The Ormsby Group Limited

Ormsby Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 25 and 26 September 2018. This was the first inspection of Ormsby Lodge since a change of ownership and registration.

Ormsby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ormsby Lodge offers accommodation and support for up to ten people with a learning disability. At the time of our inspection there were no vacancies.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

Medicines were not always administered safely. Risk assessments did not always promote positive risk taking and did not always result in the least restrictive course of action. Some risks had been identified but there was not a risk assessment in place. People were not always protected from the risk of infection because the water system had not been checked for Legionella.

The service was not working within the principles of the Mental Capacity Act 2005. People's privacy and dignity was not always respected. There was not a system of annual appraisal and regular supervision in place for staff. The governance and leadership did not support the delivery of a high-quality service. The auditing system was not robust and did not identify the concerns we found during the inspection.

The provider had policies and procedures in place designed to protect people from abuse. People's needs were met by suitable numbers of staff. Accidents and incidents were recorded appropriately and kept under review by the registered manager.

People were supported by staff who had access to relevant training. People were involved in menu planning at the weekly meeting. The staff team and registered manager worked in partnership with other services and organisations. People had access to healthcare professionals and staff supported people to attend appointments.

People were treated with kindness and respect and during the inspection we observed staff interacting positively with people. Staff communicated with people using communication methods they understood,

such as Makaton, where people used this. People were encouraged and supported to join local self-advocacy groups.

People had individual support plans in place which gave staff detailed guidance around personal care, communication needs People were involved in creating their support plans and accessed them when they wished to. People were supported to maintain relationships which were important to them, such as family members. People enjoyed a range of activities and interests within the home, at the day centre and in the local community the provider had a complaints procedure in an easy read format.

The registered manager promoted a culture which was open and inclusive.

We identified breaches of Regulations 10, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicines were not always administered safely.

Risk assessments did not always promote positive risk taking and did not always result in the least restrictive course of action. Some risks had been identified but there was not a risk assessment in place.

People were not always protected from the risk of infection.

The provider had policies and procedures in place designed to protect people from abuse.

People's needs were met by suitable numbers of staff.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not working within the principles of the Mental Capacity Act 2005.

There was not a system of annual appraisal and regular supervision in place for staff. People were supported by staff who had access to relevant training.

People were involved in menu planning.

The staff team and registered manager worked in partnership with other services and organisations.

People had access to healthcare professionals and staff supported people to attend appointments.

Is the service caring?

Requires Improvement

The service was not always caring.

People's privacy and dignity was not always respected.

People were treated with kindness and respect and during the inspection we observed staff interacting positively with people.

Staff communicated with people using communication methods they understood.

Is the service responsive?

Good

The service was responsive.

People had individual support plans in place and were involved in creating them.

People enjoyed a range of activities and interests within the home, at the day centre and in the local community.

The provider had a complaints procedure in an easy read format.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The governance and leadership did not support the delivery of a high-quality service.

The auditing system was not robust and did not identify the concerns we found during the inspection.

The registered manager promoted a culture which was open and inclusive.

The registered manager ensured relevant notifications were sent to the Commission.

Ormsby Lodge

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.

The inspection took place on 25 and 26 September 2018. The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager 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.

During the inspection, we spoke with four people, two staff and the registered manager. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of three peoples. We also looked at a range of records, including three support plans, two staff recruitment files and safety audits.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. Medicines were not always administered safely. Two staff worked together to take the medicines from the locked cupboard where they were stored to the kitchen. People then went to the kitchen one at a time to take their medicines. One staff member signed the records, and another checked the procedure was being followed correctly. However, one person chose to take their medicines in a different place and at a different time and this was the responsibility of a third staff member. Staff followed the written procedure that meant a staff member dispensed the person's liquid medicines into pots and then put these back into the locked medicines cupboard to be given later. This is known as 'double dispensing'. They did not sign the records: this was done by the third staff member when they took the medicines to the person. This meant that as the third staff member was not present when the medicines were dispensed, they could not be sure the person was being offered the correct medicines. This meant the person was at risk, as this medicine administration practice was not in accordance with recognised good practice.

