

Abbeyfield Lancaster Society Limited(The) Chirnside House

Inspection report

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06 April 2018

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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

Chirnside House was inspected on the 04 and 06 April 2018 and the first day of the inspection was unannounced. Chirnside House is registered to provide personal care for up to 30 people who may be living with dementia. At the time of the inspection there were 27 people receiving support.

Chirnside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Chirnside House is situated on the outskirts of Lancaster and close to local amenities. The home has communal areas which consist of dining rooms and lounges. There is also a garden area for people to enjoy. There is parking available at the home.

At our last inspection in April 2016 the home was rated 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

Medicines were managed safely. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required. We found some medicines were not dated on opening. We have made a recommendation regarding the implementation of best practice guidance in relation to medicines.

The registered manager completed a series of checks to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these. We noted some of the audits were not documented, therefore action plans were not developed. We have made a recommendation regarding improving the audit recording process.

Staff were able to explain the support individuals required and the way in which they supported people who lived at the home. Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found two care records required updating. Prior to the inspection concluding we were informed this had been carried out.

Staff were knowledgeable of people's needs and the support they required to maintain their safety. People who lived at Chirnside Hall told us they felt safe.

We found people had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Chirnside

House.

We found people who received support were able to raise their views on the service. People and relatives consistently told us they were asked their views on an individual basis. In addition, 'residents meetings' were held where people at the home were able to be informed of changes and give their opinion on the service provided.

During the inspection we observed people being supported to eat and drink in accordance with their assessed needs. People told us they were happy with the meals provided and we saw staff were attentive and discreetly observant when people were eating their meals.

We found the environment was clean and staff wore protective clothing when required. This minimised the risk and spread of infection.

Staff told us they were aware of the procedures to follow if they suspected someone was at risk of harm or abuse. Staff told us they would report any concerns to the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure which was accessible to people who lived at the home. People told us they had no complaints, but they were confident the registered manager and staff would respond to any complaints made.

Recruitment checks were carried out to ensure suitable people were employed to work at the home and staff told us they valued the training they received to enable them to fulfil their roles.

We found staff were caring. We observed warm and respectful interactions between staff and people and who lived at the home. We saw staff had time to spend with people and staffing was arranged to ensure people received support when they needed or wanted it.

We noted an activities schedule was displayed at Chirside House and people told us they were invited to take part in these. People also said if they did not wish to take part in activities, their wishes were respected.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. Staff were able to give examples of how they supported people to make decisions. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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 ●

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.

The inspection visit took place on the 04 and 06 April 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector. At the time of the inspection there were twenty-seven people receiving support.

Before our inspection visit we reviewed the information we held on Chirnside House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (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. In addition we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with seven people who received support, and four relatives. We also spoke with two care staff and the registered manager. In addition we spoke with the deputy manager, the chef and the laundry person. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the home.

We looked at care records of seven people who lived at Chirnside House and a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of three staff. We looked at records relating to the management of the home. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

People told us they received their medicines when they needed them. One person commented, "I get my medicines when I need them." A further person said, "My tablets are always right." We saw people were supported to take their medicines and records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly.

There were procedures to ensure the safe receipt and disposal of medicines. Staff we spoke with were able to explain these to us. This showed staff were familiar with the processes to help ensure medicines were managed safely. We noted some ointments were not dated on opening. This helps ensure the ointment is used within the manufacturers recommended timeframe and has the optimum effect. We also noted an ointment had not been disposed of when it was no longer required and that fridge temperatures were not consistently documented. We discussed this with the registered manager. They told us they had recently had a pharmacist audit carried out and were in the process of resolving the areas identified.

We recommend the service seeks and implements best practice guidance in relation to the safe management of medicines.

People who received support told us they felt safe living at Chirside House. People told us, "I feel very safe and looked after." And, "I feel very comfortable with all the staff and very happy here." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "[My family member] is safe here."

Care records we viewed identified risk and documented the support people required to maintain their safety. We noted two care records required updating. We discussed this with the deputy manager who told us this had been identified. They explained the staff member who was required to amend the records had left the home and the records were identified to be updated. Prior to the inspection concluding we were informed this had been carried out.

