Shaw Healthcare Limited

Orchard Place

Inspection report

Leadon Bank
Orchard Lane
Ledbury
Herefordshire
HR8 1BY

Tel: 01531632657
Website: www.shaw.co.uk

Date of inspection visit:
23 November 2017

Date of publication:
01 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Orchard Place is located in Ledbury, Herefordshire. The service provides accommodation and care for up to ten older people. On the day of our inspection, there were ten people living at the home.

The inspection took place on 23 November 2017 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

At our previous inspection on 29 May 2015, we found the service was 'Good' overall, but 'Requires Improvement' in the key question of Effective. At this inspection, we found the service remained 'Good' overall, but 'Requires Improvement' in the key question of Safe.

Medicines had not always been administered in accordance with the prescriber's instructions.

There continued to sufficient staff to meet people's safety needs, as well as their emotional and wellbeing needs. Risk assessments were in place, which set out how to care for each individual safely, and these were adhered to. Measures were in place to reduce the risk of infection.

There was an understanding amongst the staff team of their responsibilities under the Mental Capacity Act. There was an understanding of capacity, and of people's right to make decisions which may appear to be unwise.

People continued to be supported to access a range of different healthcare professionals and services. Changes in people's health and wellbeing were recognised and responded to.

People were encouraged to provide feedback about the service and about any improvements or changes they wanted to see made. This included speaking directly with the provider and arranging to meet with them.

People were able to enjoy their individual hobbies and interests, as well as to try new social and leisure opportunities,

People continued to benefit from respectful and positive relationships with staff, with staff knowing people well and understanding their individual routines and preferences.

There continued to be an inclusive and happy environment within the home. People were involved in the running of the home, as much as possible. Links had been developed with the local community for the

benefit of people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People had not always received their medicines as directed by the prescriber.

There were enough staff to safely meet people's needs. People were protected from harm and abuse.

Is the service effective?

Good

The service was effective.

People's health was promoted. People enjoyed a choice of meals, as well as being able to ask for meals of their choosing.

Staff received ongoing and relevant training to enable them to meet people's needs.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Orchard Place

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 was planned to check 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.

We made an unannounced inspection on 23 November 2017. The inspection team consisted of one Inspector 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. They had knowledge and experience of care for older people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with nine people who lived at the home and four relatives, We spoke with the registered manager and three members of staff. We also considered written comments from a GP. We looked at three care plans, which contained risk assessments, capacity assessments, reviews of people's needs, healthcare information and life histories. We also looked at the minutes from residents' meetings, two staff pre-employment checks, quality assurance audits. We carried out a stock check of two medicines and looked at ten medication administration records.

Requires Improvement

Is the service safe?

Our findings

We looked at whether people received their medicines safely and as prescribed. We carried out a random stock check of two medicines, which balanced and showed these medicines were all accounted for. Medication administration records showed that medicines had all been signed for, with there being no gaps in these. However, we found people's medicines were not always given in accordance with the prescriber's instructions. Two people were prescribed a medicine which should be given 30 to 60 minutes' before food, but these instructions had not been followed. We spoke with senior staff and the registered manager, who confirmed the medicine had not been administered before food.

We requested feedback from the prescriber as to whether people would have suffered any adverse effects by not receiving their medicines at the correct time. The prescriber informed us that whilst people would not have suffered harm, the medicine's efficacy would have been reduced by up to 30%. Therefore, we were not assured that people had received their medicines safely. We discussed this with the registered manager, who told us the correct timings for the medicine would be implemented with immediate effect.

People told us there were enough staff to make them feel safe and to meet their needs. One person we spoke with told us, " I ring the bell and they come and help me; they are very good." Another person told us they felt reassured by the fact there was "always someone about." A relative we spoke with told us, " They (staff) are very good. [Person] is safer living here than they ever have been." Agency staff were rarely used, with the majority of the shifts being covered by the registered manager and the existing staff team. Staff and the registered manager told us people wanted consistency of carers, and so they tried to achieve this by covering shifts with the existing staff team only. The provider continued to have safe recruitment procedures in place. This included reference checks, as well as prospective staff being vetted by the Disclosure and Barring service. These checks are to help prevent unsuitable people from working in care.

