



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Chorley Lodge Residential Care Home
<b>Address:</b>	Botany Brow Chorley Lancashire PR6 0JW

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Lesley Plant	2   1   0   4   2   0   0   9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Chorley Lodge Residential Care Home
Address:	Botany Brow Chorley Lancashire PR6 0JW
Telephone number:	08456035489
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Orchard Care Homes.Com Limited
Type of registration:	care home
Number of places registered:	65

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	65	0
old age, not falling within any other category	0	65

### Additional conditions:

The registered person may provide the following categories of service only. Care home only - code PC, to people of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: - Dementia - Code DE. Old age, not falling within any other category - Code OP. The maximum number of people who can be accommodated is: 65

Date of last inspection	2	9	1	0	2	0	0	8
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### Brief description of the care home

Chorley Lodge is a purpose built care home, owned by Orchard Care Homes, situated just outside the town of Chorley. Local community facilities, including transport links are nearby. Chorley Lodge is registered to accommodate up to 65 residents who have a diagnosis of dementia or have care needs relating to old age.

The building is a three story building with bedrooms situated on all floors. All 65 bedrooms are single with en-suite facilities comprising of walk in shower, toilet and washbasin. Bedroom furnishings include a flat screen television and DVD player, a large fitted wardrobe containing a mini fridge and a lockable bedside cabinet. The

## Brief description of the care home

home has a large passenger lift to all floors.

There are three lounge/dining areas, one on each floor, plus a further two quiet lounges situated on the ground and first floors.

There is space for parking and an enclosed rear garden, with seating areas, a gazebo and a potting shed.

Fees charged are dependent upon the type of facility required and the care and needs of the individual resident. The Service User Guide contains details of what is included in the fees.

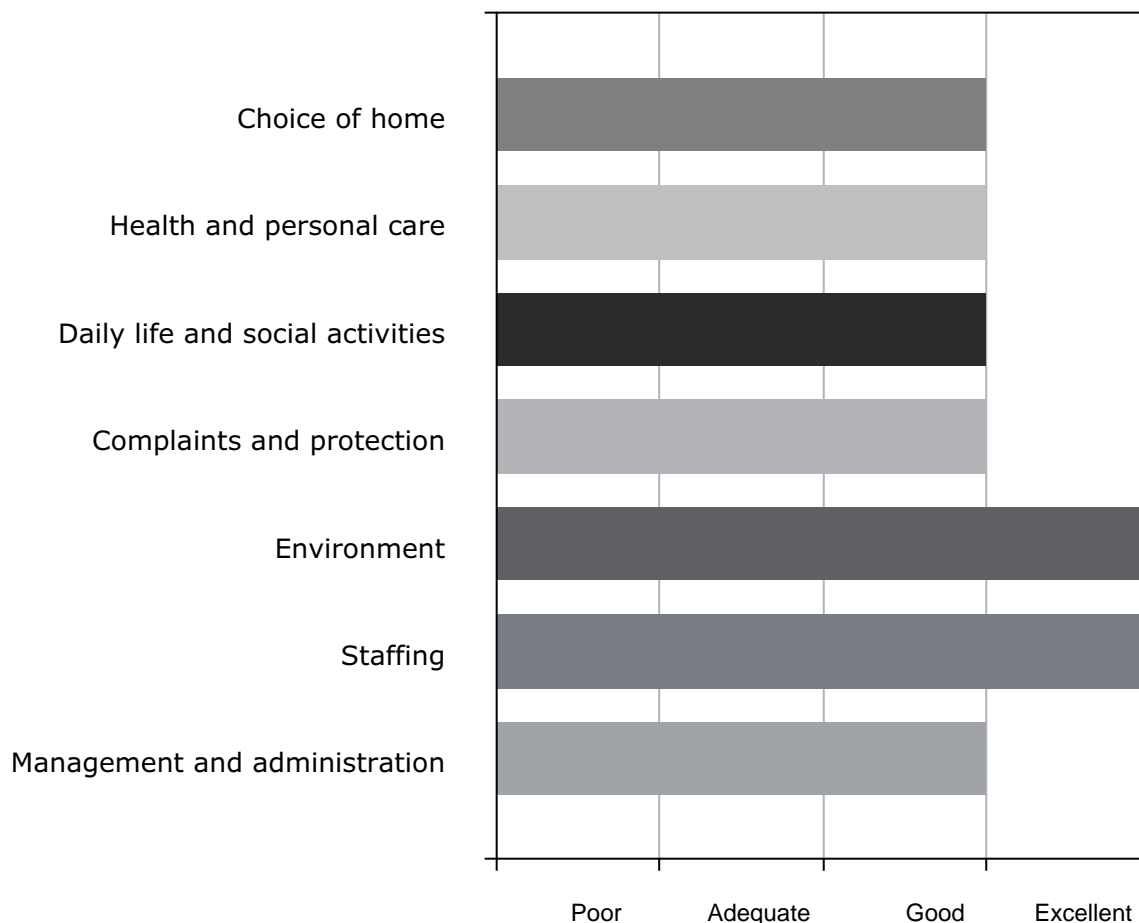
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The site visits for this inspection took place over two days, with two inspectors attending on the second day. 29 people were resident at the home. All of the key national minimum standards, plus standards relating to staff supervision were assessed.

