

Orchard House Nursing Home Limited

Orchard House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

We inspected Orchard House Care Home on 17 and 22 December 2014. This was an unannounced inspection. Our last inspection took place on 16 October 2013 during which we found there were no breaches in the regulations.

The service provides care and support for up to 52 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 45 people living at the service.

There was no registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection two people had their freedom restricted. The necessary authorisation papers were in place.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. Processes were in place to ensure people lived in a safe environment.

People told us they were happy with the service they received. They said staff treated people with respect and were kind and compassionate towards them. People and the relatives we spoke with told us they found the staff and manager approachable and that they could speak with them at any time if they were concerned about anything.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs.

The provider had systems in place to regularly monitor, and when needed take action to continuously improve the quality and safety of the service.

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 was safe.

The premises were maintained to a high standard and it was a safe environment in which to live.

Checks were made to ensure staff were aware of how accidents may have occurred and could learn from events.

Sufficient staff were on duty to ensure each person's needs could be met at all times.

Good



Is the service effective?

The service was effective.

Assessments were completed by staff to ensure people were not being deprived of their liberty.

Staff ensured people received a nutritional diet to maintain their health and well being.

Staff received suitable training and supervision to ensure they had the skills to look after people.

Good



Is the service caring?

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible and fulfilled their end of life wishes.

Good



Is the service responsive?

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Staff ensured people were not socially isolated and they could fulfil their interests and hobbies both at the home and in the wider community.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Good



Is the service well-led?

The service was well-led.

The leadership at the home was open and transparent and people were relaxed in the company of staff.

Requires Improvement



Summary of findings

Checks were made to ensure the quality of the service was being maintained.

People's opinions were sought on the services provided and they felt those opinions were valued, as did staff.

There was no registered manager in post which is a requirement of for the service.

Orchard House Care 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 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.

This inspection took place on 17 and 22 December 2014 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and the NHS who commissioned services from the provider in order to get their view on the quality of care provided by the service.

During our inspection, we spoke with six people who lived at the service, two relatives, seven staff members from the care staff and ancillary staff departments and the manager. We observed how care and support was provided to people.

We looked at six people's care plan records and other records related to the running of and the quality of the service.

Is the service safe?

Our findings

People told us they were involved in decisions about their mobility needs and if they felt safe when staff helped them to move about. Staff told us that some people required the use of a hoist to lift them and could only be mobile in a wheelchair. Staff ensured that their mobility needs were reassessed on a regular basis to ensure they were not being restrained against their will. The care plans confirmed assessments took place and how the people themselves felt about the safe use of equipment. One person told us, “I am a slow walker and staff are patient and ensure there are no hazards in my way when I am on my feet.”

In the six care plans we looked at we saw specific risk had been identified. Such as; risks of falls, poor mobility and unable to leave the building unescorted due to memory loss. Each person had been assessed, instructions laid out for staff to follow and the plan of care evaluated at least monthly. This ensured staff were aware of people were safe each day. Health and social care professionals told us they could depend on staff to follow through instructions when risks had been identified.

Staff used the handover period between shifts to pass on information. This was done away from communal areas. Staff ensured staff coming on duty had updated information on each person before commencing their work. This ensured any risks to people had been discussed and all staff were aware of people’s needs.

Staff had received training in recognising abuse and how to deal with incidents if they occurred. Accidents and incidents were evaluated on a monthly basis and recorded when, where and why an accident had occurred. Staff told us if lessons had to be learnt from an accident or incident they were informed at meetings or on a one to one basis with the manager. Staff told us they understood what the whistleblowing policy consisted of and would not hesitate to use it if necessary.

People told us they were happy with the cleanliness in their bedrooms and communal areas and felt they lived in a safe and clean environment. One person said, “I like to do a bit of dusting in my room. I feel it helps the staff and I know I don’t have to but I like to help.” Another person told us they

appreciated the laundry service, saying, “My clothes come back beautifully clean and ironed.” One relative said, “If there is a spillage staff react very quickly and get the clothes off and clean ones on.”