Some people were prescribed medicines, "when required". There were care plans in place for these medicines which included what the medicine was for and when it could be used. We looked at medicines records for two people regarding "when required" medicines and found one record was not accurate. It was not clear how many tablets had come into the home or had been carried over from one month to the next. This meant that staff would not be aware if some of the tablets were missing. The other record showed the correct number of tablets.

One person was prescribed a "when required" medicine to be used as an emergency treatment. There was a list noting all of the person's medicines which would be given to healthcare professionals in the event of an emergency situation, however, this particular medicine was not on the list. This meant there was a risk that healthcare professionals would not have up to date information to base their treatment decisions on.

The lack of a safe system for the management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their medicines by staff who were trained. New staff completed a medicines induction which involved shadowing and being observed in practice before being signed off as competent. Staff also accessed training about medicines administration from their internal and external medicines training. Two people were partly responsible for their own medicines with staff support and records showed the people were supported appropriately.

Risk assessments were in place which covered a range of activities people did in their everyday lives. However, we found one person's support plan stated that it was 'important' that they had one to one support from staff when eating due to the risk of choking following the advice of a speech and language therapist. There was not a risk assessment in the person's file for eating or choking, which potentially put them at risk of choking. Although risk assessments had been reviewed annually, the review did not identify any changes in many years. For example, a risk assessment for one person included a brief incident which

had happened a long time ago. We asked about the incident and it was felt this was no longer a risk and could have been removed from the risk assessment.

Risk assessments did not promote positive risk taking and did not always result in the least restrictive course of action. We looked at two risk assessments which stated people could not access the larder which was therefore kept locked. On further discussion with staff, one of the risks was associated with some objects stored within the larder. These objects could have been stored in a different place which would have removed this risk. In addition, the other identified risks could have been mitigated due to the small size of the larder and the support of staff. When we brought this to the attention of the registered manager, they agreed that some people could be supported to access the larder. Another risk assessment identified a risk around a particular area and stated what staff should say to the person to minimise the risk. However, in practice, one of the items identified as a risk was removed from the person, on a daily basis, which was a more restrictive course of action. Staff supported a specific health based activity in the kitchen but there was not a risk assessment in place regarding the safe management of blood borne viruses.

Upstairs windows had restrictors in place to reduce the risk of people falling out. However, in one bedroom on the second floor, the window had a catch in place which was not effective as a window restrictor. The window was easily fully opened which would allow a person to go through the window. We brought this to the attention of the registered manager who had not been aware of the risk presented by the window.

The lack of an effective system of risk assessment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of infection. There was not a system in place to ensure that water was free from Legionella. Legionella bacteria can multiply at certain temperatures and can lead to people contracting Legionnaire's disease, which is a potentially fatal type of pneumonia. The water system had not been checked and there was not a risk assessment in place.

Whilst there were a number relevant infection control policies and procedures in place, for example, for hand washing and the disposal of needles, there was not an annual statement in place, which is legally required. There was a picture summary regarding prevention and control of infection in care homes for people using the service to look at.

The lack of safe infection control risk assessments and procedures was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Food Standards Agency had visited the kitchen and had awarded Ormsby Lodge a grade 5, which is the highest possible rating. The home appeared clean and the registered manager ensured that the housekeeping schedules were followed.

Some arrangements were in place to ensure people's safety in the building. The provider had commissioned an external fire safety company to complete a risk assessment and give advice. Where suggestions had been made to improve the fire safety of the building, action had been taken and improvement had been made. Staff had received fire safety training and so had some people living there. Staff had also completed a questionnaire with everyone to ensure they understood what to do in an emergency. Regular safety checks were completed, for example, regarding gas and electrical items. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly. There was a plan in place for where people would go if the building had to be evacuated.

There was a system in place to assess the safety of the building on a day to day basis, which identified areas for improvement. The provider employed a staff member with the responsibility for maintenance and smaller jobs were completed as soon as possible after being identified.

