

Random inspection report

Care homes for older people

Name:	Longridge Hall and Lodge
Address:	4 Barnacre Road Longridge Preston PR3 2PD

The quality rating for this care home is:	two star good service
The rating was made on:	06/01/2009

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 review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Marie Cordingley	1	8	0	5	2	0	1	0

Information about the care home

Name of care home:	Longridge Hall and Lodge
Address:	4 Barnacre Road Longridge Preston PR3 2PD
Telephone number:	08452710798
Fax number:	01772786734
Email address:	
Provider web address:	www.orchardcarehomes.com

Name of registered provider(s):	Orchard Care Homes.Com Limited
Name of registered manager (if applicable)	
Ms Lynne Walsh	
Type of registration:	care home
Number of places registered:	60

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	60	0
old age, not falling within any other category	0	60

Conditions of registration:									
The registered person may provide the following category 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: Old age, not falling within any other category - Code OP Dementia - Code DE The maximum number of people who can be accommodated is: 60.									
Date of last inspection	1	0	0	8	2	0	0	9	
Brief description of the care home									
This is a new build home, situated on the outskirts of Longridge. It is within a residential area of the town and there is good access to the local transport network. A large car park enables visitors to park easily and off road.									

Brief description of the care home

The home is set on two floors. The ground floor being secure due to the dementia conditions of residents occupying this floor. Both floors mirror each other by way of layout and design.

The home is registered to accommodate up to sixty residents. There are no shared rooms.

The corridors are spacious with good handrail support and residents rooms lead off from the corridors. All residents rooms have their own lock and residents have their own key. They can be overridden by staff in case of emergency. Residents rooms are spacious.

All residents rooms have large en-suite facilities which include, a "wet" shower facility and vivid blue toilet seats for the visually impaired.

There is a communal lounge as well as three other lounges available on both floors, and an open plan dining area off the communal lounges, which are spacious and light.

The first floor has large panoramic views of the open countryside around the town. The ground floor has access from the communal areas to a well landscaped garden, with seating points and good paths for residents to use. The area is secure so that people are safe.

The decoration and furnishings throughout the home are to a very high standard.

There is written information made available to all users of the service so that residents, family and advocates know what the home is going to provide, who the staff team are and what services are available to them.

At the time of the inspection the fees ranged from £390 to £560 for care of residents with Dementia conditions and £390 to £520 for older persons residential care.

What we found:

This random inspection was carried out on an unannounced basis. This meant that the manager, staff and residents did not know it would be taking place until we arrived.

The purpose of the inspection was to examine the home's processes for assessing the needs of new residents and planning for people's more complex, behavioural needs.

As part of the inspection we tracked the care of a number of residents, viewing their assessment and care planning information. We also spoke with some residents, staff and the manager and carried out a tour of the home.

What the care home does well:

We found that the home has a thorough approach to assessing the needs of prospective residents. This is important because it means that the manager can be sure that the home can meet the needs of the prospective resident before offering them a place there. It also means that carers have a good level of information to plan people's care.

We viewed a number of residents' pre admission assessments and found that they were generally quite comprehensive, containing a good amount of information about their care needs and their social histories.

We confirmed that the home does have procedures in place to admit people in emergency situations and that processes are followed to ensure that all assessment information is gathered as soon as possible so that care plans can be implemented.

We noted that where possible (and appropriate), the manager had involved people's relatives at the point of assessment to help ensure that she was aware of all the relevant information. In addition, we noted social work assessments on files for the majority of residents we case tracked.

We viewed a selection of care plans and found that they were very comprehensive and informative documents. People's care plans contained a good amount of information about their individual needs and how they would like their care to be provided.

For residents that had been found to require support in more complex areas such as in relation to their behaviours, there was detailed guidance in place to help ensure that carers could approach challenging situations consistently and confidently. In addition, we noted that the home had good processes in place to record and report any significant incidents that could affect the wellbeing of any person living in the home.

We were able to confirm that the home has a policy and procedures in place for ensuring that any resident who requires a Mental Capacity Assessment is referred through the appropriate channels. In addition, the manager was aware of the processes she should follow in the event that it is decided that an application should be made in line with the Deprivation of Liberty Safeguards.

Throughout our visit we observed staff going about their duties in a pleasant and

professional manner. There were lots of activities going on including some outdoor games which also involved some relatives, hairdressing and some staff were observed assisting residents to have strolls in the garden area.

We spoke with one relative during our visit who told us that she was extremely happy with all aspects of the service provided. She said "The staff are wonderful, they do lots of things with residents and don't just leave them to sit in chairs." The relative was also very complimentary about the manager describing her as very approachable and helpful.

What they could do better:

We made a recommendation during our visit that the home implement a formal in house assessment process to help determine if any resident would benefit from a mental capacity assessment. This is to help ensure that any resident needing such an assessment is referred to the appropriate agency without delay.

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 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

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

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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

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	17	A formal process should be implemented for the purpose of determining if a resident should be referred for a Mental Capacity Assessment. This is to help ensure that any resident requiring such an assessment receives one without delay.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.