

Orchard Care Homes.com (3) Limited

Nether Hall

Inspection report

Netherhall Road
Hartshorne
Swadlincote
Derbyshire
DE11 7AA

Tel: 01283550133

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18 November 2015

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 November 2015. The inspection was unannounced. Our last inspection took place in August 2013 and at that time we found the provider was meeting the regulations we looked at.

Netherhall provides residential and nursing care for up to 50 older people who may be living with dementia.

There was a 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.

People were confident that staff supported them in a manner which protected their welfare and they told us they felt safe. Staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. Where harm or abuse was suspected, the staff knew how to respond to protect people.

People's care needs were planned and reviewed regularly to ensure their care continued to meet their needs. There were sufficient staff to meet people's needs and people were confident that the staff had received the training they need to provide support to them.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves, they were supported to make decisions that were in their best interests with the help of people who were important to them. Where restrictions were placed upon people these had been assessed and applications made to appropriate authorities to ensure any restriction was lawful.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for and alternative meals could be provided upon request. People received support to remain independent at meal times and where they needed support, this was done in a caring and supportive way.

People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. We saw that people's privacy and dignity was respected and people were called by their preferred name. People were confident that staff supported them in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

People knew how to make complaints. They were confident that the staff and registered manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

Staff felt supported by the registered manager and provider. Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were involved in developing the service and there was strong leadership which promoted an open culture and which put people at the heart of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to be safe as staff understood how to recognise abuse and actions to take. There was sufficient numbers of staff on duty to meet people's needs and medicines were managed safely to enable people to take the correct medicines at the right time.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent from people prior to providing care. They ensured people received support to make decisions in their best interests. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People were able to continue with their hobbies and interests and activities were provided in the home and when out, according to people's preferences. People knew how to complain and the provider responded effectively to people's complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

People were able to approach the manager who was supportive and promoted positive values. Effective systems were in place to assess and monitor the quality of the service and information was used to help make improvements.

Nether Hall

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 18 November 2015 and was unannounced. Our inspection team consisted of two inspectors 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.

We spoke with eleven people who used the service, six relatives and visitors, two visiting health care professionals, eight members of the care and domestic staff, and the registered manager. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

We looked at five care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People who used the service told us they felt safe living in the home. People told us, "I feel safe here, there's no reason to feel unsafe." We were also told, "If I was worried about anything, I would talk to the manager, she's the boss." Staff we spoke with had a good understanding and knowledge of safeguarding people. Staff knew people well and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately by senior staff. Staff told us they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. We found that the provider had informed us of incidents that had taken place and liaised with the local authority where appropriate. Where the provider was responsible for any investigation, they had undertaken and followed up any issues in a timely manner.

People told us the staff had discussed how to keep safe and the reasons why. One person told us, "I'd like to move around sometimes but I know I fall. The staff have explained how they can help me and sometimes I just need to be patient." Another person told us, "The manager looks after my money. I could keep it but I can ask for it any time, so I prefer it this way." A relative told us, "I have every confidence in the staff here. I know when I walk away, [person who used the service] is safe. I never have to worry." The care records provided guidance for staff on how to manage situations to ensure the safety of each individual as well as other people who may be present. Staff told us about how risks were managed, which reflected the information we saw.

We observed the staff working in a safe manner. For example, when using equipment to transfer people, there were two staff to do this and it was done according to the care records and in a way that protected the person from any potential harm. The staff also spoke with the person while they were being transferred so that they were aware what was happening. We saw staff supporting people who were able to walk with assistance to get safely from one area to another. This was done in an enabling way and the staff were seen to reassure the person and give them plenty of time. We also saw that when people needed to use specialist mattresses, these were set at the correct pressure and staff were aware of how to check these.

We found that there were sufficient staff numbers to keep people safe and meet their needs. People who used the service told us they were happy that there was enough staff to provide support. We were told, "I get help when I need it." and "Staff will help me, I only have to ask." One relative told us, "We have been reassured that they will be able to meet [person using the service] changing needs." We saw the staffing levels were monitored and were flexible to ensure people received support when they needed it.

We spoke with one person who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. Checks had been carried out from the disclosure and barring service to ensure they were suitable to work with people.

We found that people's medicines were managed so that they received them safely. We observed that people were told what their medicines were for and staff would spend time with them to ensure they took them. We also saw that the medication was administered according to the prescriptions. One health care

professional told us, "The staff are very good with medication and recognising when people are in pain. They don't delay." There were audits in place throughout the month and any issues dealt with. We saw the medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people.

Is the service effective?