The provider had policies and procedures in place designed to protect people from abuse. The registered manager had not had cause to make any referrals but knew who to contact should the need arise. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse

People's needs were met by suitable numbers of staff. The registered manager calculated staffing levels by identifying peoples' individual needs. Some people needed one to one staffing for all or some of the day, so this was taken into account when deciding the staffing levels. Shifts were also timed so that staff were available at the times people needed support. People were usually out during the day, so the number of staff was fewer during the day than when everybody was home. Any gaps in the staff rota, for example, due to short term staff illness, were filled using the provider's own staff. Staff felt there were enough staff and told us, "Shifts run smoothly, the rota is colour coded and staff know where they are" and "[The home) is organised, staffing has been the same staff, this is good for service users as staff know the service users well."

Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Accidents and incidents were recorded appropriately and kept under review by the registered manager. The registered manager told us there was a low number of incidents, although recently there had been an increase for one person. The registered manager was aware of the likely triggers for the person's level of distress and staff supported them at this time. The registered manager also told us that staff involved when incidents occurred, were given the opportunity to discuss the incident. When incidents occurred, information was communicated in various ways to staff who were not on duty at the time. The registered manager was not able to give us any examples of any learning identified from any incidents.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective and this had an impact on people. 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people had a Deprivation of Liberty Safeguards authorisation in place. However, we saw that one person had a condition attached which related to a goal which was important to the person to achieve. This was discussed at the person's review earlier in the year and staff suggested a plan of action which would have started the process to achieve the person's goal. The person told us about their continued wish to work towards achieving the goal. However, no action had been taken and the person had not been supported to start to work towards their goal. When we brought this to the attention of the registered manager we did not receive any assurances that this issue would be addressed in a timely way. The conditions of the Deprivation of Liberty Safeguards authorisation had not been met.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We found that where best interests decisions had been made on people's behalf, there was evidence of a mental capacity assessment in place to inform and support the decision-making process. We found that where best interests decisions had been made to protect people, such as having a sound monitor in their bedroom at night, the impact on the person's privacy had not been considered and risk assessed. Staff had completed training about the MCA.

Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The registered manager told us they aimed to provide six supervision sessions a year for staff, however, supervision records showed that the frequency of supervision was inconsistent. Some staff had gaps between supervision sessions of between six and nine months. The registered manager told us that more frequent 'ad hoc' unrecorded conversations took place with staff when required. Staff told us they felt supported by the registered manager. There was not a system of annual appraisal in place for staff.

People were supported by staff who had access to relevant training. New members of staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Most staff had also completed vocational training certificates in care.

Staff said they received appropriate training to meet people's needs. One staff member told us, "There is a proactive approach here". They went on to explain that they had been trained to respond to incidents of behaviour which challenged in a different way [than they used to] and this had reduced the number of incidents. They said, "We can identify training delivery or the need for refresher training. Proactive means understanding, pre-empting patterns of behaviour, knowing what people like or don't like. Also [internal], how the person is, making sure the environment is good, for example, warm." Another staff member said the training was "Thorough" and listed some of the training they had attended, such as first aid, fire safety and active listening.

Ormsby Lodge is a big, Victorian house with large rooms, high ceilings and a courtyard garden. Two people shared a bedroom and everyone else had their own room. There was a communal lounge and separate dining room. Some people had chosen some or all of their bedroom décor, but others had not. One person, who had not chosen the colour of their room, told us they did not like the colour of their room and described the colour they would like. The registered manager said the rooms had not been painted in a while and there was no programme in place to do so.

The registered manager had ensured adaptations had been made to bedrooms when necessary, to meet people's physical needs, for example, one person needed their room to be minimalist and functional and other people needed a particular type of flooring to meet their needs.

People had lived at Ormsby Lodge for many years and their support needs had been assessed before they moved to the home. Staff knew people well and sought professional advice when re-assessing their changing needs.

People were involved in menu planning at the weekly meeting. The registered manager told us that staff ensured people were well informed about healthy eating and drinking and were supported to choose meals which were varied, well-balanced, nutritious and well presented. People had cut pictures of meals from magazines and these were used to help people make choices. If people did not want the meal being prepared, an alternative was offered. Where people had specific dietary requirements, these were met.