People told us they felt the premises were maintained to a high standard. We saw they were. We looked at the certificates for the maintenance of the building and equipment and appropriate checks had been made and all certificates were valid.

People told us their needs were being met. The calls bells were answered promptly, day and night, people told us. One person said, “Waiting for help was one of the things I thought would happen when I came to a home, but it hasn’t happened here and I feel safe.” People told us that because they knew they could call on staff when ever they wanted help, they felt safe. One person said, “There are ample staff around. I don’t know where they get them from.”

Staff told us the staffing levels were worked out on the dependence of the people using the service, other responsibilities of staff affecting their work load (such as lead roles and GP visits) and information from audits. The levels of staff required were calculated on no less than a monthly

basis and more frequently if peoples needs were changing. Staff told us there were sufficient staff to meet people’s needs. One staff member said, “I get time, as a key worker, to sit with my person and can take them out as well.” Another staff member said “We don’t have a problem with staff helping each other, we work as a team.” Another person told us, “The staff rota is a dream because staff help each other.”

The staff files contained information that suitable safety checks had been made prior to people starting their employment. For the professionally trained nurses, checks were made on their registration with the Nursing and Midwifery Council (NMC). Staff told us they had received checks on their background prior to commencement of employment. This ensured they were safe to work with people. Where necessary the provider had taken suitable action, following a disciplinary issue, to make a referral to an appropriate professional body.

People told us they always received their medicines at the same time each day. One person said, “If I’m in pain staff respect my wishes and give me some pain relief which I

Is the service safe?

know the GP has prescribed.” A relative told us, “Staff have the patience of a saint as [named relative] does not like taking medicines but I know they are essential.” Three people required to have oxygen in their rooms at all times. Signs were on doors to alert staff to the use of oxygen as a flammable substance.

We observed part of the lunchtime medicines being given. The staff member approached each person calmly and talked discreetly about the person’s medicines. They waited until each person had taken their medicines before signing the administration sheet.

The storage room and trolleys were clean and tidy. Medicines were stored in a safe environment and the stock levels were low. We saw suitable arrangements were in place for the ordering, receipt and disposal of medicines. The home only had to liaise with one pharmacy outlet in the town as it provided a seven day a week service until 11pm each night. The last audit of the home’s medicines had been in November 2014. There were no issues raised.

Staff had signed the medicines administration sheets to show if people had received their medicines or refused. We checked three entries in the controlled drug register. This is a register which is kept to show medicines which come under the Safer Management of Controlled Drugs Regulations 2006 were being adhered to. The entries were correct. First aid boxes were kept in the medicines room, office and kitchen. The boxes had been checked to ensure the items were correct according to the contents and were in date.

Staff told us they had received adequate training to enable them to give medicines safely. We saw when training had taken place on the training planner. Staff told us they were also observed giving medicines by a senior member of staff as part of their clinical governance monitoring and supervision.

Is the service effective?

Our findings

People told us staff had visited them at home or in the hospital to ask them about their needs. They told us staff then visited them again at the care home to clarify any issues they had to raise. One person said, "A staff member came to me before I came in and the same person sat with me when I arrived in the home." They told us staff appeared to understand their needs and about their various conditions. One relative told me, "[Named relative] has a condition which is often talked about but no one knows outside of here what that really means. The staff here do. They've helped me a lot." One person told us, "Staff understand my condition and know when I need help. It has helped me enormously that they ensure I get the best treatment."

We saw in the care plans that staff had recorded the assessments they had completed on each person prior to admission and on admission. More detailed risk assessments and care plans were developed over a period of time. Staff recorded what had worked and what had not and also if people had refused treatment. This ensured they were monitoring what treatment and care was effective for each person.