Time was spent talking to and observing those staying at the home. Discussion also took place with the manager, both deputies, senior care staff, care staff, cook, maintenance worker and housekeeper. A number of visitors and relatives were also spoken with and telephone contact was made with a further relative. Records were viewed and a tour of the building took place.

Commission questionnaires, inviting feedback about the service provided at Chorley Lodge were received from four members of staff. The annual quality assurance assessment completed by the manager of the home, also provided some useful information.

Since the last key inspection in April 2008, a 'random' inspection was conducted in October 2008. (Random inspections are conducted to look into particular areas of service provision and do not look at all the key national minimum standards.) Recently Orchard Care Homes successfully applied to the Commission to admit people with care needs relating to old age as well as people with dementia.

## **What the care home does well:**

Chorley Lodge is a purpose built home, providing excellent accommodation. The bedrooms are spacious, have en suite facilities and are furnished to a high standard, The good variety of communal dining rooms and lounges, mean that people can choose where to spend their time, such as using the 'quiet' lounges to receive visitors.

The arrangements for meals are very good, with the dining rooms providing a calm and peaceful environment. There is plenty of choice available and people are actively supported to make decisions about what they eat. There is good flexibility regarding the time for breakfast, with an individualised approach being taken.

Staff appear very positive and attentive. Throughout the two days staff were observed responding sensitively to the needs of those living at the home. Staff also keep very good records, meaning that any health or personal care issues can be 'tracked' and responded to. Most people at the home appeared bright and responsive, keen to chat and willing to engage in conversation. These are all positive signs of general good health and well being.

The staff training programme is well organised and all staff, including those not involved in care support, have opportunities for personal and professional development. Qualification training for staff is promoted with over half of the care staff team having achieved NVQ (national vocational qualification) at level 2 or above. This means that staff have had their work practice assessed and have been deemed competent.

## **What has improved since the last inspection?**

The random inspection report of October 2008 highlighted improvements that had been made. These have been maintained and built upon. The manager has now been in post for 12 months and appears to be providing strong leadership at the home.

Care planning has improved. The new care needs summary provides a useful overview for each person staying at the home. Care plans relating to risk, safety, behaviour and mental wellbeing are more robust, giving clear guidance to staff. The records of difficult behaviour and incidents are now being reviewed alongside the care plan, with changes to the support provided being put in place where needed. There were many good examples of staff being responsive to the changing needs of individuals.

All those living at the home have a care needs coordinator and a key worker assigned to them. This helps to provide consistency and means that relatives know who to speak to in relation to their relative.

Now that separate laundry staff are employed, care staff can focus their attention on the personal and social care needs of those living at the home. The provision of activities continues to improve. During the inspection staff were seen spending time with people and a number of group activities took place.

Quality monitoring continues to improve. The manager and senior staff carry out a number of checks and audits across all areas of service provision. Any accidents or falls

are monitored, with remedial action taken where necessary.

### **What they could do better:**

Medication arrangements are generally good, however any medication which has not been used, particularly controlled drugs, should be returned to the pharmacist at the end of each month. This is particularly important in relation to controlled drugs where strict controls are needed to minimise any possible misuse.

