First Care Services Limited

Orchard House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place 28 January 2015 and was unannounced. At our previous inspection no improvements were identified as needed.

Orchard House Nursing Home provides accommodation, nursing and personal care for 72 people who have mental health needs and people who have a diagnosis of dementia. On the day of our inspection 70 people were living at the home.

The home had two registered managers in post. One registered manager was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People's right to make their own decisions was respected and encouraged by staff. Where people could not make their own decisions these decisions were made on their behalf. Staff followed people's care plans which informed them what support people needed to ensure their rights were protected. Not all staff were clear on how to support people safely without restricting their movements but action was taken at our inspection to address this.

People we spoke with were complimentary about the support they received from staff. They were supported by staff who had the skills to meet their needs. We saw that there was enough staff to meet people's needs. Staff had access to a variety of training which was relevant to their role. Staff felt supported in their roles by the managers at the home although some felt more one to one time with their manager would benefit them. However, all staff agreed they could request extra support if they needed it.

People enjoyed the food they were given and had choices offered to them. Risks associated with eating and drinking had been assessed and plans were in place to reduce these risks. People did not always receive the support they needed to eat their meal, drinks were not always in reach and napkins were not provided until after their meal.

People felt safe living at Orchard House and said they were able to speak with staff if they had concerns about their own or other's safety. Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Information was available to staff on the processes they must follow if they had concerns about people's safety.

People's medicines were given when they needed them by staff who had been trained to administer it. Where we found that some information provided for staff could be more detailed the registered manager took prompt action and addressed this. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

People were supported to maintain their identities and received care and support that was individual to them. People received care when they needed it and staff knew their preferences in relation to their care. People were treated with dignity and were offered choices in a way they could understand.

People and staff found the management approachable and open. People's opinions were sought and they were involved in what happened at the home.

Procedures were in place which monitored the quality of the service the home provided. Action was taken promptly when issues were identified or improvements needed. Managers were receptive to feedback from outside organisations in making changes that would improve the quality of care they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service is safe.

Risks to people had been assessed and identified and the provider was working with the local authority to improve some of these systems. People felt safe living at the home and were confident to speak with staff if they had concerns about their safety.

Good

Is the service effective?
The service was not consistently effective.

Whilst supporting people to stay safe staff had not considered when they were restricting a person's movements. Some people did not receive the support they needed at mealtimes. Some staff felt they would benefit from more one to one time from their line manager. People's healthcare needs were met by staff and other health professionals.

Requires Improvement

Is the service caring?
The service is caring.

People were supported by staff who were kind, caring and respected their dignity and privacy. Staff helped people to understand their care in a way they could understand.

Good

Is the service responsive?
The service is responsive.

Staff knew people's needs and understood their preferences. People felt comfortable to make complaints and had opportunities to comment on the quality of care they received.

Good

Is the service well-led?
The service was well-led.

Staff felt involved in what happened at the home and they found management approachable. The quality of care the home provided was monitored and actions taken to drive improvements when they were needed.

Good

Orchard House Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 28 January 2015 and was unannounced.

The inspection team consisted of two inspectors, one nurse specialist advisor and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied us had experience of family members using a nursing home.

Before our inspection we had received information from a whistleblower raising concerns that there were not enough staff working at the home and that people were at risk of harm. The local authority and the clinical commissioning group had started an investigation and had completed recent monitoring visits at the home. They shared their findings with us. We also looked at our own system to analyse information we had received about the home. This included statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because some people living at Orchard House Nursing Home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

On the day of our inspection we spoke with six people who used the service and two relatives. We spoke with 11 staff which included the registered manager, deputy manager, nursing and care staff. We also spoke with one social worker from the local authority who was visiting the home. We looked at six care records which related to consent, people's medicines, the assessment of risk and people's needs. We also looked at other records which related to staff training and recruitment and the management of the home.

Good

Is the service safe?

Our findings

We asked five people if they felt safe living at the home. All five told us they did feel safe. One person told us that felt staff were respectful in the way that they treated them. They told us if they had any concerns about their own or anyone else's safety they would speak with staff straight away. Staff we spoke with had a good understanding of what abuse was and how people living at the home could be harmed or discriminated against. They told us they would report any concerns immediately to senior staff or the managers and were aware of the procedures they should follow. We saw that staff had received training on how to recognise, prevent and report abuse.

