

Abbeyfield Lancaster Society Limited(The) Chirnside House

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 was carried out on the 11 April 2016 and was unannounced. We last inspected Chirnside House in July 2014 and identified no breaches in the regulations we looked at.

Abbeyfield Lancaster Society Limited is a registered society and an exempt charity for tax purposes. The society owns a home on the outskirts of Lancaster. Chirnside House is registered to provide personal care and accommodation for up to 30 older people who may be living with dementia. Accommodation is provided over two floors, with a lift providing access to the first floor. There are a range of communal rooms, comprising of a lounges, dining rooms and kitchen areas. There are garden areas with seating for people to use. Car parking is available at the home. At the time of the inspection there were 29 people living at the home.

The home is managed by a registered manager. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living at Chirnside House and the care met their individual needs. We were told, "I advise people to come here. It's a superb home." And, "I'm more than satisfied with everything here. I'm looked after very well." People described staff as 'very kind' and 'the salt of the earth' and told us they were involved in their care planning.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document measures required to reduce risk. Staff were knowledgeable of the measures and we observed these were followed these to ensure people's safety was maintained.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner. We found medicines were stored securely.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. At the time of the inspection we found some gaps in the training records of staff. The registered manager informed us documentation was not available to evidence the training staff had undertaken, therefore further training was being planned. We have made a recommendation regarding this.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We found people were offered a variety of foods and people told us they liked the meals at Chirnside House.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. During the inspection we spoke with three external health professionals who voiced no concerns with the care provided.

Our observations during the inspection showed staff treated people with respect and kindness. People told us they considered staff were caring and we saw a positive rapport between staff and people who lived at the home.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we noted people were supported to carry out activities which were meaningful to them.

There was a complaints policy which was understood by staff. Information on the complaints procedure was available in the dining room of the home.

We found systems were in place to identify if improvements were required. Quality assurance checks were carried out to monitor the service provided.

People who lived at the home were offered the opportunity to complete surveys and meetings were available for people to participate in. People and relatives also told us they found the registered manager approachable if they wished to discuss any matters with them.

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 was safe.

People could be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme in place to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the

home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Good ●

Is the service well-led?

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

Quality assurance checks were carried out to identify if improvements were required.

Good ●

Chirnside House

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 was carried out on the 11 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were 29 people living at Chirnside House.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

During the inspection we spoke with eight people who lived at Chirnside House and three relatives. We spoke with the registered manager and two deputy managers. We also spoke with the two care staff, the activities co-ordinator and the cook. In addition we spoke with three external health professionals.

We looked at all areas of the home, for example we viewed the lounges and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation which included four care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. We also viewed two personnel files and a training matrix.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We were told, "By living here my safety is assured." And, "Safe? Yes of course I'm safe. The girls here make sure of that. They help me wonderfully. That keeps me safe." Also, "I have never seen anything that's worried me or upset me. I feel very safe here." A relative we spoke with commented, "My [family member is safe and well]."

We viewed four care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care documentation contained instruction for staff to ensure risks were minimised. For example we noted one person required specific equipment to maintain their safety. Care documentation contained information to guide staff on the how the person's safety should be maintained. We noted the equipment was in use during the inspection and staff followed the risk assessments in place. This helped ensure the safety of the person was maintained.

We asked the registered manager how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the registered managers reporting system. This information was then reviewed by the deputy manager and the registered manager to identify if trends were occurring. We viewed the documentation provided and saw evidence that incidents and accidents were recorded. The registered manager was able to explain the measures that were taken to reduce the risk of reoccurrence.

Staff told us they had received training to deal with safeguarding matters. Staff were able to explain the signs and symptoms of abuse. Staff told us they would immediately report any concerns they had to the registered manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member commented, "We safeguard residents. That's a priority." A further member of staff said, "I'd go to [registered manager]. No hesitation, I'd just do it."

We asked the registered manager how they ensured sufficient numbers of staff were available to meet people's needs. They told us they reviewed the needs of people who lived at the home and used an assessment tool. The registered manager explained the tool helped calculate the minimum number of staff required. The registered manager also told us if people's needs changed, extra staff were provided. All the staff we spoke with confirmed additional staff were made available if the need arose. One staff member said, "The staffing here is really good. We get time to spend with people and [registered manager] will call staff in if we get busy."

People who lived at the home also told us they were happy with the staffing provision. Comments we received included, "They give me my call bell and I ring it if I need help. They come to me quickly." And, "There's always someone around to help." Also, "The girls here are quick, very quick if I need anything." Relatives we spoke with told us they had no concerns with the staffing provision at the home. We were told, "There's ample staff here." And, "Always plenty of staff."

