

Key inspection report

Care homes for older people

Name:	Chandos Lodge Nursing Home
Address:	Blackpond Lane Farnham Common Bucks SL2 3ED

The quality rating for this care home is:	three star excellent service
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A quality rating is our assessment of how well a care home 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 full review a 'key' inspection.

Lead inspector:	Date:
Chris Sidwell	2 2 0 5 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at 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

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Chandos Lodge Nursing Home
Address:	Blackpond Lane Farnham Common Bucks SL2 3ED
Telephone number:	01753643224
Fax number:	01753646332
Email address:	chandoslodge@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Mr Hayatt, Mrs H Hayatt
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	31

Additional conditions:
The maximum number of service users to be accommodated is 31
The registered person may provide the following category of service: Care home with nursing (N) to service users of the following gender; Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)

Date of last inspection								
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Brief description of the care home
Chandos Lodge Nursing Home is located in a quiet residential area of Farnham Common. The village centre is a short distance away, and has a small selection of shops. The towns of Slough and High Wycombe are a short distance away where there is a larger selection of shops and other amenities. These towns are well served by public transport networks. People at the home have in their own room. There is one shared room. Sixteen rooms have en-suite washbasin and toilet facilities. There are

Brief description of the care home

additional communal bathrooms and shower rooms on both levels of the home. The communal bathrooms and shower rooms are suitable for people with disabilities, and grabrails are fitted throughout. There is a lift to the first floor of the home, and hoists are provided to help staff members move people safely. The home has a dayroom and conservatory, which provides space for meals, activities, receiving visitors and relaxing. A team of nurses, carers, catering and housekeeping staff support the home's proprietor to run the home. A registered nurse is available on the premises 24 hours a day. All residents are registered with a local general practitioner, who attends as requested, and other healthcare professionals can be contacted either directly or by GP referral.

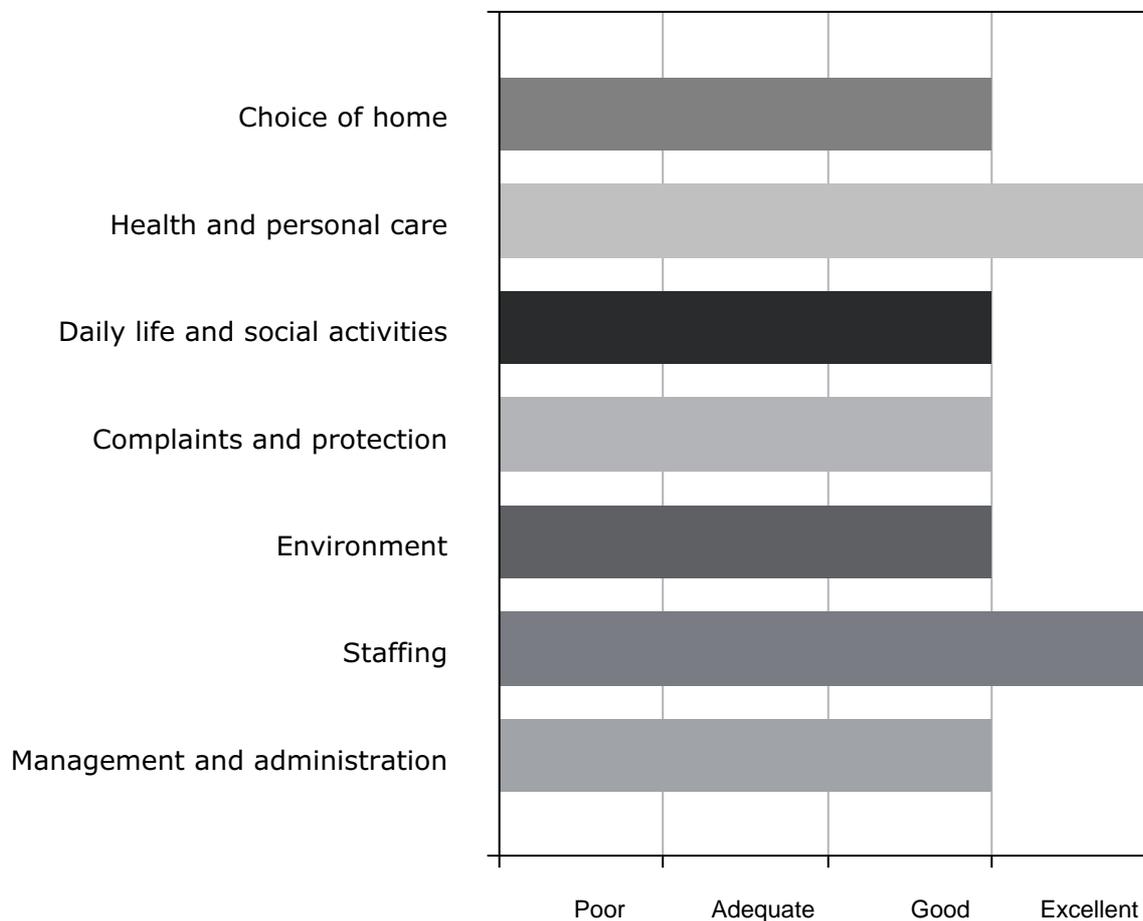
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The last key inspection of the home was on the 7th June 2007.