Although laundry arrangements have improved there is still a need to monitor this area of service provision. There is a large amount of lost property at the home and some relatives feel that further improvements could be made.

Some policies and guidance include a record sheet for staff to sign to confirm that they have read and understood the content. It is recommended that this good practice is applied to all policies at the home, which will help to ensure that all staff have received this important information and are consistently following written guidance.

Most importantly the improvements made over the last 12 months need to be sustained. Quality monitoring should continue, helping to ensure that good standards are maintained and that any further need for improvement is identified and responded to.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240 7535.

## Details of our findings

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## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Assessments take place prior to people moving into the home. This helps to ensure that their needs have been identified and can be met by the staff team.

Evidence:

Records were viewed in relation to two people who had recently moved into Chorley Lodge. One person for respite care and the other who had moved into the home on a permanent basis. The assessment of needs is carried out by either the manager or one of the deputies, who are all experienced in this area. A detailed pre admission assessment form is completed, addressing such areas as mobility, communication, medication, social interests, safety and mental state. Any social work assessment or information from other professionals is also taken into account. For one of the files viewed there was also a health needs assessment which confirmed that nursing care was not required. Full care plans for each area of need identified are then developed during the first few days of admission, with the pre admission assessment acting as a

## Evidence:

guide until the full care plans are in place.

Information is gathered from relatives, who are asked to complete or contribute to a life history, examples of which were viewed on files. These give staff insight into the persons past life, their work role, interests, skills and past hobbies and help to promote a person centred approach. For one person, who doesn't like change in his life, there was detailed information regarding ' preferred routines' regarding meals, personal care and communication.

A relative who was visiting at the time of the inspection explained that she had been fully involved in the assessment and information gathering process regarding her relative who had recently moved into the home. Relatives and prospective residents are invited to visit the home as part of the assessment and introductory process.

On the first day of the inspection an individual was due to come into the home for a period of respite care. An additional member of staff was on duty, with the specific role of supporting this person as they arrived at Chorley Lodge, making an inventory of their belongings, helping them to settle into their room and being available to answer any questions raised by the family. This is good practice and shows a flexible approach to staffing at the home, recognising that extra support may be required when a new person comes into the home.

Since the last key inspection the home has successfully applied to the Commission to admit people with care needs relating to old age as well as people with dementia.

Chorley Lodge does not provide intermediate care or short term intensive rehabilitation.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health and personal care needs are met, with staff responding appropriately to any changes.

Evidence:

Each person now has a care plan coordinator, a senior care worker or one of the deputies and also a named key worker. These staff are responsible for liaising with relatives and reviewing the care plans. Photographs of the key worker are being put up on the back of each bedroom door, so that relatives know who their contact staff member is. Each person also has senior member of staff from the night care team allocated, who writes and reviews the night time support plan.

Care plans address each separate area of need and regular written reviews take place. The files for all those living permanently at the home now contain a care needs summary at the front of the file, giving a usefull overview of the support required. There were many good examples of staff following the guidance in written care plans. For one person it is stated that he does not like to wear socks and this is supported.

## Evidence:

The speech therapist has also advised that staff use 'closed' questions with the person, to avoid causing frustration and staff were observed following this advice.

Care plans relating to mental health and behaviour continue to be strengthened. Following a review of his care plan, one person has moved from the first floor to the ground floor, to better meet his need for more stimulating conversation. Care plans for this person also show that his general condition has greatly improved and he is now able to do more for himself regarding personal care. For another person there was evidence of ongoing monitoring of mood and behaviour. Records stated that she was anxious and weepy, with difficulty sleeping. This was kept under observation, with the GP then called to review her medication and improvements later recorded. The daily records for this person show frequent entries and factual information relating to her care needs and moods.

Good records are kept of any difficult or challenging behaviour, with professional advice being sought as appropriate. For one person records showed that the GP had been contacted and that staff were keeping clear records to monitor the effects of a new medication regime. However for an other person, the most recent review had shown a deterioration in her mental well being, with action for staff to take to help protect this person from harm. Not all staff had been made aware of this. When raised with the manager immediate steps were taken to ensure that the agreed action was known to and followed by all staff. This did appear to be an oversight, as generally there have been great improvements in how staff respond to such changes and how information is shared.