Staff we spoke with confirmed they were aware of people's individual needs and could explain the help and support people required to help maintain their safety and well-being. We discussed care records with the registered manager. They told us they were hoping to introduce an electronic record system. They explained this would support accurate record keeping and review. Prior to the inspection concluding we were informed an electronic record system had been identified and would be introduced into the home.

We looked at how accidents and incidents were being managed at the home. We found accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends and patterns and lessons learned. For example, the registered manager told us a pressure mat was in place in a person's room. A pressure mat is a piece of equipment that sounds an alarm when it is stepped on. This enables staff to attend the room quickly and offer support to people with their mobility, minimising the risk of injury. We

visited the person in their room and saw the mat was in place and working. We asked staff what support the person required to maintain their safety. Staff explained the help the person required and why the equipment was in use. This showed the registered manager took action to minimise risk and guided staff to learn from accidents and incidents that occurred.

Staff told us they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities if this was required. Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. One staff member commented, "People are more important than any loyalty to a company." We saw the home had a safeguarding procedure to guide staff and the contact number was displayed on a notice board within Chirnside House. This meant staff were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Chirnside House. A DBS check helped ensure only suitable staff were employed.

People who lived at the home told us they were happy with the staffing levels at Chirnside House. We were told, "I can ring the bell and they come." Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. Relatives we spoke with also told us they were happy with the staffing provision at the home. One relative commented, "There's always enough staff to help my [family member.]" We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. For example, to support people to attend hospital or if they were unwell and needed extra help. This was confirmed by speaking with staff. This demonstrated staffing was arranged to meet the needs of people who received support.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. We saw staff wore protective clothing if this was needed. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

People told us they were happy with the care provided. One person described how they had been supported to improve their skin health by accessing support from other health professionals. They said, "My care has been excellent." Another person said, "I don't worry about my care, because it's good I don't have to." Relatives told us they were happy with the care and support their family members received. One relative commented, "They're very proactive and very thorough." A further relative said, "The care is very good."

We saw documentation which demonstrated people were supported to attend appointments with external health professionals as they required. Documentation showed people were referred to doctors, consultants and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, we saw one person required specific support with bathing due to a health condition. Staff were able to explain the person's needs and the reasons for the support they required. This demonstrated care staff had knowledge of the individual needs of people who lived at the home.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told that copies of medicine records and information sheet with contact details of other health professionals and person centred information was provided

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were supported by the registered provider who cascaded relevant information to them. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR) which comes into force in May 2018. They said, "We know it's important to keep up to date."

The registered provider used technology to minimise the risk of falls and support effective deployment of staff. When appropriate, there were sensor mats in people's private bedrooms. These sound an audible alarm when they are stepped on. This meant staff could minimise the risk of falls by responding to the alarms and going to help people quickly. In addition, we saw the call system enabled staff deployment to be managed effectively. If a person used their call bell, this sounded an alarm to which staff responded to. There was a visual display which identified if staff had attended and if they were still in attendance in the person's room. Staff explained that by reviewing the display they could identify where staff were and where additional staff were required.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered manager informed us the training needs of staff at the home had been reviewed and update training was being arranged. We reviewed a training matrix which identified where update training was required and staff we spoke with told us they were aware further training was being organised.

Staff spoke positively of the training they had received. One staff member told us they had attended training to support them to understand the experiences of people living with dementia. They said, "It opened my eyes to what it's like to have dementia. I'm more aware of how people may feel." This demonstrated the registered provider enabled staff to increase their knowledge in order to effectively support people.

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 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).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they consented to the support they received. One person described how they had agreed to equipment being used so their safety was maintained. Relatives told us they were involved in decision making. The records we viewed confirmed people and relatives were able to sign to indicate they agreed with the arrangements in place. A relative told us they were asked to agree to any changes in their family members care. They said, "We make decisions together."

