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

Summary of findings

Overall summary

This inspection visit took place on 14 November 2017 and was unannounced. 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. At the time of the inspection visit there were 17 people who lived at the home.

There was a registered manager in place. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

During the inspection visit we found staff were kind, patient and treated people with respect. This was confirmed by comments we received from professional health visitors, people who lived at the home and relatives. One relative said, "The staff are so caring and lovely."

We found staff had been recruited safely, received ongoing training relevant to their role and were supported by the registered manager. They had skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. Staff training records and discussion with staff members confirmed this.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed. Records had been completed as required.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We observed staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available around the building for staff to use when required.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People who lived at the home told us the food was good and they had a choice. One person who lived at the home said, "As you can see, good food with fresh vegetables, that's how I like it." Another person said, "We have good cooks here so no complaints with the food."

People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

People who lived at the home told us they enjoyed a variety of activities and outside entertainers at the home. In addition singalong events took place daily and at lunchtime we observed people join in with songs by the staff members. A relative commented, "It is a lovely atmosphere."

The registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. 'People first' brochures were available this information ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, relative and 'resident' meetings to seek their views about the service provided.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Chichester Hall Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Chichester Hall is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection.

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.

Prior to our inspection visit we contacted the commissioning department at Cumbria Council. This helped us to gain a balanced overview of what people who lived at the home experienced.

We 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 used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

This inspection visit took place on 14 November 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included four people who lived at the home and two relatives of people who lived at Chichester Hall. We also spoke with the registered manager, two care staff, a senior carer, the cook and a domestic staff member. In addition we spoke with two healthcare professionals who were visiting the home at the time of the inspection visit. In addition we observed care

practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people, staff training and supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and medication and recruitment records. We also looked at the way the home was staffed to determine if sufficient staffing levels were in place to meet the needs of people who lived at the home. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

We asked people who lived at Chichester Hall if they felt safe and confident in the care of the management team and staff. Comments received included, "Yes I feel perfectively safe." Also, "Safe and sound yes no problems with that." A relative said, "We are satisfied this is a safe environment for [relative] to be in." A further comment received from a relative in a written survey, 'We are content in the knowledge [relative] is in a safe place.'

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. One staff member said, "I have used safeguarding procedures before. Not here might I add so I know the process."

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support and environmental safety. The assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

We looked at how accidents and incidents were being managed at the home. There was a record for accident and incidents to monitor for trends and patterns. The registered manager had oversight of these. Documents we looked at were completed and had information related to lessons learnt.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication storage room was locked securely whilst they attended to each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We found controlled drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance.

This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

People who lived at the home told us staff were competent and because it was a small home staff new them well. For example one person who lived at Chichester Hall said, "We are like one family unit, everyone knows each other so well." Another said, "I think because we are smallish we know all the staff and manager very well and that helps because they know when things are not right with somebody."

Before people were admitted to Chichester Hall the management team had completed a full assessment of people's individual needs. This formed a care plan to determine what support and care the individual required. Relatives we spoke with said they were involved in the assessment process. A relative said, "We sat down together and went through things."

Talking with staff and looking at training documentation informed us staff had been well trained and had a good understanding of people's assessed needs. One staff member said, "Great training opportunities here." Staff had achieved or were working towards national care qualifications. For example on the day of the inspection visit a staff member had arrived at the home to sit an exam Level 3 in social care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Care records contained evidence people who lived at the home and relatives where appropriate had signed consent to all aspects of their care. A form demonstrated agreement to decision specific care, such as consent to overall care, sharing of information and physical examination.
This covered, for example, personal care needs, and medication needs. The registered manager told us it was important for people who lived at the home to give consent to care and support they required. Care records contained documented evidence of people's, or their representative's, consent to their care.

We observed lunch and found the meal looked appetising and different choices were evident for people. People we spoke with told us the food was good and they had a choice. One person who lived at the home said, "As you can see good food with fresh vegetables, that's how I like it." Another person said, "We have good cooks here so no complaints with the food." Staff did not rush people allowing them sufficient time to eat and enjoy their lunch.

Staff had a list of people's meal requirements and this was changed when required. This included each person's likes and dislikes, fortified diets and allergens. This meant staff were informed about people's nutritional support and how best to protect them from the risks of malnutrition. Staff recorded in care records each person's food preferences. This ensured people were provided preferred meals in order to increase their nutritional intake.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping

Care practices observed during our visit confirmed people had their needs met in a consistent and timely

manner. We saw staff worked well together and had a good understanding of people's needs."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. Two visiting healthcare professionals were very positive in their comments about the attitude of staff and care they provided. They told us the registered manager responded in a timely manner when they had concerns about people's healthcare needs.