Staff we spoke with were aware of the risks associated with people's care. We saw staff assisted people safely with their mobility and they were aware of what support they needed. Risks to people had been assessed and were regularly reviewed by staff. This included risks associated with their behaviour, mobility, nutrition and skin care. We spoke with the registered manager about recent concerns that had been raised by a whistleblower about people being at risk of poor care. At the request of the local authority the registered manager had completed their own internal investigation to look at some inconsistencies with how staff were completing risk assessments. Based on their outcomes and recommendations made by the local authority and the CCG, they had improved systems in relation to how staff assessed risk to ensure findings were consistent. The registered manager had produced an action plan and was working with the local authority to implement this and their recommendations.

People told us that they thought there were enough staff and that they were not kept waiting when they needed support. One person said, "I press the (call) bell and it is answered very promptly". We observed that people were not kept waiting when they needed support and that there was always staff available in the communal areas of the home.

We looked at the checks the provider completed prior to staff starting work at the home. Employment checks had been completed which included obtaining references from previous employers, proof of identity and checks to ensure they were suitable to work with people living at the home. Staff files we looked at showed the provider had completed the required checks.

One person told us about the medicines they took and said, "I do understand my medicines and why I take them". Staff told us that people's medicines were reviewed regularly by either their doctor or other health professionals to ensure they met their needs. We saw that medicines were stored securely in lockable cupboards and fridges within the home and only allocated staff had access to the keys. Medicine records were up to date and showed people had received their medicine when they were required to have them. Some people had their medicine given to them only when they needed it, such as pain relief. This is called PRN medicine. We saw that protocols were in place for staff but these lacked clear guidance on when staff should give these medicines. One person was given medicine to reduce their agitation but the protocol did not give clear information on when staff should give this medicine. We spoke with the registered manager and deputy manager about this who addressed this promptly. The day after our visit the registered manager provided us with revised PRN protocol forms.

Requires Improvement

Is the service effective?

Our findings

People told us that staff asked their permission before doing anything for them and we observed that this was done. Staff told us how they supported people to make day to day decisions about what to wear, what they would like to eat and how they would like to spend their time. The provider had systems in place to assess people's capacity to make their own decisions in line with the Mental Capacity Act 2005 (MCA). Applications had been made to the local authority in respect of the Deprivation of Liberty Safeguards (DoLS). We saw that where people lacked the capacity to make specific decisions about their care and treatment best interest meetings had been held. Best interest meetings are a requirement of the MCA and identify how and why health professionals or family members have made a decision in a person's best interest. We saw records which gave detail of what decisions had been made on a person's behalf and identified health professionals and family members involved in making that decision. These decisions were clearly recorded and incorporated into their plan of care. We found that some staff did not fully understand how the MCA and DoLS were relevant to their day to day practice but because they followed each person's care plan this assured us that people's rights were maintained. Some staff stopped one person from going through an outside door. We were told this was because this person was prone to falls and needed to be supervised when walking. Staff had not considered this was a restriction because they were more concerned for the person's safety. The registered manager made a DoLS application the next day, had spoken with staff and assured us they would review staff's knowledge of DoLS and arrange further training for staff that required it.

People told us they enjoyed the food they had and were happy with the choices they were given. One person said, "The food is great". The cook told us they had got to know people's likes and dislikes and if a person did not like what was on offer then they provided an alternative. At lunchtime we saw one person offered an alternative when they did not like their meal. We saw that staff encouraged people to drink whilst they were at the table. However we did note that on the larger tables the jugs of drink and condiments were out of reach of people. We also saw that people did not have napkins to clean themselves and were only offered wipes at the end of the meal. We were informed that this was deliberate and risk assessed to prevent people harming themselves or others. Staff gave assistance to people who needed it but we saw one person who sat with their meal in front of them for 30 minutes before staff helped them. When we spoke with staff about this they told us that sometimes this person would eat and sometimes they needed prompting. However, staff and the registered manager agreed that 30 minutes was too long on this occasion. The registered manager confirmed that staff had completed an incident form in relation to this and this was investigated by them.

