Charing Dale Limited

Chippendayle Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Chippendayle Lodge Residential Care Home is a residential care home providing personal care to 23 older people, most of whom were living with dementia. There are 48 single bedrooms, and 2 double bedrooms for those wishing to share, with most bedrooms having en-suite facilities. The service can support up to 52 people.

The service is divided into two units. Each has a large lounge with a dining area which overlooks the garden.

People's experience of using this service
People and their relatives were satisfied with the level and quality of care they received at Chippendayle Lodge Residential Care Home. They reported that the best aspects of the service were the caring nature, friendliness and professionalism of the staff. One person told us, "I said to the manager if I can't be in my own home, I can't think of anywhere else I would rather be."

People continued to be protected from the potential risk of abuse. Individual risks were identified and steps continued to be taken to reduce and control risk, making sure people and staff had the guidance they needed to prevent harm while at the same time supporting independence.

There continued to be enough staff to meet people's needs. Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff.

People continued to receive their medicines as prescribed by their GP. Medicines had been stored, administered, audited and reviewed regularly. The service worked in partnership with other health care organisations and was taking part in a National Health Service initiative to help reduce hospital admissions.

We were assured that the service had and could respond to COVID-19 and other infection outbreaks effectively.

People received care that was personalised to their needs. People felt confident to raise concerns or complaints and were asked for feedback about the service they received. Feedback was that staff were responsive to people's emotional needs, proving reassurance in a calm manner. Activities on offer had reduced due to the lack of an activity coordinator and the pandemic. The service was looking at ways to improve activities on offer which were based on people's wishes and choices.

Everyone said the service was well-led and that the registered manager was approachable. There were systems to monitor the quality of the service being provided to people. This included a range of checks and audits to ensure the safety and quality of the service that was provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 28 February 2018).

Why we inspected
We received concerns in relation to staffing levels, the service's responsiveness in seeking medical assistance and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service remains Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chippendayle Lodge Residential Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Chippendayle Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Chippendayle Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority. The provider was asked to complete a provider information with a return date of after this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We were introduced to two people who used the service. We spoke with four members of staff including the registered manager, receptionist, a senior carer and a carer.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits, compliments and complaints.

An expert by experience telephoned one person who lived at the service and six relatives to gain feedback on the quality of the service provided.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said staff made them feel safe. One person told us, "I do feel safe and trust the staff and my family do too. They are very impressed with the care." A relative told us, "We know she is safe". Everyone had responded in the resident survey of 2020 that staff were, 'Reliable, trustworthy and respectful.'
- Staff continued to understand what constituted abuse and poor practice. They knew the importance of making clear and timely records and reporting their concerns to the registered manager.
- Safeguarding concerns had been reported to the local authority, who had the lead role in investigating allegations of abuse. The registered manager kept an overview of any safeguarding's and actions taken to keep people safe.
- Staff knew how to whistle-blow (tell someone if they had concerns). They also understood their role in reporting any concerns to external agencies. The telephone numbers required to report their concerns were available to staff.

Assessing risk, safety monitoring and management

- Potential risks to people in their everyday lives were assessed and acted on. There continued to be clear guidance for staff, so they knew how to support people in the right way.
- Risks to people's safety had been assessed such as developing pressure ulcers, falling and incontinence. For people at risk of falling there was information about the number of falls and the staff support and equipment they needed to help them stay safe. People at high risk of falling had been referred to the falls team and their advice had been acted on. For example, staff were supporting one person with exercises to strengthen and maintain their mobility.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Personal emergency evacuation plans were easily accessible. These identified the individual support and equipment people needed to be evacuated in the event of a fire.
- The fire risk assessment in June 2020 had identified a number of actions all of which had been completed. The exception was ensuring staff could muster in a quick timescale when the fire alarm sounded. The fire bell rang during the inspection and staff mustered quickly. The registered manager carried out a fire drill after the inspection to ensure there was a record that staff knew what to do in the event of a fire.

Staffing and recruitment

- Staffing levels continued to be assessed and reviewed according to the number of people living at the service and their individual needs.

● People and relatives responded that staff were available when needed. One person told us, "We press the buzzer and they (staff) come running. They do hourly checks at night."
● Checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Using medicines safely
● People continued to receive their medicines from staff who were trained and followed the providers' medicines policy and procedure.
● All medicines were stored securely, and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines.
● Body charts were used to record where pain patches had been applied, so the patches could be rotated to help keep people's skin healthy. Guidance was available to staff for people who had been prescribed medicines to be taken 'when required.'
● Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of the medicines room and medicine fridge.