People had access to regular check ups. A local GP went to the home each week to do a surgery at the location. People were encouraged to attend. This helped them to seek medical advice at no inconvenience to themselves. One person said, "If I have a problem, a doctor or dentist, staff act quickly and get me seen. They come with me." A relative told us, "I gave permission for staff to access any health care [named relative] and they do, as [named relative] can't make decisions any more. But they tell me what's been happening so I am always in the picture." This enabled the doctors to see each person in their own environment and see how effective treatment was and if new suggestions would work for them there.

We observed staff contacting other health professionals to pass on information about whether certain treatments had been effective or not. The staff were happy to take advice when necessary to adapt treatments to suit an individual's needs. For example different treatments to cope with a person's mood swings and for treatment of a wound. This was recorded in the care plans.

Staff told us how they would implement the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They told us they had received training in those topics which was confirmed on the training planner. Two people were subject to DoLS authorisations during our inspection. The care plans showed that best interest meetings and assessments had been held to understand the people's mental capacity. The correct authorisation forms were in place.

We observed that looking after someone whose behaviour was challenging to others. They were very diplomatic with the person and persevered the person's dignity at all times. Other members of staff quietly spoke with other people in the same room to reassure them about the person's behaviour. Staff later recorded the incident and how effective the approach had been.

We heard staff asking people's consent before they commenced treatment. If a person refused this was recorded. In one case another staff member made a different approach on the same topic and the person then accepted the treatment. Staff told us it was often an approach they used. One staff member said, "People don't always like everyone and someone's tone of voice, height, gender can affect how people see us."

People told us they never felt hungry. They told us meals were presented nicely and they could

eat them in their bedrooms or the dining rooms. One person said, "I've never eaten so well." Another person said, "We get the choice of two menus each day."

Kitchen and care staff were observed giving out the lunchtime meal. This ensured meals were given out quickly. Staff ensured people's preferences were given and if they wanted an alternative this was given. Where people required assistance to eat staff sat calmly, encouraging each person, talking with them and telling them what was on the plate.

Staff told us how they were coping with people's special diets. This included vegetarians, special tender meat dishes and soft diets for people having difficulty in swallowing. Where a person required a specialist feeding regime, staff had liaised with the NHS dieticians. They had prescribed a food regime for that person which staff were following. Staff had received the necessary training to operate the machine

Is the service effective?

used to administer the liquid diet. Where people had difficulty maintaining a suitable diet staff had recorded the effectiveness of a person's diet in the care plans and on daily record sheets for each meal.

Staff told us they had received sufficient training to enable them to do their work. They said they were encouraged to attend training courses. The training planner included topics such as end of life care, infection control and food safety which staff had attended. A schedule was in place showing forth coming training sessions. One staff member

said, "We are encouraged to attend training sessions to improve ourselves." Another staff member told us, "Training has given me insight about people's care needs. It's been quite an eye opener."

Staff said they were supported by each other and senior members of staff. They said this was done through peer group discussions, meetings, supervision and appraisals. Some staff allowed us to see their supervision records which had recorded topics covered and gave staff opportunity to voice their opinions.

Is the service caring?

Our findings

We observed during the day staff attending to the needs of people who used the service. They showed care and compassion when approaching people and tending to their needs. Some people had complex needs and staff liaised with each other and outside agencies to ensure people received the care they required promptly and efficiently.

People told us staff treated them with dignity and respect. One person said, "I have regular treatments but staff tell me what they are going to do and are very gentle with me." Another person said, "Staff respect that I like to keep myself to myself."

People told us that staff asked them whether they wanted to have certain treatments before they commenced a task. They said they had the option to refuse. One person said, "I don't like to see the treatment but I know it is necessary to help me." Another person told us how staff had helped them to be more confident in getting in and out of bed. They said, "I never wanted to leave my bed but as you see I am now in the dining room. Good progress."

People were aware that staff kept records about them and they told us they had been given opportunity to express their own views. We saw that records were stored in a secure environment and accessed on a need to know basis only by staff.