The records of challenging or difficult behaviour are now being initialled each month to confirm that this information has been reviewed along with the care plan and changes made to the care plan if necessary. Where possible relatives are involved in reviews and for one person their relative was writing their own review, to feed back into the care plan.

Staff encourage people to do things for themselves, where possible. One lady was seen trying to 'settle' herself in her chair and staff reminded her to move the cushion and prompted her to make herself comfortable. Another lady was helped to a chair and when she clearly wanted to keep her walking frame in front of her staff made sure she placed it where she was happy with it.

Most people at the home appeared bright and responsive, keen to chat and willing to engage in conversation. These are all positive signs of general good health and well being.

## Evidence:

Staff keep good records of all health care input from professionals such as the GP, dentist, optician, chiropodist and district nurse. A district nurse who was visiting during the inspection period confirmed that staff follow any advice given, the care provided by staff appears to be good and that staff will seek advice if they have any concerns. Staff will soon be working more closely with nurses from the primary care trust, as some project work is going to be undertaken. Staff from the health trust are going to carry out medication reviews and provide training for staff regarding diabetes, pressure care and managing difficult situations.

Care plans address health care needs such as pressure care. For one person, who is staying for respite care, arrangements were in place for the district nurse to visit and continue to dress this person's leg ulcer. The relatives spoken to during the inspection confirmed that staff keep them informed of any health changes or health concerns. Records are kept of contact with relatives and for one person these showed that a health issue raised by the family had been responded to and information relayed back to the family.

There is a new procedure for staff to follow in the event of anyone falling, with a copy of this on the noticeboard for all staff to read. This includes how to carry out an assessment for injury and a series of observations at specific times. The manager carries out a weekly audit of any accidents or incidents, which are logged with clear records being kept. Records now include the time of the fall/incident to help identify any links or staffing issues. For one person who had become more mobile, which unfortunately had resulted in a series of falls, clear remedial action was being taken. This included closer monitoring and wearing socks with a non slip sole. Another example was seen, with the remedial action resulting in less frequent falls.

Only senior staff who have undertaken appropriate training administer medication. A list of these staff along with a sample of their signature is maintained. Files contain a consent form, signed by a relative or the individual concerned, agreeing that staff take responsibility for administering medication. The medication records for three people staying at the home were viewed and had been completed correctly.

Most medication is delivered from the pharmacy in pre prepared blister packs. Any other medication such as liquids, is dated when it is first used. This helps to provide a clear audit trail and means that medication is not used after it's 'use by date'. People who come to the home for respite care are informed that any medication has to be in the original packaging. This is essential and means that staff are aware of the exact medication and correct dose.

Regular checks take place, with the manager checking the medication stock for a

## Evidence:

selection of people each week and then conducting a full medication audit each month. These checks are important, as any mistakes can be quickly responded to and staff working practice can be monitored, with improvements made if necessary. There are plans for Chorley Lodge to switch to a different pharmacy service and training sessions are planned to ensure that staff are familiar with this new system. It is important that any changes continue to include regular auditing and checks by the manager or senior staff.

Controlled drugs are stored appropriately with good record keeping in place. A stock check was carried out for three people who are currently prescribed medication which falls into this category. The balance held was correct and records show that two staff sign when this medication is administered. However there were some controlled drugs dating from January and February still awaiting return to the pharmacy. The manager was aware of this and had planned to return this medication. A closer check should be made regarding the timely return of any unused controlled drugs.

One of the deputy managers was observed administering medication. This staff member showed a great deal of sensitivity and patience, not rushing people and sitting and talking to one person who was reluctant to take her medication. This approach showed a good understanding of the specific needs of the individuals concerned.

The importance of privacy and dignity are addressed with new staff during their induction and are also covered within NVQ (national vocational qualification) training programmes. People are able to receive visitors in one of the 'quiet' lounges or in the privacy of their bedroom. Individuals can have a private telephone installed in their bedroom if they wish.