We reviewed documentation which showed safe recruitment checks were carried out before a prospective

staff member person started work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed. We reviewed the files of two staff who had recently been employed and found the required checks were completed. We noted appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We observed care staff administered medicines to people individually. We noted the staff member was diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of seven medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw there was appropriate storage to ensure medicines were stored safely.

We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised. We noted one recording was above the recommended temperature of 44 degrees. Prior to the inspection concluding we spoke with the registered manager regarding this. They informed us they were consulting with an external tradesperson to have this rectified. A legionella risk assessment was in place to minimise the risk of legionella developing within the home.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

Is the service effective?

Our findings

People who lived at Chirside House spoke positively of the care they received. People told us staff were knowledgeable of their needs and supported them in the way they had agreed. Comments we received included, "Staff here can't be praised enough, they know me very well." And, "I'm not forced to do anything here, I can make my own decisions."

We reviewed documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and dieticians if there was a need to do so. We noted care records were updated to reflect the health professional's advice. This demonstrated information was communicated to ensure people received care and support which met their needs.

Care files evidenced people's nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs. In one record we noted there was a gap in the person's weight recording. We discussed this with the deputy manager who told us the person had declined to be weighed. They told us they would ensure any future refusals were documented. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "They make reasonable allowances here. If I don't like my meal they always get me something I do want." And, "I think the food is lovely. We get a lot of it." Also, "The food is very good. I can have as much or as little as I want."

We observed the lunchtime meal being served. We saw people were asked if they wanted to sit at the dining table. People who chose to eat in their private rooms were provided with their meal on a tray. This demonstrated people were given choice of where they wished to eat. We observed staff provided the meals promptly and people were asked if they were happy with their choice. On the day of the inspection we noted one person requested an alternative meal. We noted this was provided. During the meal we observed hot and cold drinks were available and were provided for people. These were replenished throughout the meal and people were offered second portions of food.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests 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 spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were told there were three DoLS applications in place at the time of our inspection. The registered manager told us they were aware of the processes to follow and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they had received training in this area and would seek further guidance from the registered manager if they had any concerns.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with told us further training was being planned and they had received refresher training to ensure their skills remained up to date.

We were provided with a training matrix by the registered manager. A training matrix is a central record which records the training staff had undertaken. The registered manager told us they had recently reviewed the training records of staff and had compiled a training matrix. We noted there were gaps in some of the training staff had received. For example the matrix showed 34 staff had received no training in infection control and 24 staff had not received training in health and safety. We also found five staff required training in moving and handling. We discussed this with the registered manager. They told us that some records of training for staff were not available. They explained as they could not evidence the training staff had undertaken, they had compiled a forward training plan to ensure all staff training could be evidenced.

They also informed us two staff had recently completed external training programmes. They explained this would allow the staff to provide in - house training in moving and handling and dementia awareness to staff at Chirnside House. The staff we spoke with confirmed this training was being planned. Following the inspection we received written confirmation from the registered manager that further training was being arranged.

We recommend the registered provider seeks and implements best practice guidance in relation to the documentation of training and development activities.

Staff told us their training needs were discussed with them at supervision. Supervision is a meeting between a staff member and their line manager where training and staff performance is discussed. We viewed two supervision records. These evidenced supervisions took place to ensure staff performance was monitored.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "Staff are genuinely interested in me. They know me and know what I can and I can't do." Also, "Staff are very kind to me." And, "All the girls are wonderful." A relative we spoke with commented, "Staff are caring."

We saw staff were caring. We observed staff talking with people respectfully and offering reassurance. For example we noted staff took time to sit with people and listened to what they had to say. We observed staff supporting people to look at magazines and noted this resulted in a relaxed conversation about the royal family. People were smiling and laughing as they talked with staff.

We saw staff observed people and offered support as required. For example we noted one person appeared drowsy. We observed the staff member approached them and asked them if they would like help to return to their private room to rest. This was accepted by the person. We also observed staff offered reassurance and empathy if there was a need to do so. We noted a further person became upset as they recalled a personal life event. We observed staff responded quickly with compassion and understanding. A staff member comforted the person by sitting with them and holding their hand while the person recounted their memories. This was accepted by the person who said, "You're a great help dear. Thank you."

Staff spoke affectionately about people who lived at the home. One staff member told us, "I love the residents. They're wonderful, they can teach us a lot." A further staff member said, "My job rewards me every day. I feel honoured to be part of people's lives."

We asked people who lived at Chirnside House if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "They know me very well." And, "Of course staff know me. They made a point of getting to know me." Relatives we spoke with also told us they felt staff knew their family members individual needs. One relative said, "They know my [family member] very well." A further relative commented, "Excellent knowledge of my [family member]."

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection however this would be arranged at people's request.

We looked at care records of four people. The records contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines.