Our findings

People told us they were confident that staff supported them in the way they wanted to be supported. One person told us, "The staff know exactly what they are doing. I can't fault them." Another person told us, "Whenever I ask for anything, they do it straight away and with great care and skill." Staff told us they received the training they required to carry out their roles. One member of staff told us, "We're always kept up to date with everything. I feel really well supported and confident in what I'm doing." One member of staff told us about their dementia training. They said, "It was really useful. Part of the training was having to come back here and sit and watch what people were doing and what we could improve on. The manager is very receptive and one of the things we changed was having the raised plant beds so people could actually be involved with the gardening." Another member of staff told us, "I loved the dementia training. It made me more aware of how I can be perceived by people. Knowing this helps change the way you work."

We saw where people were living with dementia the staff had a good knowledge of what they liked and their history. One member of staff said, "We sit with people and their family and find out who they are and their life. This means we know what to talk about and sometimes why people do and say the things they do." We saw one person was able to move objects and show staff how items worked. One member of staff said, "This is what they did for a job. It all makes sense if you know this."

One member of staff had recently completed their induction into the service. They told us their induction gave them the information and skills they needed to their job. They said, "We all do the same training here and work together it doesn't matter what your role is. I don't do the hands on care but I still did everything including safeguarding training and keeping people safe."

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).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where people lacked capacity to make decisions; assessments and best interest decisions had been completed. For example where people had made advanced decisions about their health care; we saw that people who were important to them had been involved in making a best interest decision. One relative told us, "It was difficult, but we were all involved throughout the process. We know we all needed to be part of it and to make sure it was what [person who used the service] would want."

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for. One member of staff told us, "We

have had the training and we all know we have to assume capacity and if necessary help people to make decisions. Some people can't go out alone because they wouldn't be safe but until the order is through we do everything we can to keep people safe."

People were provided with a varied diet and there was a choice of food and drink. We saw people were supported to eat their meal and one staff member sat next to a person and supported them to eat at a pace they liked. We saw the member of staff talking with people and sharing experiences and laughing. Some people needed adapted equipment to help them to remain independent and this was provided. People spoke positively about the meals that were provided. One person told us, "I have never eaten so well. Delicious." Another person told us, "We have different meals and I like them all. If I didn't I'd have something else." Where people needed their drinks thickened, due to the risks of choking, the staff did this according to the recommendations of the speech and language therapist. We shared a meal with people who used the service and found the meal was of a good standard.

Staff told us people were supported with accessing health care services such as GPs, dentists and opticians. One person told us, "They always call the doctor if I need them and my daughter can come with me because that's what I want." Another person told us, "I'll tell the staff if I'm not feeling well, the nurse may give me some tablets for pain too". Where people needed medical support due to changing health needs we saw this was obtained and changes to people's care was recorded. One person was given the choice to look after their own health care needs. They were supported to do this in a way that encouraged their independence, but also maintained their safety. They told us, "I'm quite independent at the moment, but don't know how long that will last." One member of staff told us, "We want people to be involved for as long as they can. We don't want to take their independence away."

Staff were aware of people's support needs and this was reflected by the information that was in the care records. We spoke with two health care professionals who told us the staff provided the support that people needed. One health care professional told us, "Communication is really good. They let us know anything we need to. The staff are always one step ahead of us."

Is the service caring?

Our findings

People and their relatives told us they were happy and were complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable and relaxed with staff. There was laughter between people and each other, and with staff. One person told us, "It's just lovely here. The staff always have a smile on their face." One relative told us, "I looked round lots of places before we chose here. I am so happy I did. It's so homely and I can't fault the staff."

We observed the staff talking with people in a positive, respectful way. One member of staff told us, "It's nice to have a laugh with people and I always speak to people when I need to enter their room. Some people can't talk with us and it's really important we keep talking with them. It's just rude to go in without speaking." We saw that staff waited for a response when seeking permissions to enter people's room and talked with people when the door opened. One relative told us, "They always have time to speak to [person who used the service]."

We saw people receiving reassurance when they became upset. Staff sat with people and asked what they could do and listened to their response. Some people needed time to communicate their thoughts and views and we saw staff listened attentively. Where requests were made, they were responded to.

People told us staff treated them with respect and maintained their privacy and dignity. We saw staff were respectful when speaking with people. The staff discreetly and sensitively brought matters to people's attention, for example, if clothing needed adjusting or if they needed support with personal care. Each person was able to dress according to their preference and style. Some people were dressed in casual clothing others dressed in a more formal style. One relative told us, "They are always neatly dressed, always has their hair done and always seems happy." One member of staff told us, "We know how important it is for people to look their best. It makes people feel better." One relative told us, "[Person who used the service] always looks lovely. I've never visited and had any concerns."

People were supported to maintain important relationships with their friends and families. One relative told us, "I can visit at any time. I'm always made to feel welcome." We saw visitors arrived throughout the day and were able to visit people in communal areas or in private.