Those living at the home appeared smart and nicely dressed, showing that staff understand the importance of appearance and how this can affect feelings of self worth and dignity. Females at the home are encouraged and supported to have their hair done and wear their favourite jewellery and accessories. One gentleman had refused help to have a shave, saying that he would do so later. Staff later approached this person and helped him to shave.

The laundry service continues to improve, now that dedicated laundry staff are in post. Key workers also have some responsibility in this area, putting clean clothes away and checking that wardrobes are tidy. However, the care of clothing still needs to be monitored as some of the home's quality monitoring surveys returned by relatives, still show some dissatisfaction and there is a large amount of 'lost property' at the home.



## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A good range of group activities are provided and staff also spend time with individuals, promoting conversation and engagement. Visitors are made welcome and people enjoy the good choice of meals provided.

Evidence:

Life histories and care plans which address social needs are available on individual files. Staff also keep records in relation to what activities people have joined in with and how they have spent their time. Newspapers and magazines are delivered and are passed around the home.

There is a weekly programme of activities, which includes arts and crafts, quizzes and sing a longs. A hairdresser visits the home, as does a facilitator who conducts arm chair exercises. A reminiscence room has been set up, containing memorabilia from the 1940's and 50's and a weekly 'cream tea' is held here. The doors of the kitchen units in this room are being 'customised' to make them look as if they were installed in the 1950's. A lounge on the first floor also contains memorabilia and a keyboard, which people can use. The home has two guinea pigs and three budgies providing interest for those living there. Photograph displays are on the walls showing people

## Evidence:

engaged in different activities. A volunteer comes into the home to chat with people, as happened during the inspection.

On the first day of the inspection, a member of staff was seen encouraging people to join in a ball game and in the afternoon people were supported to go outside and sit in the sunshine. Drinks were served, with relevant music being played, which people clearly enjoyed. People were able to watch staff cleaning out the guinea pig cage and the budgies were also brought outside, in their cages, to sing in the sunshine. Those living on the first floor are also supported to go in the garden, as happened on this day. On the second day of the inspection visit a group of residents were being supported to make flags for St Georges day. Those involved were all happily engaged in this activity with a number of others enjoying watching.

Now that separate laundry staff are employed, care staff can focus their attention on the personal and social care needs of those living at the home. On both days of the inspection staff were seen sitting and spending time talking to individuals. Although staff were very busy they did not seem to be rushed and were chatting to residents as they went about certain essential tasks.

Relatives and friends can visit at any time. The good range of communal lounges, plus the large individual bedrooms, mean that people can choose where to spend time with their visitors. Staff keep records of all contact with relatives. Regular meetings are arranged for relatives and during the inspection visits staff were seen making visitors welcome by providing refreshments. A monthly religious service is held in the home and some people go to services with their family or friends.

Some of the people staying at Chorley Lodge have cognitive impairment and therefore may require support in making choices or may need certain decisions making on their behalf, such as having a relative or other nominated person take responsibility for their financial affairs. Information regarding how to contact advocacy services is made available. For one person at the home, their care needs summary highlighted this person's reluctance to make decisions as she is anxious that she may not make the 'right' choice. Staff were observed working in line with written guidance as they supported her to choose from a selection of drinks.

People are able to bring their personal possessions into the home with them. A number of the bedrooms seen contained personal photographs and ornaments. All bedrooms have locks and some people have their own key. Bedside cabinets contain a lockable drawer, where people can safely store any special possessions or valuables and people are also able to have a private telephone line installed in their bedroom, if they wish.

## Evidence:

Meals are prepared by catering staff in the main kitchen and then brought to the dining rooms in heated trolleys, to be served by the care staff. One of the cooks was spoken to and they confirmed that good training for their work role was provided. Information within the annual quality assurance assessment completed by the manager states that menus have been reviewed by a nutritionist. Both the lunch time and evening meals consist of three courses, with a good range of choice available. The meal choices are written on menu boards each day and staff were seen supporting people to make decisions regarding what to eat, by showing them the different 'plated up' options. People can choose to have a cooked breakfast, which is made to order as people get up. Snacks are available mid morning and mid afternoon or when requested.