This inspection was conducted over three days and included a review of the information we hold about the service and an unannounced visit to the home of six hours. The key standards for older people's services were assessed. Information received about the home since the last inspection was taken into account in the planning of the visit. The manager completed an annual quality assurance assessment and questionnaires were sent to the home for distribution to residents, families and staff. Residents were spoken to on the day of the unannounced visit. Discussions took place with the manager, nursing, care and ancillary staff.

Care practice was observed and the care of a small number of residents was followed through in detail. A tour of the building and examination of records was also undertaken. The home's approach to equality and diversity was considered throughout.



What the care home does well:

There is information available and the opportunity to visit the home to help people decide whether they wish to move to the home. People's health and social care needs are assessed before they move to the home, to ensure they can be met. The home can meet a diverse range of faith and cultural needs.

Residents' diverse personal, health and medication needs are met in a manner which protects their dignity, promoting their wellbeing. The General Practitioner visits regularly, as do other members of the healthcare team. Residents are supported to visit hospital outpatient clinics when necessary. Medication is managed well. They are supported to maintain their personal hygiene and to dress as they wish. Resident's cultural values are respected.

People can choose how they spend their day and are supported to take part in activities in the home if they wish. The activities coordinator arranges a programme of events which residents can join in with if they wish. Residents said they enjoyed their meals which were home cooked, varied and presented well. Residents had a choice of sitting at a dining table with others or eating alone. Carers supported those who could not eat unaided discretely.

People who live at the home are protected from harm and their concerns are listened to and addressed. There are complaints policies and procedures in place which are well advertised. Staff have received training in safeguarding older people and the home has copies of the local inter agency procedures and knows who to contact if they have concerns. We have not received any complaints and have not been notified of any safeguarding referrals made to the local authority, which is the lead agency in these matters, since the last inspection.

The home is homely, clean and well maintained providing a pleasant environment for people to live in. People have a choice as to whether they use the communal areas, where they sit and how they spend their day, promoting their independence and autonomy. The infection control standards are good reducing the risk to people of acquired infection.

People receive care from kind, well trained staff who can meet their diverse health and care needs in a timely way. There is a consistent staff team and staffing levels are good. There is good supervision of the care and residents were positive about the care they received making comments such as 'they are always very helpful', 'we have been impressed by staffs quick action when mother has needed extra support', 'my mother has a visitor on most days and we see the care and support is consistent' and 'there is always staff available when you need them'. Recruitment procedures are thorough protecting residents from unsuitable carers.

The home is well managed in the interest of the residents. The co owner is registered with us as the manager. She is supported by two clinical lead nurses. Residents, families and staff said that the manager was a constant presence in the home and was receptive to their wishes and comments. Services and maintenance records are up to date and ongoing safety checks are made to ensure equipment is safe for residents to use. A fire risk assessment has been undertaken and fire safety checks are made. Staff

training records showed that they have had training in safe working practices, including moving and handling, infection control, first aid and food hygiene, to minimise the risk to residents from harm arising from their care.

What has improved since the last inspection?

There has been an ongoing programme of redecoration. A conservatory has been built to provide a dining and activity area for residents. A separate hairdressing room has been established.

Staff training has been developed with staff receiving training in caring for people with dementia and the implications of the Mental Capacity Act. Training to understand the 'Deprivation of Liberty Regulations' which have recently been introduced is planned to ensure that no one is deprived of their liberty unnecessarily.