During our inspection staff were visible at all times in places where people were sitting, eating and sleeping. They conversed with people all the times. There was a lot of banter and laughter in the home. We saw staff encouraging people to be as independent as they could be. One person was having difficulty walking but staff gave gentle encouragement. The staff were following instructions as described in the care plan. The person told us they needed help with walking and said, "Staff are certainly patient with me."

When people refused care staff worked hard to find alternative methods to ensure they were comfortable and not distressed. If people wanted their relatives informed about their progress staff approached them on arrival and took them to a quiet area for conversations.

We observed staff in a variety of different settings throughout the day. They were calm and respectful to each person. When a person was exhibiting behaviour which was challenging to others, staff handled the situation calmly and distracted the person. A relative told us, "I don't know what they do but staff attitude appears to be very effective with certain people who would challenge my patience."

Relatives told us staff informed them of the care their family member had received. One relative said, "[Named relative] can't remember even remember the time of day now but staff tell me what has been happening." Another relative said, "Although [named relative] can't communicate any more I know she is happy because she smiles a lot, especially when staff come in the room."

People told us they found staff pleasant, they were spoken to with respect and staff were approachable. Four people told us they were happy to attend meetings about the home and had done so. One person said, "I'm not bothered about meetings. I can talk to staff any time I like."

In the designated wing for people suffering from dementia signs and notices were in words and pictures. We saw staff pointing at the signs to explain, for example, where the toilet was and the

dining room. Staff were not demeaning in their approach but gave simple answers to questions and when giving instructions. We heard one staff member say, "[Named person] this is the dining room. This is where we have lunch. It is lunch time now. Would you like to come and have lunch?" The person appeared to understand the request and sat at the dining table.

For people who could not make informed decisions for themselves staff approached them quietly when they thought they may require a personal need attending to, such as using the toilet. Doors were closed at all times when personal care assistance was taking place.

Staff told us they had received training in how to show dignity and respect to people. The course dates were seen on the training planner. One staff member said, "If I saw a staff member not treating someone with respect I would immediately take them away from the person, ensure the person was ok and tell the manager. We all would."

Is the service responsive?

Our findings

People told us they had as much choice and control as they wanted over their day to day lives. They told us staff supported them to make decisions. One person said, "Anything I ask for staff can usually do." Another person said, "I like to be independent, which staff respect. If I want to stay in my room I can but I know staff are there for me."

Relatives and people who used the service told us visiting was unrestricted. One relative said, "I am told I can come at any time but first thing in the morning I know staff are busy. I like to see [named relative] when they are up, dressed and had their hair brushed."

We observed staff taking care to respond to people's different needs. When a person had limited hearing they spoke clearly and ensured the person understood what they meant before moving on. Where someone had limited sight staff had ensured they had larger print documents to read and had access to talking books, a radio and television. We observed people had television remote controls near to hand in their rooms. We saw staff responded very quickly when people's behaviour may be causing distress to others. They spoke with the person, guided them away and talked with them.

Staff ensured during the hand over periods between shifts that staff had an understanding of what needs people required to be responded to most urgently. Details of work to be completed was also written in a diary.

Health and social care professionals told us staff made appropriate referrals to them. They said staff responded to people's needs and made choices for a person if they could not make decisions for themselves.

The care plans we looked at recorded people's preferences, likes and dislikes. They included a personal history of the person, when they had given permission for this to be used and people's interests. Staff told us they obtained the information from the person themselves or their advocates. This was confirmed by the relatives and people we spoke with. Staff told us it was especially important to know this information for people with memory loss. They said people often reverted back to earlier parts of their lives so if they talked about people and events staff had some idea of what they were referring to.

There were a number of activities planned according to the notices displayed around the home. These included details of Christmas parties, outings to garden centres and entertainment. People told us they had seen the last newsletter which was given to people on 15 December 2014. This included information about events and people within the home and some topics the staff thought people would be interested in. Two people told us how they had commenced knitting again. They told us they had knitted as young people but had been encouraged to take this hobby up again. One person said, "It stops us being bored."