Learning lessons when things go wrong
● Accidents, incidents and safeguarding's continued to be monitored by the registered manager and the senior management team. This was to see if there were any common themes or patterns.
● Discussions and reflections had occurred after significant events, to see whether anything could have been done differently. Action and learning points had been shared and implemented with the staff team. This had included ensuring there was communication in the staff team and with relatives.
● Paper and electronic copies of staff handovers were now kept. This was so all relevant information was communicated to staff. These paper copies were kept on file so staff returning from annual leave had a quick reference document to look at when they returned to work.
● Relatives confirmed that communication between them and the service had increased in frequency since the pandemic.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive a personalised service that was responsive to their needs.
- Care plans contained people's preferences in how they wished to be supported with their care. My life care plans contained information for staff about a person's past employment and people who were important to them. Staff knew people's interests, preferences and religious needs so they could support people in a personalised way. Comments from relatives included, "They put her likes and dislikes in the care plan and they have got to know her" and, "They treat her as an individual. They know everything about her, mostly stuff pre-war and her conversations are quite risqué." One person told us, "They know my likes and dislikes. They (staff) try to please."
- The service had responded to relatives and kept them informed about their loved ones needs throughout the pandemic. Relatives described the emotional support they had given people. One relative told us about staff's reaction when their family member returned to the service after a period of absence. "Staff were so glad to get her back. They went the extra mile for her. It is a fantastic home they really welcomed her back". Another relative said of their family member, "She calls them her Chips family and she wanted her Christmas dinner here, she said, I am having my Christmas dinner with my Chips family."
- Relatives told us the service was responsive to people's health care needs. One relative said, "They refer her to all the relevant healthcare professionals and if she is off colour, they will ring the doctor and get her checked out." Another relative told us, "I speak to the doctor and Chippendayle. We have a triangular relationship that works very well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There had been significant change in activities available due to the pandemic and the part-time activity coordinator no longer being employed at the service.
- There were mixed responses about how satisfied people were with how they spent their time. Most relatives felt people were content spending time in their rooms taking part in things they enjoyed such as knitting, crosswords, reading and watching TV. One person told us "We have a karaoke machine and the residents love it." However, we also received feedback on the lack of a structured programme of activities. A relative said, "They got rid of the activities coordinator and I think they need one back to stimulate the residents."
- The registered manager said that with the easing of the pandemic restrictions outside entertainers were being contacted to revisit the service. Also, there were plans to establish more meaningful activities by asking people and their relatives for their views of activities, so these could be acted on.
- People were supported, within national guidelines, to stay connected with relatives and friends, to help

avoid social isolation.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Key documents such as the complaints procedure, used simple words and pictures to help people understand their content.
● A range of pictures were available to help people communicate if they were having difficulties expressing their views with words. This included if a person was hungry, wanted to go to the toilet or was feeling unwell.

Improving care quality in response to complaints or concerns
● People and their relatives continued to feel confident in speaking out if they had any concerns or complaints.
● Comments from relatives included, "I had a query last week, so I emailed (registered manager). She rang me straight away as she knew I was concerned"; and, "To be honest I have had no concerns and they (Chippendayle) go above my expectations."
● The provider's complaints policy was followed when complaints were received. This ensured that people's concerns were looked into and the complainant informed of any actions taken in relation to their concerns.
● The service had received a number of compliments about the care provided at Chippendayle. Comments included, "I have spent a lot of time inside the home and witnessed at first hand the extraordinary patience and professionalism of the carers and office and support staff"; and "The staff were always so caring cheerful and patient and made him feel at home."

End of life care and support
● The registered manager understood the importance of working closely with healthcare professionals, such as doctors and palliative care nurses, so people experienced a comfortable, dignified and pain-free death.
● Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. Care plans recorded specific preferences such as who they wanted to be with them and where they wanted to live in their final days. People's wishes had been respected if they had chosen not to discuss things at the present time.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Everyone told us the registered manager was a visible presence at the service and that they were approachable. Throughout the inspection staff and people who lived at the service popped in to see the registered manager, whose door was always open.
- The visions and values of the service were understood by staff and reflected in feedback from people and relatives. One person told us, "I said to the manager if I can't be in my own home, I can't think of anywhere else I would rather be." Responses from relatives about what was best about the service included, "I think the care from the staff, the emotional side. If she is fed up, they will try and cheer her up, always up for a laugh and they let us know if she needs stuff"; "The friendliness: It is home from home" and, "The girls there are extremely caring and the manager is very professional. The receptionist is very nice."
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The registered manager gave examples of lessons learned and actions taken to improve the service. This included improving communication between staff and also with relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The deputy manager had left the service prior to the inspection. The registered manager had taken on their roles and responsibilities and was in the process of assessing which tasks could be allocated to senior staff.
- Staff were clear about their roles and responsibilities and the staff team worked together to support people. During the inspection one person came into the office. The maintenance knew the person well as they successfully encouraged them back to the lounge for a cup of tea. This was to enable the registered manager to speak with the inspector.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.
- There was a programme of checks and quality audits to identify areas where improvements would benefit people. This process had been strengthened by the introduction of electronic care plans. A clear summary of any falls could be produced, together with where they took place and at which time of day so any environmental changes could be made as needed. There were also graphs of people's weights, so any fluctuations could be easily identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Although the frequency of structured meetings to discuss the service had diminished; people, relatives and staff continued to feel involved in the service.

● The annual resident's survey for 2020 found everyone was satisfied with the overall level of care provided. They responded that the service was safe, effective, caring, responsive and well-led.

● A relative told us, "I have not been involved in any meetings, but I have had surveys and letters about Covid and what they expect of us and what we can expect from them."

● Staff meetings had not taken place in 2021. However, staff reported there was clear communication within the staff team. They told us they received support from one another, the registered manager and area manager.

Working in partnership with others

● The provider continued to work in partnership with other social and health care professionals.

● A good working relationship had been established with GP's who held weekly consultations at the service. There was also joint working with the mental health team, liaison with district nurses and referrals to falls team, physiotherapists, dietitian and speech and language therapist when needed.

● The service worked with a National Health Service incentive called Docobo. This involved staff making observations of people's blood pressure, pulse, temperature and oxygen saturation levels. These were monitored by the nursing team for any signs of medical deterioration. This helped to minimise the need for emergency calls and for people to be admitted to hospital.