We saw consent was sought before care and support was given. For example, we saw people were asked if they needed help to mobilise, receive medicines or to eat. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were offered choices of meals and they were happy with the meals provided. People told us, "The food is excellent; if I want anything else I can have it." A further person said, "I choose what I want to eat, it's always good." We found people were able to eat meals which met their preferences and nutritional needs. We saw people were asked in advance what they would like to eat and this was provided for them.

We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. One person told us, "I have my meal in my room because that's my choice." If people required support to eat we saw staff were available to help them. We observed a staff member assisting a person who lived at the home with their main meal. The staff member and the person chatted throughout the meal and the staff member was focussed in the person and attentive to them throughout. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. Documentation we viewed described the preferences and needs of people who lived at the home. This helped ensure staff remained up to date with people's individual requirements.

Is the service caring?

Our findings

We saw staff were caring. We witnessed many occasions of people being hugged and of gentle and respectful enquiries into people's wellbeing. For example, we saw one staff member knocked on a person's door and asked how they were. We saw a further staff member hugging a person who lived at the home as they talked. This was welcomed by the person who hugged them back.

People and relatives told us staff were caring. People were keen to tell us how they valued staff and the interactions from staff. One person said, "These girls are angels, loving, dedicated angels." Another person commented, "Everything the staff do is caring, every smile, every hug is real and caring." Relatives told us, "The staff are very thoughtful and caring."

Also, "[Registered manager] and the staff have been very, very supportive."

We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. In addition we saw if staff entered to chat with people, they asked if they could sit down. This demonstrated people's private rooms and right to a private space were understood and appreciated by staff. People told us they felt respected. People told us staff asked for consent to enter rooms before entering and that staff took care to draw curtains and lock doors when personal care was provided. This supported people's right to privacy and dignity.

Relatives we spoke with told us they were welcomed at the home and they were able to spend time with their loved one. The registered manager told us they welcomed relatives as they were an important part of people's lives and as such, their relationships should be supported.

The registered manager explained they had invited relatives to attend some training provided. This was in the form of a 'dementia bus' which used technology to replicate the experiences people may have when living with dementia. The registered manager said they had invited relatives so they could understand their family member's experiences. We spoke with a relative who told us, "I understand what dementia is about, but it's different to experience it. It was an eye opener." This demonstrated the registered provider sought to maintain and develop positive relationships between people who lived at the home and their family members.

There was a relaxed atmosphere at Chirnside House. We observed staff spending time with people chatting and laughing. We observed one person giggling as they sat chatting with a staff member and heard them say, "Oh you do brighten my day." People told us staff had time to spend with them. For example, one person said, "They come in and natter to me. I keep up with the gossip!" A further person said, "I don't want to go to the activities they do here, but I love the conversations we have."

Staff spoke kindly and positively of people who lived at Chirnside House. Staff told us they had time to spend with people and enjoyed being with them. We were told, "I feel really lucky to be part of the residents lives, I love being able to help them." Another staff member said, "The smallest thing can mean so much, I want to make our residents happy." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Chirnside House if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "I find out who people are and how they want to live their life. I help them do that."

We saw care records documented people's chosen faith. We spoke with one person who told us they were reminded if clergy visited so they could practice their faith if they wished to do so. This demonstrated the registered provider recognised and upheld people's individual rights.

Is the service responsive?

Our findings

We found people were supported by staff who were responsive to their needs. We spoke with one person who told us how staff had asked them to consider a medicine review. The person explained their pain relief was no longer as effective for them and they had agreed to a review taking place. They said, "It's being arranged now for me." Another person told us they liked to go to their room after lunch and get comfortable. During the inspection we saw this took place. This demonstrated care was responsive to people's changing needs.

Relatives we spoke with told us they considered care was responsive. One relative described how the registered manager had discussed their family member moving to another room as they felt it would benefit their family member. They said they felt the move of room had a positive impact on their family member. A further relative said, "My [family members] care is individual and tailored to [their] needs. If there are any changes with my [family member] the care changes as well."