The building had a refurbishment programme in place and continual plan to redecorate the home. Accommodation was on two floors with a passenger lift for access between the floors. There were lounges and a dining room. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Clear signs in a pictorial format and large print had been put in place to enable people to move around the building confidently. For example pictures of toilets on bathroom doors to help people recognise where they were.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working at Chichester Hall ensured people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Good

Is the service caring?

Our findings

People who lived at the home and relatives we spoke with commented on how well they were looked after. Also how kind and caring the staff and registered manager were. Comments received included, "The staff are kind, caring and supportive. I cannot ask for anymore." Also, "Wonderful caring bunch of people all of them." A relative said, "They are so kind and caring but most of all so patient."

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example at breakfast time one person was clearly upset. A staff member immediately recognised this and stopped and consoled the person. They held hands and the staff member consistently reassured the person they were fine. The staff member did not leave the person until she was settled. We later spoke with the person who lived at the home who said, "I was upset but [registered manager] was so nice and made me feel better."

Care plans looked at and discussion with people who lived at the home and their relatives confirmed they had been involved in the care planning process and passed on their ideas of how they should be supported. A relative said, "They were excellent and involved us all the way at the assessment stage." Care records contained information about people's needs as well as their wishes and preferences for how they wanted to be cared for. Daily records were kept and were up to date. They described support people received and the routines of the day. People's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs and any health issues.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. For example, staff documented each person's spiritual wishes and how important this was to them. For instance if they wished to attend church or not. To underpin this staff received equality and diversity training to enhance their understanding.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. 'People first' brochures were available this information ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. For instance staff always respected people and addressed them in their preferred name. An example of this was one person wanted to be known as by their second name rather than first. This was documented so staff were aware.

Good

Is the service responsive?

Our findings

By talking with people and looking at care documentation we found the registered manager responded to people's needs when they were required to. For example healthcare professionals told us they always responded to the health needs of people who lived at Chichester Hall promptly. Care records of people who lived at the home we looked at were reflective of people's needs. They had been updated to recognise any health or social care changes.

We looked at what arrangements the registered manager had taken to identify record and meet communication and support needs of people with who lived at the home. Care plans looked at documented information about a person's communication needs. For example they included whether the person required easy read or large print reading. In addition the management team considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans (hospital passport) were in place which were documents that provided information between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

Activities were undertaken by staff and outside entertainers. For example they often had people to come into the home for singalong sessions, chair exercises, and 'memory matters' sessions. The memory matters sessions consisted of a person who visited the home and talked about historical events that people were able to relate to. We received positive comments about these events. One person who lived at the home said, "I love the lady who comes for the talk about the past it is very interesting." A staff member said, "We have a good turnout for the memory days." In addition singalong events took place daily and at lunchtime we observed people join in with songs by the staff members. A relative commented, "It is a lovely atmosphere."

We observed during the inspection visit staff consistently offered individuals choice. For example, staff checked what individuals wanted to do in terms of daily activities. In addition they asked people where they preferred to sit and in what part of the home. We found they constantly offered drinks and snacks.

The registered manager had a complaints procedure which was on display around 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. The registered manager told us she always responded to concerns raised immediately to prevent them developing into a formal complaint. People who lived at the home and relatives told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We found 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. The registered manager told us and records confirmed end of life training was provided for staff to attend. One

staff member wrote in a survey, 'End of life care' is clear and precise, any care plans are constantly updated.'

Good

Is the service well-led?

Our findings

People who lived at the home and relatives told us they were content and confident in the positive way the home was managed. One person who lived at the home said, "[Registered manager] is wonderful and keeps things in order for the benefit of us the residents." Both healthcare visitors we spoke with told us they thought the home was well managed and organised. They expressed how well the home was managed for the wellbeing of people who lived there.

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a staff team that had been employed at the home for considerable lengths of time. One staff member said, "The core of staff have been here for over 20 years with one 30 years that speaks volumes as to how well the home cares for people." The registered manager and her staff team were experienced, knowledgeable and due to the home being relatively small had a good knowledge of people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a well-run service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care records, the environment, infection control and medication procedures. A recent building audit identified rooms required redecoration. This was followed up and action taken. An ongoing redecoration plan is in progress. This showed the registered manager acted to improve the home for the benefit of people who lived there.

Staff and 'resident' meetings took place however not often. The registered manager and staff told us they had daily meetings all the time with it being a small service. A person who lived at the home said, "We do meet now and then but all the time the manager and staff are around asking what we like to do and if we have ideas to change things."

Surveys completed by people who lived at the home/relatives. Healthcare professionals and staff. Comments were positive from surveys we read. For example a healthcare professional wrote,' The care given is excellent'. One relative wrote, 'All [relative] needs are met, a lovely place'.

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 and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.