We found that people were protected from the risk of infection. There was information in bathrooms for people, staff and visitors about how to prevent the spread of Norovirus, as well as information about how to properly cleanse hands. Alcohol gel was provided throughout the home, which was to ensure high standards of cleanliness were maintained.

Staff continued to demonstrate an awareness of the different types of harm and abuse, both in general terms as well as signs they would be vigilant to for each individual living at Orchard Place. Staff told us about the action they would take if they had concerns about a person's safety or emotional wellbeing. The registered manager was in the process of introducing a "Safeguarding Champion", whose role would be to keep staff up-to-date about any changes in best practice in regard to safeguarding, as well as being a point of contact for staff if they wished to discuss any concerns.

Risk assessments were in place for each individual's care and support needs. These included areas such as mental health, nutrition, hydration and self-administration of medicines. The registered manager used a 'vulnerability tool' as a way of track people's risk assessments and ensure these were regularly reviewed and updated. Staff we spoke with knew the details of people's risk assessments and the importance of following

them to ensure people were cared for safely.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection, we found the provider was not following the principles of the MCA in regard to ensuring people or their relatives had been consulted about their wishes in relation to cardiopulmonary resuscitation. At this inspection, we found that decisions about resuscitation had been made with the person themselves, and that people had individual end-of-life care plans in place which set out their views and preferences.

At the time of our inspection, no one living at Orchard Place had a DoLS in place. The registered manager kept people's needs under review and told us that should people's capacity change and restrictions need to be in place for their safety, then DoLS applications would be made accordingly.

Staff had an understanding of the Act in regard to capacity and consent. There was an understanding that capacity could fluctuate, and that people may have capacity for some decisions about their care, but not others. Staff also understood that where people had capacity, they had the right to make decisions and choices which may seem unwise. A member of staff told us, "The way I look at it is I wouldn't like it if I lived in a home and someone tried to dictate to me what I could and couldn't do."

People continued to be supported to maintain their health. One person we spoke with told us, " They (staff) have made sure my specialist checks at the hospital have continued." Another person told us, " I see my doctor whenever I need to." A relative we spoke with told us, "[Person's health] is very well-looked after." We saw that people had access to a range of healthcare professionals and services, as necessary. These included the community mental health team; Parkinson's nurses; speech and language therapy; dermatologists and respiratory clinics.

People enjoyed the choice and variety of food and drinks provided, and were involved in deciding what they wanted to eat. One person had written a recipe for staff to follow for garlic mushrooms so they could make them for the person they way they liked. Staff had followed this recipe, as per the person's request. One person we spoke with told us, " There is variety and we get menu choices; lovely desserts." Another person told us, " I am a bit fussy and my diet has changed, but they accommodate all of that." We saw people had a range of snacks and drinks throughout the day. A relative we spoke with told us, " They (people) always have something to drink, and that is fantastic."

Where there were concerns about changes to people's eating and drinking needs, these had been acted on.

For example, one person was living with Parkinson's disease and this affected the foods and drinks they could safely have. The person had been referred to speech and language therapy (SaLT), and their guidance had been followed by staff. However, the person was unhappy they could no longer eat their favourite meal, and staff noticed the person was losing weight and no longer took pleasure in their meals. The risks of eating the person's favourite foods were discussed with them and with SaLT, and it was decided the person had a right to make this informed choice, with staff monitoring the person to make sure they were not at risk of choking. This meant the person could continue to enjoy their food, with staff support. The registered manager told us, " Food is so important to people and we want people to really enjoy all their meals here."