What they could do better:

No requirements have been made as a result of this inspection.

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 on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from 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.

There is information available and the opportunity to visit the home to help people decide whether they wish to move to the home. People's health and social care needs are assessed before they move to the home, to ensure they can be met. The home can meet a diverse range of faith and cultural needs.

Evidence:

There is information available to prospective residents in the form of a statement of purpose, which describes the services provided by the home and a home brochure. Prospective residents and their families are welcome to visit the home and stay for a trial period before deciding whether the home is for them. The care files of four residents who have moved to the home since the last inspection were checked. They had been assessed by a qualified nurse to identify with them their needs and wishes for care. The assessment documentation prompts staff to take note of people's faith and cultural wishes as well as their health and social care needs.

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

Residents' diverse personal, health and medication needs are met in a manner which protects their dignity, promoting their wellbeing.

Evidence:

The care of four residents was followed through. All had comprehensive care plans which had been updated regularly with them and with their families. Residents' diverse healthcare needs were recognised and recorded. Their risk of developing pressure damage due to frailty had been assessed and appropriate action taken to prevent this. One resident had pressure damage she moved to the home. This was treated appropriately and clear records were kept. The damage was now healed. Residents' risk of malnutrition was assessed and action taken. Residents see the dietician if necessary. All those seen had maintained their weight on moving to the home and one had put on weight following a period when she had lost weight at home whilst unable to care for herself. The chef was fully aware of her needs and had devised a personalised menu. There was evidence in all the files to show that residents see a general practitioner and other members of the local primary healthcare team regularly and are supported to visit hospital outpatient departments when

Evidence:

necessary.

There are medication policies and procedures in place and the staff spoken to were aware of these. The storage facilities were satisfactory. Records are kept of medication delivered and disposed of by the home. Resident's individual medication administration records were completed in full and appropriate steps were taken to ensure that supplies were received regularly. Appropriate procedures were in place to deal with variable dose medication such as warfarin. All dose changes are faxed to the home to ensure that mistakes are not made. None of the residents managed their own medication at the moment although there are policies and procedures in place to support this if residents wish. The residents spoken to said that they received their medication regularly and were happy for the home to manage this on their behalf. The staff spoken to said that medication was never given covertly. If a resident did not want to take their medication, this would be recorded. If the medication was essential and the resident lacked capacity, the doctor and family would be told and a way forward agreed.

Residents said that care staff were discrete and that all care is given in residents' rooms. They are addressed by their preferred name and had been supported to maintain their personal hygiene, to wear their own clothes and to have their hair dressed as they wished. Several residents were wearing their traditional attire.

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.

People can choose how they spend their day and are supported to take part in activities in the home if they wish. The standard of food is high meeting residents' social and nutritional needs.

Evidence:

Residents spoken to said that they had a choice as to when they got up and when they went to bed. They said that there were activities on offer but that they had a choice as to whether they joined in. On the day of the unannounced visit the activities coordinator was playing dominoes in the sun lounge with a group of residents who were clearly laughing and enjoying themselves. Carers were supporting another group of residents to play carpet bowls and to do chair exercises. A number of family members were spoken to and all said that they could visit at any time and were made to feel welcome. One said that she had found the home almost by accident and 'couldn't wish for better home for my mother, she is very happy here'.

The chef is very knowledgeable about resident's likes and dislikes and can provide menus to meet resident's cultural wishes. There is a varied menu and all food is home cooked. There is a choice of main meal and a choice of a light cooked supper or soup or sandwiches. Some residents have their meals at dining tables in the sun lounge and

Evidence:

others at small tables in front of their chairs. Meals were seen to be a sociable time and carers were observed to be supporting residents, who could not eat unaided, discretely. Everyone who returned the questionnaires said that they usually or always liked the meals at the home. One respondent commented that 'care is given to my mother's needs and a careful watch is kept on how much she is eating each day'.

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.

People who live at the home are protected from harm and their concerns are listened to and addressed.