We saw there was an activity programme on display. Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us they were supported to follow their faith. Another person told us they had enjoyed taking part in an activity when local nursery children had attended the home. We noted there were activity resources available in lounges if people wanted to access them. During the inspection we saw one person chose to do a jigsaw and a further person chose to do some drawing. This demonstrated people were supported to participate in activities to minimise the risk of social isolation.

Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or safety needs. Staff we spoke with were aware of people's current needs and their likes and dislikes.

People and relatives told us they had been involved in their care planning. All the relatives we spoke with told us they were involved if decisions were required to be made. We saw evidence of this within the care records we viewed. One relative commented, "I'm very impressed at the level of involvement." A further relative said, "We have conversations about [my family member's] care, very productive ones." A person who received support also told us they had been involved in discussions about their care. They said, "I can't be bothered with it really but it's only right staff involve me." Care records seen identified any communication needs and staff told us they would support people if they needed to access information in a different way for example by using pictures or large print to support understanding. This demonstrated the registered provider considered people's individual needs.

Chirnside House had a complaints procedure which was made available to people when they moved to the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. All the people we spoke with at Chirnside House told us they had no complaints but they would raise these with staff or the registered manager if they had. Relatives we

spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. At the time of the inspection there had been no complaints made.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

We saw people were given the opportunity to discuss their end of life care. Where people had expressed their wishes, or had religious wishes, this was recorded in their individual care records. This meant people at the end of their life could be cared for in the way they wished

Is the service well-led?

Our findings

Relatives we spoke with told us Chirnside House was well organised and the registered manager was approachable. One relative told us, "[Registered manager] is on the ball and easy to talk to." A further relative said of the registered manager, "I think the home is so good because of his leadership."

There was a registered manager employed at Chirnside House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager carried out checks on the quality of the service provided. These included checks on medication, the environment and care records. We viewed the checks and discussed these with the registered manager. The registered manager told us they did not document all checks carried out. For example, some checks on medicines were not recorded and action plans were not formally documented.

The registered manager told us they also had oversight of any accidents that occurred at the home and these were reviewed by them to see if further action was required. They explained they completed investigations and identified if any actions were required, however these were not always recorded. They also explained they did not always document all the steps they took when investigating accidents and incidents. They told us action plans were not recorded. We discussed this with the registered manager who told us they would consider documenting all checks carried out.

We recommend the service seeks and implements best practice guidance in relation to the documentation of audits and investigation processes.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. Staff told us they had the opportunity to attend staff meetings where they were able to discuss any concerns or ideas they had. They explained they found this beneficial as it enabled them to keep up to date with any changes. We saw documentation which evidenced meetings took place and changes were discussed with staff. We noted discussion had taken place about the new computerised records system. This demonstrated staff were involved in discussions and had the opportunity to give feedback.

Staff told us handovers took place. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs. Staff spoke positively of the handovers. They told us they valued these as they allowed them to gain important information which helped them deliver care which met people's needs. One staff member said, "It's a chance to share what we know, what residents want and decide who does what." During the inspection we saw staff were well organised. We saw staff were available if people required support and staff communicated with each other to ensure people's needs and wishes were met.

The registered provider sought to gain people's views. We saw 'residents circle meetings' took place. The

registered manager told us they did not attend these as they wanted people who lived at the home to feel comfortable and to raise any comments without them present. We saw people were asked for their views on the food provision, activities and new staff members were welcomed to the home. In addition, we saw feedback forms were displayed in the reception of the home. The registered manager told us these had not been completed by relatives, people or other visitors to the home, but the forms were monitored so if any feedback were provided, it could be responded to.

The registered manager told us they sought to progress the service and looked for opportunities to positively improve the experiences of people at the home. They said they had reviewed the process by which people moved into the home and had changed this. They explained a person had been assessed by them and had moved into the home. It had quickly been established the home could not meet the person's needs. The registered manager told us that as a result they now offered people a cost free 24 hour assessment period as this enabled them to holistically assess people and supported people to consider if they wanted to move into the home. Staff we spoke with confirmed they were informed if changes needed to be made and actions carried out to reduce the risk of harm and improve the service provided.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.