Is the service responsive?

Our findings

People told us the staff were interested in them and their history. One person told us, "I like talking with staff about it all. We talk about my family and holidays. They are always interested." One member of staff told us, "Some people can no longer speak with us, so it's good that we have this information so we can still keep speaking about these events with people and what people wanted." Another member of staff told us, "knowing what people used to do helps us to think about what we can plan and what activities to do. It's no good doing something people don't want."

People told us they could choose how to spend their time and what to be involved with. People told us they spent time in their room or doing activities. We saw some people had a newspaper of their choice delivered and sat reading. Other people talked to friends and watched the television. One person told us, "There are things to do if you want to. We have bingo today. Quite a lot of us like this. If you don't you don't have to join in." Another person told us, "I choose when to get up, and when to go up to my room in the afternoon. I often go downstairs for tea, but if not, they will always bring it up to me." One person liked to sing and we saw staff singing with them and encouraged them to express themselves through a song as and when they pleased. One person told us about an annual trip to a local prison. The registered manager explained that people visited for a Christmas meal as part of an enterprise scheme. We saw photographs of people celebrating together. People told us they enjoyed this event.

People told us they were able to decide how they wanted to be supported and we heard staff ask them if they could assist before any support was provided. We read two care records with people and their families. They told us that the information was accurate and the staff had spoken with them and recorded this information. The staff told us they all had access to care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care. One health care professional told us, "The staff's record keeping is very good. I can always rely on the staff to complete necessary records and let us know if anything changes. We've been really happy." Another health care professional told us, "The notes are up to date and I have all the information I need here. The staff are very responsive at requesting assessments when these are needed." One relative we spoke with told us, "[Person who used the service] is so much more settled now and less agitated. I used to worry, but now I can see how staff have helped them throughout all the changes."

People who used at the service and their relatives knew how to make complaints and who to go to if they had concerns. One person told us, "I've known the manager for a long time. If I was worried about anything or not happy I would talk to her about it." A relative told us, "The manager is a visible presence. I tend to see them most times when I visit. It's good because I feel I know her so I wouldn't worry about talking to them about anything." There was a complaint system in place and we saw the registered manager considered the circumstances of the complaint before providing a response.

Is the service well-led?

Our findings

There was a registered manager in the home and people felt they were approachable. People told us they saw the manager often and spoke with them. One person told us, "They always ask if I'm okay. I'd tell her if something is wrong." One relative said, "The manager tells us there is an open door policy and this is what I have found. They have listened to what we have to say and I've been very happy with the care that [person who used the service] receives."

Staff were positive about the leadership and management of the home. The staff told us the manager was always available and welcomed their views and comments. One member of staff told us, "The manager has been here a long time and we all know what is expected. They are absolutely committed to providing a good service and you only have to look around to see that's what we all want too." Another member of staff said, "I love it here. I feel very lucky to work here and we all work so well together. If there are any problems we can speak with the manager at any time." Another member of staff told us, "We don't just see them when something is wrong. They include us and we know what we do well as well. It makes you feel better knowing this."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked. This also identified their skills and where they needed support. One member of staff told us, "I have to say, if you need to learn about something new, then the manager arranges it, you only have to ask." The manager showed us information relating to staff training and was proud that staff had achieved high scores within the organisation. They told us, "Training is important to us. We want to get it right." We saw they achieved a Gold Star Award from the provider for achieving the highest number of staff who had completed the required training.

The provider carried out quality checks on how the service was managed. These included checks on care and associated records, health and safety and incidents. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. We saw incidents were reviewed so any trends could be identified and addressed. The staff told us that these were discussed at staff meetings. One member of staff told us, "We are always looking at how we can do things better."

The provider carried out a comprehensive quality assurance review against our regulations. They carried out their own evaluation of whether the service was safe, effective, caring, responsive and well led. We saw where improvements were needed, actions had been recorded and included who was responsible for the improvements and when these needed to be completed. We looked at two actions and saw the necessary improvements had been made in relation to capacity assessments and recording of medicines.

People and staff told us that their feedback about the quality of care had been sought in the form of a satisfaction questionnaire. One relative told us, "I gave feedback about the care here but I can let them know at any time. I have no worries though. I know [person who used the service] is well cared for here." The provider had analysed the information and provided feedback to people about how people had responded

and what they intended to do about any concerns or improvements. A display board featured different themes each month relating to the survey. This month, information related to the quality of food and meal times was displayed. One relative told us, It's good that they let you know this. They're always honest with us."

The registered manager understood their legal responsibility. They ensured that the local authority's safeguarding team and we were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The registered manager demonstrated a good understanding of their responsibilities as a registered person.