Staff continued to receive ongoing training and guidance to help them care for people effectively. This had included recent training in Parkinson's disease to help staff meet the needs of a person living with this condition. One member of staff we spoke with told us, "I have never known a place to offer so much training!" Staff had received training in areas such as infection control, safeguarding and dignity and respect. Staff also told us about care planning training, which they had found beneficial. This training had involved them being out in a position of a resident who was going to be cared for by a new agency member of staff, and what they thought their care plans should contain. Staff told us this training had emphasised the importance of care plans to them. The Care Certificate continued to be used by the provider as an induction tool for new staff. The Care Certificate is a set of standards that care workers must adhere to in their daily practice.

Good

Is the service caring?

Our findings

People continued to enjoy positive and respectful relationships with staff, with people being treated with dignity at all times. People told us about what they valued about the way they were cared for at Orchard Place. One person we spoke with told us, " They always make jokes with us; we have fun!" Another person we spoke with told us, " They make you not feel old." A third person told us they liked the fact that, " They (staff) do not rush . They do really care and I find them very pleasant and respectful. "

Relatives we spoke with told us they were impressed with the care people received. One relative we spoke with told us, "I couldn't have wished for a better 'hotel' for [person], as that it what it is like. [Person] always says it is like living in a five star hotel." Another relative we spoke with told us, " They (staff) are very caring and it shows in their mannerisms; they are absolutely brilliant." Staff we spoke with told us the motivation in their roles was to ensure everyone living at Orchard Place was happy, with one member of staff telling us, "If they are happy, we're happy."

People we spoke with told us they were aware of their individual care plans, and that they or their relatives had been involved in these. We saw that people's care plans captured people's choices and preferences about how they wanted to be cared for, and these were respected. For example, one person particularly disliked their Christian name and had chosen another name they wanted to be known as. This was recorded in the person's care plan, and all staff and the registered manager called the person by this name. Another person had a very particular daily routine, including ensuring their pyjama top and bottoms were folded in a certain way and then kept into two different places. Staff were very knowledgeable, both about the details of this person's routine, as well of its importance to the individual. The routine was set out in the person's care plan for staff to follow, or update if there were any changes to it.

Individual communication plans were in place, which set out people's needs, preferences and differing communication styles. For example, one person found it hard to process information during periods of depression. The person's communication care plan set out how to provide information to the person at these times and offer them choices without them feeling pressurised into making decisions. Staff we spoke with were all familiar with this care plan and ensured it was followed.

The registered manager and staff understood the importance of people being able to see their loved ones when they liked, and there were no restrictions on visiting times. The service was also able to accommodate couples, and there was a recognition that this mattered to people. One couple living at the home had previously had to live apart in separate care homes, until Orchard Place offered them a home together. We spoke with the couple, who told us they were very happy they could be together at Orchard Place.

People's independence continued to be promoted, as much as possible. One person we spoke with told us, " I don't need personal care; I want to stay independent. They only help me when necessary." Consideration had been given in people's care plans about upholding people's independence as much as possible, and looking at the things people could do without assistance. One person felt they were physically able to do more by themselves than they actually were, and staff had found respectful and discreet ways of helping this

person, without compromising their dignity.

Good

Is the service responsive?

Our findings

People continued to benefit from a responsive service. The registered manager told us, " There is a routine here at Orchard Place, but they (people) determine that routine. They tell us what they want to eat, what they want to do and when they want to get up. They (people) say jump, and we say how high?" One person commented, " I can always do what I like. I am never stopped from doing anything I want to do." A relative we spoke with told us, " I am blown away by this home. It is not in the slightest bit regimented or institutionalised. " We saw, and people told us about, examples of person-centred care throughout our inspection.

Recently, people had told staff they wanted more evening-based social and leisure opportunities, rather than during the day. This had been acted on, and people told us they had recently involved some evening social events such as a bonfire- themed tea and a Chinese restaurant-themed evening. People also continued to enjoy their individual hobbies and interests throughout the day. These included exercise classes, painting, needlework and church groups. One person was supported to maintain their love of a particular dance class. Another person had a particular interest in old coins, and staff had created activities based around this interest. Where people chose to spend time in their rooms, this choice was respected, with staff also being mindful of the risk of people becoming socially isolated. Staff had found ways to keep people involved with social events within the home, whilst respecting their wish to stay in their bedroom. For example, people in their rooms had been incorporated in a recent quiz.