During the inspection we noted staff took care to respect people's privacy and uphold their dignity. For example we observed bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on people's doors prior to entering their rooms and staff ensured people's confidential records were not left unsecured. We noted if staff needed to discuss people's needs or wishes,

this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "I advise people to come here. It's a superb home." And, "I'm more than satisfied with everything here. I'm looked after very well." Also, "I can only give them a 10 out of 10. I'm happy here."

Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented. People told us, "I have a care plan and staff book time with me to discuss it." And, "I don't want to be involved with the care plan they have, they still ask me what I want though." Also, "The girls never presume. They always ask my opinion." Relatives we spoke with also told us they were involved. Comments we received included, "We regularly review my [family member's] care." And, "My family is kept in the loop." This helped ensure important information was recorded to ensure care and support was in response to people's wishes and preferences.

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see doctors, district nurses and dieticians as their needs changed. People we spoke with also confirmed this. We were told, "The doctor is easily accessible. Staff arrange for them to come and see me." And, "They pick up I'm poorly before I do. You can't say better than that."

We found an activities programme was displayed in different areas of Chirnside House. This included the private bedrooms of people who lived there. The registered manager told us there was an activities co-ordinator employed to support the interests of people who lived at the home. During the inspection we observed people being supported to play a pre-arranged activity of indoor skittles. We saw staff reminded people that the activity was taking place and supported them to attend if this was their wish. During the activity we saw people laughed and joked. People were smiling and clapping if they were successful in knocking the skittles over. We saw the activity was enjoyed by those who attended.

People also told us they enjoyed the activities provided. One person said, "We watched baby ducklings hatch at Easter. It was wonderful. Who would have thought I would see that at my age." A further person said, "I get a timetable of activities and go to the ones I want. I like most of them." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We saw there were activities freely available for people to participate in if they wished to do so. During the inspection we noted puzzle books, art books, coloured pens, magazines and jigsaws were prominently placed on tables throughout the home. We observed people accessing these as they wished. For example we saw two people noticed there was a partially completed jigsaw puzzle on a table. We noted they spent time doing the puzzle. We also saw a further person chose coloured pens and an art picture to complete. They then chose to sit in the lounge area to complete this. This demonstrated activities were available to provide enjoyable occupation for people who lived at the home.

We found there was a complaints procedure which described the response people could expect if they made a complaint. This was displayed on the notice board in the dining room of the home. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at Chirnside House. The registered manager told us they encouraged people and relatives to raise any comments with them before they became areas of concern. They told us this helped ensure comments were addressed quickly and resolved. We reviewed a formal written complaint and found this had been investigated and concluded. This demonstrated the complaints procedure was followed in practice.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I would refer any complaints to [registered manager]. They would action my complaint." A further person commented, "I've never had a reason to complain, but I'm sure staff would sort it out for me."

Is the service well-led?

Our findings

People told us they considered the home was well managed. One person told us, "This home is organised well." A further person commented, "[Registered manager] runs a tight ship. A happy one."

Staff told us they considered the home was well run. Staff told us the registered manager was actively involved with the day to day running of the home and they found this supportive. Comments we received included, "[Registered manager] is a good manager. We all feel [registered manager] listens and acts on what we say." And, "[Registered manager] works hard to make this a happy place for people to live." Also, "[Registered manager] is very interested in people and making sure the care is good. [Registered manager] supports us all."

Staff also told us regular staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and unplanned leave were discussed with staff. This demonstrated meetings were arranged to enable staff to seek clarity and ensure changes were effectively communicated.

We asked the registered manager how they maintained an overview of the performance of Chirside House. We were told audits were completed to identify if improvements were required. We saw evidence of audits in accidents and incidents, and medicines management. Staff we spoke with confirmed they were informed of the results of completed audits. This demonstrated the results of audits were used to improve the quality of the service provided.

The registered manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents circle meetings' took place. We noted the meetings sought people's feedback. For example we found people were asked if they were happy with the meal provision at the home. The feedback we viewed was positive. In addition we saw people were asked which activities they would like to take place. We found people had requested an Easter bonnet competition. During the inspection we observed photographs of the competition were displayed in the home. This demonstrated people's feedback was used to improve the service provided.

We asked the registered manager if they provided surveys to people who lived at the home and their relatives. The registered manager said surveys were freely available in the reception of the home. We saw this was the case. The registered manager told us these would be responded to as they were completed. Relatives and people who lived at the home told us they would raise any comments with staff or the registered manager. They told us they were confident these would be responded to. One relative commented, "We can approach [the registered manager] anytime."

During the inspection we noted people who lived at the home knew the registered manager. We observed people smiling when they saw them and approaching them without hesitation. It was clear from our observations that people knew the registered manager. We also noted the registered manager knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the

registered manager played an active role in the running of Chirnside House.