Where people were at risk of not eating or drinking enough we saw plans were in place to help manage this. People's weights were monitored and referrals made to the dietician when needed. We saw that one person had recently been referred due to deterioration in their health which had affected their dietary intake and meant they were losing weight.

People told us they had confidence in the staff that supported them. One person said, "The staff know what they're doing". Another person said, "The staff are great, really excellent". We saw that staff had the skills to support people's needs. One staff member said, "I feel the management are keeping us fully trained".

Most staff felt supported in their roles although some told us they would prefer more one to one time with their line manager. However, all staff agreed that they could request and get support from staff and managers whenever they felt they needed it. One new member of staff spoke about the support they had received when they first started working at the home. They told us they received good support and worked alongside other staff for their first few weeks to ensure they were confident to work with individual people. Both care and nursing staff were supported to maintain their knowledge and skills and completed training to enable them to meet people's needs. We saw that where staff had not completed their required training this had already been booked by the registered manager.

All the people we spoke with told us that they saw their doctor when they needed to. One person told us they were due to have an operation on their eyes but did not know what was happening. Staff confirmed they were waiting for the hospital to send through the date of their operation. We saw that people were supported with their healthcare needs by other health professionals such as doctors,

Requires Improvement

Is the service effective?

district nurses and chiropodists. People were supported to attend hospital appointments and referrals were made to dieticians, specialised nurses and the mental health team when people needed them.

Good

Is the service caring?

Our findings

Most people were very positive about the staff and how they supported them. Four out of five people we spoke with told us they were happy with the care they received and thought that staff were caring and considerate. One person told us they thought that some staff were more caring than others. One person said, “This is the best place I’ve been. They [staff] listen to me and what I want”. Staff we spoke with knew the people they supported and spoke about them in a caring way. One staff said, “It [the home] feels like family”. We saw that staff treated people with respect and kindness when they supported them.

People told us that staff explained what was happening on a day to day basis and they felt involved in their care as much as they could be. Relatives we spoke with told us they were involved in their family member’s care. One relative said, “I am involved in [person’s name] care, I think that it is quite good”. We saw that staff knew people’s personalities and they adapted the way they spoke with different people to make sure they were understood. Staff listened to what people wanted and responded in an appropriate manner.

Throughout our visit we saw staff approach and chat with people in a friendly manner when they were sat in the lounge. Staff asked people if they were ‘ok’ or if they wanted a drink. We did note that staff sometimes focussed their attention on people who were more receptive to them. People who sat quietly in the lounge did not receive much attention from staff. We observed that one person who was sat close to the lounge door had staff walk past them for 30 minutes with no interaction. This person looked up at each staff as they walked past them. We saw staff explain to people what they intended to do before they did it. We saw two staff use a hoist to sit one person in an armchair. Before they started they ensured the person understood what they were going to do. They continued to talk with the person throughout the move. Before they left the person they asked if they were comfortable and made sure they had items they wanted close to them.

People told us staff respected their dignity and privacy. One person said, “They [staff] know when I want to be left alone”. One relative told us they visited regularly and felt staff were welcoming to them. We saw there was two smaller lounges which visitors could use along with the main lounge. This allowed people to have more privacy with their visitors. There were no restrictions on when relatives could visit although the provider asked that meal times were protected when possible. One staff member told us this was because routine was important to some people and this ensured this time was respected and not disturbed.

Good

Is the service responsive?

Our findings

We spoke with five people about whether the care they received took into account their views, preferences and wishes. All five thought the care was focussed on their individual needs. One person said, "There is plenty to do if I want to. I go shopping, have my nails and hair done and they organise trips out for us". One staff member told us, "We try and cater for everyone's needs, mostly on a one to one basis. The only limit is staff availability. There is no restriction money wise. We hold the odd raffle to increase our resident fund". Religious services were carried out in one of the smaller lounges for people who wanted to attend. The home had a separate annexe which contained a hair salon and computer and games room. It also had a kitchen area where people could improve cooking and domestic skills if they were moving from the home to be more independent. We saw people having their nails done in one of the smaller lounges and the atmosphere was relaxed. However, in the large lounge we saw that people had little to keep them occupied for most of the day. Staff and the registered manager explained that most people were limited on what they could do or wanted to get involved in. People's preferences and hobbies had been explored by staff who confirmed that some people preferred to be left alone and staff respected this choice.