Both dining rooms provide a pleasant environment. Tables are nicely set with linen table cloths and napkins, flowers and soft music playing and the meals served were nicely presented. Staff were seen providing appropriate support and encouragement, with one member of care staff eating her meal whilst sitting next to an individual. It was explained that this would make her more likely to eat her own meal. One person refused their meal and the deputy manager explained they would try again later and that a sandwich would be kept in the fridge in the dining room, ready for whenever this individual wanted it.

Care planning information includes details such as preferred breakfast time and where people want to eat their meals. A number of people were seen having a late breakfast, as was their preference and people are able to eat their meal in their bedroom if they wish. Special occasions are celebrated and a 'VE' party was being planned, with food from that era being served.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Policies and procedures are in place regarding dealing with complaints and responding to any concern or allegation.

Evidence:

A complaints procedure is in place, a copy is provided in the service user guide and there is also a copy displayed in the entrance hall of the home. Information within the annual quality assurance assessment completed by the registered manager states that details of any written complaint would be sent to the head office and that the area senior support manager for Orchard Care Homes reviews any complaints as part of their monthly quality audit of the home. Records show that complaints are responded to swiftly. The visitors and relatives spoke to during the inspection confirmed that they could raise any concerns with senior staff if they felt that this was necessary.

Written procedures are in place regarding abuse, protection, managing aggression, sexuality and relationships, restraint, consent, mental capacity and missing persons. Training records show that all but a small number of staff, including non care staff, have completed training regarding abuse and protection. This is also included within NVQ (national vocational qualification) programmes completed by staff. Senior staff have attended training regarding the Mental Capacity Act and are due to take part in training relating to Deprivation of Liberty.

Evidence:

Staff are aware of reporting procedures and keep good records of any incidents. Senior staff have a good understanding of issues regarding protection and refer any concerns to the local authority and keep the Commission informed.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Chorley Lodge appears clean, well maintained and decorated and furnished to a high standard, making it an attractive environment for those staying there.

Evidence:

An excellent standard of accommodation is provided at Chorley Lodge. Community facilities including shops and transport links are nearby. The fittings and furniture are all of a high standard.

All bedrooms are single with en suite facilities of a walk in shower, washbasin and toilet. Each bedroom has a flat screen television and DVD player, a large fitted wardrobe containing a mini fridge and a lockable bedside cabinet. The main bathrooms have equipment suitable for people with mobility difficulties and the toilet fittings are the same bright colour throughout the home, to aid recognition.

Each floor has a lounge/dining room with a kitchen area and a separate 'quiet' lounge. The home has a fully fitted hairdressing salon and locked rooms for the storage of cleaning materials and medication. There is a large passenger lift, fitted with a key pad, to provide security and safety, as are certain doors at the home.

The enclosed garden area provides a pleasant environment for sitting out in warmer

## Evidence:

weather. Since the last key inspection a water feature has been added and raised flower beds introduced into the sensory garden area. The garden also contains a gazebo, potting shed, tables and outdoor seating. The doors into the garden are not fitted with a key pad, which allows people to go in and out as they wish.

A maintenance worker is employed at the home. On going redecoration and maintenance take place and some rooms have been fitted with new carpets.

The home is light and airy, clean and fresh smelling. Housekeepers are on duty each day and night staff also carry out certain cleaning tasks. Discussion took place with one of the housekeeping staff who was on duty during this inspection. The member of staff explained that he had attended training courses relating to his work role, as well as training regarding dementia and that they were aware of the need to ensure that residents could not access potentially dangerous cleaning materials. Separate laundry staff are now employed and the laundry room contains appropriate facilities and equipment.

Infection control procedures are in place and staff complete food hygiene and infection control training. During the inspection visits staff were seen wearing protective aprons when carrying out certain duties.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staffing arrangements meet the needs of those currently staying at the home. Training opportunities for staff are excellent, helping to develop a competent and capable staff team.

Evidence:

At the time of the inspection there were 29 people resident at the home. The manager explained that seven or eight care staff are always on duty, which was reflected on both days of the inspection. An additional member of staff was also on duty on the first day of the inspection, specifically to welcome and meet the needs of an individual who was coming to stay at the home for a period of respite care. This is good practice and shows that staffing arrangements remain flexible and that more staff are on duty at certain times if required.

