors closed.

We spoke with staff and they were able to give us examples of the practice they put in place to ensure people’s privacy and dignity was up held at all times. Staff told us how they covered people while they provided care. One member of staff told us it meant, “Remaining respectful at all times”.

We saw a ‘dignity tree’ was in place. Staff told us they felt this was an important reminder to them about upholding privacy and dignity at all times. On the branches of the tree people who lived at the home, staff members and relations had hung a message saying what ‘dignity’ meant to them and how they were to promote dignity within the home. Comments on the tree included ‘Dignity is paramount to everything’ and ‘Treat as I would like to be treated.’

Relatives told us they were able to visit at any time and found the staff to be supportive to them as well as their family member. We saw staff welcomed visitors and spoke with them as needed about their family members care.

Good

Is the service responsive?

Our findings

People told us they were involved in the care and support provided by staff. One person told us, "When I came here people (staff) talked to me about my care and what I thought I needed and that's what they do for me now." Another person told us they had spent time looking over, "The books and papers (their care plan and risk assessments)" to check they were correct. A further person told us, "Staff have talked to me about my care needs but I don't know if it is written down."

Relatives we spoke with felt engaged and able to participate in the care arrangements of their family member. One relative told us, "I was recently asked to have a look over the care plan". The same relative felt they were involved in the care of their family member and as a result they did not feel excluded as a family in the person's care. Another relative told us, "I was involved in the care plan".

Staff told us they involved people and their relatives in the care provided as much as possible as they viewed this to be important. Staff also told us they liked to get to know people and their likes and dislikes. Relatives we spoke with confirmed they had been involved in preparing a family history for their family member to assist staff to get to know what was important to each individual person who lived at the home. One relative told us they felt staff knew their family member as well if not better than they did. During our inspection we heard staff having discussions with people about things which were important to the individual. For example staff were talking about a particular sport with one person and the area where another person once lived and their memories of the area.

During our inspection we saw staff responded to people's needs in a timely way. For example we saw one person slumped down in their chair. Staff noticed this without any prompting from anyone else and responded appropriately. We saw staff first checked the person was feeling alright. Following this staff sought the person's consent to assist them to a more comfortable position. Once the person was made comfortable staff again checked the person was alright and asked if they wanted a drink. The person concerned responded positively to the staff.

People we spoke with told us staff answered their call bell if they needed assistance. One person told us, "We have buzzers in our bedrooms and toilets. If we want staff they attend." We heard the call bell sound on a number of occasions during our inspection. We noted the call bells were promptly answered each time.

During the inspection an emergency alarm was sounded due to an exit door been opened. Staff responded well to the emergency alarm. Staff made sure everyone was safe and accounted for in the home once the door had been made secure.

People were able to decide whether they wanted to participate in hobbies, interests and activities within the home. One person who lived at the home told us, "Staff do encourage me to do things around the home". The same person was able to give us examples such as the writing out of menus for tables and laying the tables ready for lunch. We were told they felt useful and valued by helping out. Another person told us, "There are some activities that go on each day so that's helpful." People told us about celebrations and parties held at the home and gave examples such as the recognition of everyone's birthday. People told us they were able to sign a birthday card if they wished to do so. We saw one person preparing a banner with a person's name on it as it was their birthday that day. During our inspection we saw people take part in a game. There was laughter amongst the people who took part including one person who was visiting a family member.

The communal areas of the home were decorated for Halloween. People told us they liked the decorations and had enjoyed making them. We spoke with the activities coordinator who told us about some of the ways they encouraged people to engage in events within the home. Examples were given of activities involving either individuals or a group of people. During the inspection we saw people engaged in word searches, crosswords and knitting. One person told us they liked to read their daily newspaper.

The registered manager confirmed customer satisfaction surveys were carried out to obtain feedback from people who lived at the home and their relatives on the quality of the service provided. The registered manager was aware surveys had gone out however these were due to be returned to the providers head office. The registered manager was confident they would be made aware of any adverse comments received. The operations manager was not aware of any concerns raised as a result of the surveys sent to people.

Good

Is the service responsive?

People we spoke with told us they were aware of their right to make a complaint about the service provided. One person told us, "If I needed to complain or raise any concerns I would talk with (the deputy manager) and I know she would help put things right again." Another person told us they would talk with a family member for them to sort the problem out for them. Another person told us, "If I was worried or concerned I would talk to the staff". A further person was confident they would be able to speak with staff if they had any complaints but added they had never needed to.

One relative raised some concerns with us about incidents in the home and the care of their family member. We discussed these with the registered manager and the area manager and saw action had been taken or was taking place to resolve these matters and to prevent reoccurrences in the future.

We saw records were maintained of other complaints and concerns raised. These showed the action taken by either the registered manager and or the operations manager. We saw apologies were offered were necessary when the service had not met with people's expectations.

Good

Is the service well-led?

Our findings

People we spoke with were aware who the registered manager was and felt they would be able to speak with her if needed. One person told us they felt the registered manager needed to spend a lot of time in the office but told us they would be able to speak with them if needed. People were aware of the deputy manager and felt confident they could speak with them if needed. The registered manager knew the care and support needs of people who lived at the home and was able to describe people's individual needs. We also spoke with the deputy manager who also had a good knowledge of people's needs and the support staff needed to provide.

Relatives told us they were confident they could speak with the registered manager if they needed to discuss anything with them regarding their family members care. One relative told us they found the registered manager and their deputy to be, "Friendly and welcoming" when they first went to the home and this had continued during the time their family member had lived at the home.

All the staff we spoke with were positive about the management of the home and felt supported to make improvements in the work they carried out. One member of staff described the registered manager as, "Approachable" and "Does her best by all of us". Another member of staff told us the home was a, "Really enjoyable place to work" as a result of the support provided. The same person believed the staff to be open and honest with each other and as a result they would challenge each other if people were not respectful or doing things incorrectly.

Staff confirmed regular care staff and senior staff meetings had taken place and believed they could raise any concerns or ideas for improvements. Staff told us the training provided had improved as a result of discussions held during staff meetings and believed this had directly improved the care and support provided to people who lived at the home due to their increased knowledge. Handovers took place at the time of staff shift changes to ensure important information about people's care and support was known to the oncoming staff team.

The registered manager was aware of proposals in place by the provider to improve the internal appearance and decoration of parts of the home. In addition the registered manager was able to inform the inspection team on plans to replace shower units which were not functioning in some bedrooms.

We saw pieces of equipment were serviced to ensure they were safe. We brought to the attention of the registered manager and the operations manager that a document showed one piece of equipment required attention to ensure it was safe to use. Repairs had taken place although not by a suitably qualified contractor. The registered manager took immediate action to ensure the equipment was checked further to ensure it was safe. A contractor confirmed the equipment was safe for people to use.

Systems were in place to monitor the quality of the care provided to people. For example both the registered manager and the area manager were aware of recent accidents and incidents which had occurred in the home. These incidents were recorded and analysed to reduce the risk of re occurrence. Following incidents such as a fall changes if required where made within people's care plans and staff made aware of any changes to people's care and support.

The area manager made regular visits to the home and provided the registered manager with a report containing any improvements needed. We were information that any matters previously identified had been actioned following receipt of these reports.