People's changing needs continued to be responded to. One person had a condition which was heightened during the winter months. Staff and the registered manager had looked at ways of responding to this person's needs, such as ensuring they had the bedroom with the most light. Staff had also worked alongside other healthcare professionals to monitor this person's changing needs and ensure they were responded to. Handovers were used by staff at the end of one shift and the start of the next to discuss any changes to people's health and wellbeing and to make sure these were communicated and acted upon.

We looked at how the provider was following the Accessible Information Standard. This standard requires publically-funded bodies to ensure important information about their service is provided in formats people can access, including looking at alternative formats. The registered manager told us the provider had systems in place to enable them to provide information such as complaints procedures and service user guides in alternative formats, such as an audio format or in Braille. At the time of our inspection, no one required any changes to the way information was provided to them, but we were assured the provider would keep this under review and respond should people's needs change.

People and their relatives knew how to complain or provide feedback. Regular residents' meetings were held, in which people were encouraged to speak out about their views and any changes they wanted to see in the running of the home. One person had a professional background in the catering industry, and they had taken on a lead role in providing feedback about the meals provided at Orchard Place. This person had asked to meet with the provider to give them feedback about this, and as a result the person had met with a member of staff from the head office. We were assured that people felt comfortable and confident in

requesting such meetings with the provider, safe in the knowledge they would be listened to and action taken.

Good

Is the service well-led?

Our findings

People and their relatives continued to be very satisfied with the running of Orchard Place. One person told us, " It's a great atmosphere. I like being here; it's my home." Another person spoke with us about the registered manager and told us, " I know the manager; they know me." A relative we spoke with remarked on the "welcoming environment" , and the "warm and friendly" staff team. The registered manager told us the assessment of people's needs before moving into Orchard Place was essential as they always wanted to ensure they had the right people living at the home and that they could meet their needs. Because of the smaller size of the home, the registered manager told us this enabled them to create a homely environment for people, with staff, people and relatives all knowing each other well.

The registered manager had forged links with the local community for the benefit of people living at Orchard Place. The registered manager told us, " We are all very much part of the local community." One of these links was with a local 'University of the Third Age', which was a local interest group. Members of the group had recently attended the home to give a talk on Victorian Christmastime, which people told us they had enjoyed. They also had visited the home to run groups on topics such as photography and bridge.

The registered manager told us the provider's values of "wellness, happiness and kindness" were embedded in the running of the home. They were always looking for ways to improve the happiness of people living at the home, as well as the staff. One area they had given consideration to was ways to involve people in the running of the service. This included people showing visitors around the home, such as any health professionals or prospective new residents. The registered manager told us, " If people are happy and engaged, they feel they have more control over their lives." A relative we spoke with told us they believed the management at the home to be very good because people always looked "happy and at home." This was reflected in our observations throughout the day.

The registered manager and the provider continued to monitor the quality of care provided to people living at Orchard Place. This included through a range of audits, as well as through questionnaires from people, relatives, health professionals and staff. These checks were used as a way of making improvements to the service and to further enhance people's quality of life. For example, people had asked for more local produce and for free-range eggs to be used. The registered manager had acted on this feedback, and they told us that attention to that level of detail was important to people.

Staff were motivated in their roles, which was also reflected in the low turnover of staff. This helped to provide consistency and continuity for people in regard to who cared for them. Staff spoke about the importance of both encouraging people to speak their minds, as well as acting on this. One member of staff told us, We encourage everyone to tell us what they want, think and feel." People had asked for staff to not to wear their uniforms on Christmas day, which staff had agreed to do. They told us listening to people's views helped to promote a positive and open culture within the home. Staff told us they were also encouraged to give their views on the service to the registered manager and the provider. This also included whistle-blowing in the event they had any concerns about unsafe or abusive practice.

The provider continued to submit notifications to the CQC, when required. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.

We checked whether the provider had displayed the current rating of the home, and we found this was displayed visibly for people, in accordance with their regulatory requirements,