In addition to the seven or eight care staff on duty each day, which includes deputy and senior staff, the manager is also available if required. Separate staff are employed in the kitchen, for housekeeping, office administration and maintenance. A big change since that last key inspection has been the employment of dedicated laundry staff, meaning that care staff can focus on the support needs of those living at the home and not keep having to go to the laundry room to carry out laundry duties.

## Evidence:

On both days of the inspection there appeared to be sufficient numbers of staff on duty, to meet the needs of those staying at the home. Staff were attentive and responsive and were observed spending time with individuals and supporting people to take part in activities. The call bell in one of the bedrooms was tested, with a member of staff responding promptly, indicating that staffing levels allow for a quick response when needed.

There are three or four staff on duty during the night. The night staff team now includes a management team of two night managers and a number of senior night staff. This change was put in place as many of those living at the home have particular night time support needs. The night management team are responsible for completing and reviewing the night time support plans for each person at the home and they also oversee the work of night care staff.

At present staff work for three days and have three days off, working two days on one floor and one day on the other floor. This means that all staff get to know all those living at the home. Joint hand overs take place, with information being shared between all staff. The rota system effectively creates two teams of staff, with some staff never working alongside certain other team members. This system should be kept under review to ensure that continuity of care is provided. A staggered rota system would prevent any splits or perceived splits in the staff team.

Qualification training for staff was discussed with the manager. Training records are well organised with a training matrix for the staff team clearly showing where all staff are up to with their qualification training. At present there are 23 care staff including the deputies and senior care staff, providing care support to those living at the home. 14 staff have achieved NVQ ( national vocational qualification) level 2 or above, with a number of staff registered to commence level 2 and level 3 awards. Catering and housekeeping staff also have opportunity to do NVQ qualifications appropriate to their work role. This provision and promotion of qualification training for staff is a strength of the service.

Good recruitment practices are in place. The recruitment files for two recently appointed members of staff were viewed. Records show that appropriate pre employment checks are made. These include gaining a Criminal Records Bureau disclosure, two employment and one personal reference and checking the person against the nationally held list of people who are deemed unsuitable to work with vulnerable people. Applicants complete a detailed application form and a record is kept of each persons interview performance.

New staff complete an initial three day structured induction programme, where they

## Evidence:

shadow experienced staff and work through the areas identified on the induction form, with each area being signed as it is completed. This covers fire procedures and reading certain policies; including health and safety, whistle blowing and infection control.

Agency staff are now rarely used, however there is a useful induction record in place, which is actioned when required.

The provider organisation Orchard Care Homes runs a rolling programme of training courses for staff. This includes; first aid, food hygiene, moving and handling, health and safety, infection control, dementia and safeguarding adults. New staff will attend each course as it becomes available. The manager explained that staff will not commence working duty until they have completed formal moving and handling training and if possible, dementia training. Training courses are regularly repeated throughout the year for both new staff to attend and for established staff to attend and so keep their knowledge updated.

Good training records are maintained. The training matrix for the home details each course and when staff have attended, making it easy to spot any gaps and address them. It was seen that training courses regarding medication, moving and handling and food hygiene were soon to take place.

Specialist dementia training is provided. More recent training in this area includes a comprehensive programme done over a number of weeks, with work being assessed. Five staff have completed this programme and another nine staff are registered to start it soon. The training matrix does however show nearly all staff, including catering and domestic staff, have completed some form of training regarding dementia and/or Alzheimer's disease. Catering staff undertake accredited food handling training.

Senior staff have attended training regarding the Mental Capacity Act and are due to take part in training relating to Deprivation of Liberty.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Management of the home is now robust and consistent, meaning that staff are provided with strong leadership. Quality monitoring takes place and health and safety are promoted through staff training, policies and good practice.

Evidence:

The manager has been in post for 12 months and is registered with the Commission. Qualifications include NVQ (national vocational qualification) level 5 in management and the registered managers award. The manager is very experienced and has previously managed a registered care home. Various dementia training courses have been completed including a four day dementia care mapping course, which looks at quality of life issues and positive outcomes for people with dementia. The two deputy managers and the team of senior care staff also carry out certain management duties at the home.