People and their relatives had been involved in assessing people's needs and planning how their care was to be delivered. People told us they felt able to chat with staff about their care. Staff were knowledgeable about people's needs and preferences. One staff member talked about a person who enjoyed listening to classical music and "being pampered" and staff supported them to do this. One new staff member admitted that they hadn't read people's care plans but that this hadn't affected the support they gave to people. They were able to tell us about the needs of one person we asked them about. They said that other staff had shared their knowledge to enable them to support people and get to know their needs and preferences. We saw that people's care needs had been assessed and they had a care plan in place which was individual to each person. We saw these were reviewed and updated regularly. People's preferences, interests and wishes on how they wanted to be looked after were clearly recorded. Where people were unable to contribute to providing this information we saw relative's had been involved in obtaining this by attending meetings with staff.

No one we spoke with had needed to make a complaint. They told us that if they had a complaint or any concerns they would speak with the staff or managers. One person we spoke with complained to us that their radiator and hot water was cold. We passed this information to the registered manager who confirmed the next day that they had spoken with the person and this was resolved. The person's radiator was working, they had hot water and the registered manager had arranged for these to be monitored.

We spoke with the registered manager about what complaints they had received and the actions they had taken. They were able to show us a record of complaints received and an audit trail of all actions taken from when the complaint was raised through to resolution. They confirmed that all complaints had been responded to and resolved in line with the provider's complaints procedure. All complaints were shared with the provider to ensure they were aware of these. The registered manager explained that there were a number of recurring themes which had been identified and they shared the actions taken in addressing these with us.

Good

Is the service well-led?

Our findings

Two registered managers were in post who shared responsibility for this role. Both had been in post since 2010. One of the registered managers is also the registered provider. The registered managers were supported by a deputy manager who was new in post. Staff we spoke with were clear about the management arrangements at the home. They told us that managers were a visible presence and often came round the home to chat with people and staff. This gave people and staff opportunities to discuss any concerns with them. The registered manager told us that she also kept up to date on what was happening with people through daily handover notes from the nurse in charge.

The provider sent annual questionnaires to people and staff to gain their views on the care provided. The last one was done in May 2014 where responses were positive. Meetings were held every month and all people who lived at the home were invited to attend. People confirmed that they happened regularly and they attended them. This was an opportunity for people and staff to discuss what had happened at the home the previous month and what was happening the following month. It was also an opportunity for people to comment on any issues affecting the quality of care they received. Recent meetings had given people an opportunity to talk about the Christmas outings, shopping and parties they had attended and enjoyed. We saw records of these meetings where people had thanked staff for specific support they had given them. This showed the provider encouraged people to be involved in what happened in the home and local community.

Staff told us they found the managers approachable, supportive and fair and that communication within the team was good. They felt confident in raising concerns they had with them. One staff member said, “Any problems we have are sorted, they [the managers] are understanding and fair”.

All staff we spoke with about the culture of the home were clear that people came first. One staff member said, “One value of the home is that we always do the best we can for the residents”.

Throughout our inspection the registered manager and deputy manager were responsive to feedback we gave them. Issues we bought their attention to were addressed promptly and most were resolved on the day of our inspection. Where the registered manager could not take action on the day of our inspection they sent us evidence the next day of the actions they had taken. We found that feedback we gave them was used to inform and improve the service the home provided. This included the opportunity for them to update people’s PRN protocols and to review maintenance checks on radiators and water temperatures following the complaint we passed to them.

The registered manager told us there were a number of systems in place that made sure key information about people’s care and the home was monitored. By collating this information trends were identified and actions taken when needed. People’s care records were reviewed and audited regularly to make sure they were up to date. The managers completed a weekly ‘manager’s walk around’ where they checked the cleanliness and maintenance of the home. Information on the standard of infection control was shared with the clinical commissioning group. Actions from completed audits and working with the local authority had led to improvements in the home’s systems. This included changing the frequency of skin checks and reviewing how staff completed risk assessments. This showed the provider had processes in place to monitor the quality of care they provided and were able to drive improvement where needed.