People told us they were able to maintain links with the local community. They described events they had attended at local churches, community halls and at the seaside resort in the summer. During our visit the local Salvation Army choir and band came to sing carols with people. A lot of people took part in the event and appeared to enjoy themselves.

In the wing designated for those with dementia there was an enclosed garden for people to use.

This was free from hazards. Staff and relatives told us it was a quiet area for people to sit and walk. One relative said, "[Named relative] still likes to smell the flowers even though they cannot remember the names."

Where people had fallen, records were kept of each incident. This gave details of when, where and why the incident had occurred. Immediate action was recorded, such as a visit to an NHS emergency unit or more observation of a person. Care plans were sometimes amended after an incident. This showed how staff were responding to people's immediate needs but were able to be proactive in planning for any future incident.

People told us they were encouraged to raise concerns if they had any. No one had occasion to raise concerns to the staff. One relative told us, "If I need to I will approach staff about [named relative] care as they cannot make decisions any more for themselves. They aren't complaints, just clarification and I always get a suitable answer for myself."

People told us they knew about the complaints process and had seen the process displayed. No one we spoke with had occasion to use the complaints process. We looked at the complaints log book this had no entries of formal complaints made. One person said, "I feel confident if I had to raise a concern it would be dealt with in confidence." A relative told us, "If I've raised concerns, niggles I call them,

Is the service responsive?

staff have given me satisfactory answers.” Staff were able to explain what they would do if someone complained. This followed the provider’s policy. None of the staff we spoke with had used the complaints process.

Is the service well-led?

Our findings

People told us they were involved in decisions on how the home was run. They said staff asked their opinions about a variety of topics. These included the laundry service, meals and how they wanted their individual bedrooms decorated. People said this was done at meetings, by questionnaires and the manager coming to speak with them individually.

We saw the details of a client satisfaction survey which had been completed in December 2014. Everyone which been sent out had been returned. The staff had then feedback the details in a newsletter of how well the home had performed. For example 65% of people said they had received a very good service, 28% a good service and 7% a fair service. The survey had covered areas such as comfort of their bedroom, quality of care, tidiness of staff and meals. People we spoke with told us they remembered completing a survey.

We saw minutes of meetings which people had attended and a variety of topics were covered. People had been given opportunity to express their views. People told us they felt their views were valued.

Relatives and people we spoke with said there was an open culture within the home and staff were approachable at all times. They said the manager had an open door policy and took time to sit with them. One person said, "I was worried I'd be isolated when I came in here and it took me a while to mix but now I try to attend all the events. It's down to the staff encouraging me."

Staff told us if there were lessons to be learnt or fresh information about the company to be passed on this was done as soon after or before the event as possible. One staff member said, "Everyone's of worth. It doesn't matter

about your role. We are there for them, the residents." Staff told us they enjoyed coming to work. One staff member said, "I could reduce my hours of work but I think I would miss everyone so much."

Where it had been necessary in the last year the provider had sent us details of events which had happened. These included events about the service, people who used the service, notifications of any deaths and serious illnesses and details about staff issues. We found the provider had taken suitable actions.

Work identified by a recent fire and rescue service report had been programmed for completion. Checks on fire equipment and training of staff in fire safety had been completed.

The provider had a robust system in place for measuring the quality of the service. A number of checks were made by designated staff to see if they were maintaining a quality service. A quality manager had been appointed. This included infection control audits, medication audits and kitchen audits. Results were displayed for staff to see. In March 2014 the manager had completed a quality observation where they observed staff over a period of time to see how they attended to peoples needs.

The manager completed a monthly analysis to see if lessons could be learnt after incidents and accidents had occurred. The information was passed on through a cascade system amongst staff from seniors downwards. Staff told us this took place.

Staff told us they had been asked in April 2014 their opinions on what makes a value for money nursing service. They said they had been happy to give their opinions. We saw the results which included comments on suppliers, meals, culture and administration.

There was not a registered manager in post which the service is required to have.