The management team have worked hard to make improvements and there now

## Evidence:

appears to be strong leadership at the home. Staff spoken to during the inspection visits commented that systems are now more organised and that they feel supported in their work role. One staff member who completed a feedback survey for the inspection stated; "I feel that my manager has been an asset to the workplace and has worked hard to get Chorley Lodge back to the standard it should be."

Since the last key inspection the home has successfully applied to the Commission to admit people with care needs relating to old age as well as people with dementia. The changes appear to have been managed well. Some people did have to move rooms and relatives were consulted during this period of change. The home is now split, with the people who have dementia residing on the first floor and those who have care needs relating to old age accommodated on the ground floor. There are some exceptions to this split, with people being placed where it is felt their needs can best be met. Such as one person, with a diagnosis of dementia whose condition was improving and it was felt that a room downstairs would give better opportunity for more stimulating conversation with others.

Quality monitoring systems are being maintained. There is a programme of monthly audits, which address different areas of service provision. As well as monitoring accidents and incidents, monthly reports of any pressure care needs, and any complaints received are completed and sent to the organisations head office. Internal audits include looking at any weight changes, checking medication and checking that care planning information is being maintained. The audits in place include clear details of any action that needs to be taken, if the need for improvement is identified.

Each month surveys are sent to relatives, with each survey focusing on a different area of the service. Some of the recently returned surveys were viewed. The manager explained that some relatives had commented that they did not know what activities were taking place and in response to this a weekly plan of activities has been put on the noticeboard in the entrance hall. This shows that feedback from relatives is being responded to. Relatives support meetings take place, with one arranged for a few days after the inspection visit, with a speaker from the Alzheimer's society attending. Relatives and residents meetings also take place, again giving opportunity for people to give feedback about the service provided.

The area senior support manager for Orchard Care homes visits the home and conducts the quality monitoring required by the Care Homes Regulations 2001, producing a report after each of these visits.

Regular staff meetings take place, where any new policies or guidance can be shared and there is a system of having one policy up on the staff noticeboard as the ' policy of

## Evidence:

the week' to be read by all staff. Some policies and guidance include a record sheet for staff to sign to confirm that they have read and understood the content. It is recommended that this good practice is applied to all policies at the home.

There are arrangements in place for the safekeeping of spending money for those living at the home and regular checks are made of any money held.

Formal supervision sessions for staff are now established. The manager explained that she or one of the deputies aim to meet with care staff every eight weeks. The computer system used at Chorley Lodge highlights when each supervision is due to take place. The supervision records for three members of care staff were viewed, showing that regular supervisions are taking place and that during these sessions work performance and training needs are discussed. These regular supervision meetings help to maintain consistency and support the quality monitoring systems at the home. Staff confirmed that they feel well supported, with one person who completed a feedback survey commenting; "My manager has regular meetings with me to discuss any training I would like to partake in and also any problems I have."

There are good arrangements in place, which promote the health and safety of people living and working at Chorley Lodge. The training matrix for the staff team shows that most staff have completed training regarding fire safety, first aid, COSHH, (control of substances hazardous to health) moving and handling, food hygiene, infection control and health and safety.

The maintenance worker carries out certain safety checks, such as checking the electrical appliances at the home and conducting a weekly test of the fire alarm. Staff check water temperatures to ensure that bath water is not too hot. Records showing the servicing of the lift and the hoist were viewed.

There is now a health and safety committee at the home, consisting of a representative from each of the staff groups, such as kitchen, cleaning and care staff. This group meet monthly to discuss any health and safety issues.

The fire procedure now includes details of each person and how they would be evacuated out of the building, if necessary. The details for each person include their next of kin, GP and how many staff are needed to safely help them out of the building. these details are kept in one file, in the main office.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	Unused medication should be returned promptly to the dispensing pharmacist. This is particularly important for controlled drugs, which should not be kept at the home unless they are in use.
2	33	All policies and guidance should be read and signed by staff to confirm their understanding of the content. This will help to make sure that all staff are aware of important information and will promote consistency of work practice.
3	33	Effective quality monitoring systems should continue to be maintained. This will help to ensure that improvements are sustained.

## Helpline:

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