Evidence:

People in the home know who to complain to. There is a copy of the complaints procedures in the home and in individual rooms. Everyone who returned the questionnaires said that they knew how to make a complaint. One respondent said that 'she was very pleased with the outcome'. The home has a copy of the local multi agency safeguarding policies and procedures and staff have a received training in safeguarding vulnerable people. There are whistle blowing policies and procedures in place and the staff spoken to said that would have no hesitation in reporting any concerns. The manager said in the annual quality assurance assessment that they have not received any complaints or made any safeguarding referrals since the last inspection. We have not received any complaints and have not been notified of any safeguarding referrals made to the local authority, which is the lead agency in these matters, since the last inspection.

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

The home is homely, clean and well maintained providing a pleasant environment for people to live in. People have a choice as to whether they use the communal areas, where they sit and how they spend their day, promoting their independence and autonomy.

Evidence:

There is an ongoing programme of maintenance and redecoration. Residents are supported to personalise their rooms and some had chosen to do so. There is a large communal lounge and dining area. The lounge chairs are grouped to facilitate conversation. People said that they can sit where they wish and go to their rooms if they wish. Sixteen of the rooms have ensuite showers and toilet facilities. The remaining rooms are grouped and a two to three rooms share a bathroom or shower which is located close to the bedroom and where people's privacy can be maintained.

The home was spotlessly clean on the day of the unannounced visit and there were no offensive odours. The infection control standards are good. There are separate paper towels, soap and hand sanitizer for the use of carers in resident's ensuites and bathrooms. People do not share hoist slings. The laundry has been updated and the washing machines have sluicing and disinfection programmes.

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.

People receive care from kind, well trained staff who can meet their diverse health and care needs in a timely way. Recruitment procedures are thorough protecting residents from unsuitable carers.

Evidence:

There is a consistent staff team. There are two Registered Nurses (RN) on duty in the mornings supported by five carers, one RN and four carers in the afternoons and one RN and two carers at night. Residents told us that they 'always' or 'usually' received the care and support they need, that staff listen and act on what they say and that staff are available when they need them. They made positive comments about the staff team saying ' they are always very helpful', '95 per cent of the time they are available, polite and helpful', 'we have been impressed by staffs quick action when mother has needed extra support', 'my mother has a visitor on most days and we see the care and support is consistent', 'there is always staff available when you need them'.

There is an ongoing training programme. Training records were in good order and showed that staff training in safe working practices was up to date. Staff receive training in specialist topics such as caring for people who have dementia, clinical skills training for registered nurses, first aid and training as to how to prevent and deal with choking incidents which may be experienced by people who have difficulty swallowing.

Evidence:

There are sixteen carers, eleven of whom hold the National Vocational Qualifications in Care at Level 2 and a further five carers who are registered to undertake this programme. Staff said that they valued the training offered by the home.

The recruitment files of three members of staff who had started at the home since the last inspection were checked. All had the required documents. There was evidence of the staff member's identity and work permits were in place where necessary. Criminal Records Bureau disclosures and references had been sought before the staff member started work. The application form showed the staff members work history and interview records were kept. There was evidence that staff had had an induction programme. Staff told us that they were given the opportunity to attend training and one said that there is 'good teamwork and support from senior staff'.

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.

The home is well managed in the interest of the residents.

Evidence:

The co owner of the home is the registered manager. She is supported by two lead registered nurses who take the lead on clinical issues. Staff and families said that she was a constant presence in the home and was open to their suggestions. She has a clear vision for ongoing improvements she wishes to make in the home.

There is a quality assurance programme in place which places the emphasis on seeking people's views on a regular basis. There are regular resident, family and staff meetings. A questionnaire is sent to residents on a three monthly basis to ensure that they are happy with the care, although the manager also has an 'open door' policy and welcomes people's views. The manager said that she had plans to expand the survey approach and ask other professionals for their views as to how the service could be improved. The clinical lead nurses monitor the care documentation and medication

Evidence:

records with staff on a regular basis.

The home does not manage any money for residents and invoices are sent for any expenditure such as chiropody and hairdressing services.

There are health and safety policies and procedures in place. Maintenance records were up to date and there was evidence that essential safety checks of services and equipment are undertaken. Water temperatures are tested regularly, wheelchairs are maintained and checked. All bed rails are integral and made for the bed, reducing the risk of entrapment. The fire risk assessment had been updated and fire safety checks were made. The last Fire Safety Officers visit was in July 2007 when all matters were considered satisfactory. Staff confirmed that they had had training in safe working practices, including moving and handling, first aid and infection control.

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

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, 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

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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