The staff team and registered manager worked in partnership with other services and organisations. Advice was sought when necessary from the community learning disability team and the consultant psychiatrist. The registered manager told us how they had worked closely with the healthcare professionals to reduce a person's number of medicines. The Speech and Language Therapist had also been involved in assessing people's needs and had visited Ormsby Lodge to observe a person eating lunch, so they could decide on the best course of action.

People had access to healthcare professionals and staff supported people to attend appointments. People visited professionals such as the GP, dentist and optician. People had health action plans in place which showed evidence of healthcare appointments with doctors, dentists and other healthcare professionals.

Requires Improvement

Is the service caring?

Our findings

People's privacy and dignity was not always respected and promoted. Confidential information about people's daily routines, including private details of personal care, was displayed on the kitchen wall. The information was posted on the wall to remind staff how to support people. The kitchen which was a focal part of the home, was not segregated in any way and therefore could be accessed by visitors. We brought this to the attention of the registered manager who made the decision to remove the information straight away, however, the confidential information had been visible until we noted it.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people shared a bedroom and there was a privacy screen between the two beds. This meant both people had privacy on their side of the bedroom. Staff supported people's personal care needs whilst respecting their need for privacy and dignity.

People were treated with kindness and respect and during the inspection we observed staff interacting positively with people. We saw that one person was beginning to get upset and a staff member recognised the early signs of distress in this person straight away. They very quickly calmed, reassured and distracted the person. This demonstrated a clear understanding of the person's signs of anxiety and knowledge of that person to ensure the situation did not reoccur.

One person told us Ormsby Lodge was a, "calm, friendly place, supportive [and] lovely, big." Staff talked to us about the people they supported, and it was clear that they knew people's needs and personal history and showed concern for their wellbeing.

Some people used a variety of non-verbal communication methods. Staff communicated with people using communication methods they understood, such as Makaton, where people used this. Makaton is a programme designed to provide a means of communication to people who cannot communicate verbally. Other communication tools included; active listening, observing body language, using objects of reference, picture symbols, finger spelling, photographs and talking mats. Talking mats use unique, specially designed picture communication symbols that are suitable for all ages and communication abilities. The mats were used to support people to express their feelings, likes and dislikes. Information was also provided to people in an easy read format.

The staff and registered manager encouraged people to make decisions about their lives by "actively listening" to suggestions and ideas on a daily basis. People were supported to express their views through the use of weekly house meetings (which some people enjoyed chairing), reviews and everyday conversation. People were given information about healthy choices and consequences, so they could make decisions about, for example, what to eat to promote good health.

People were encouraged and supported to join local self-advocacy groups. Two people were attending a local group one morning a week.

Good

Is the service responsive?

Our findings

During our inspection, we saw that people appeared happy and settled when they returned to the service in the afternoon. People told us they liked living at Ormsby Lodge and one person said it was, "Really cool" and that they liked the staff.

People had individual support plans in place which gave staff detailed guidance around personal care, communication needs and individual signs that people were becoming anxious or upset. The format identified 'When I do this', 'It could be that' and 'I would like you to help me by…' and gave clear guidance so staff could support people appropriately. Support plans included people's preferences and their routines, for example, their typical morning routine, how they liked their tea and their favourite activities. A staff member told us that in creating the support plans they would, "Sit down, find out [the person's] likes, ways of communication and choices." They would see "Through the eyes of the individual."

People were involved in creating their support plans and accessed them when they wished to. One person talked us through their support plan and showed us photographs which were important to them. Support plans included photographs of people going out or undertaking activities they enjoyed. People's care and support needs were reviewed every six months and people and their relatives were involved in the process.

People were supported to maintain relationships which were important to them, such as family members. People were supported to contact friends and family by telephone, to send greetings cards and purchase gifts for birthdays and Christmas. They also invited family and friends to special events and parties held at the home.

People enjoyed a range of activities and interests within the home, at the day centre and in the local community. People were supported to volunteer and one person had started working in a school. Some people had also been supported to have a holiday.

The provider had a complaints procedure in an easy read format which was in people's files in the office, which they could access independently or seek support to do so. The registered manager told us people had received "training" on how to make a complaint and that they knew they could speak to them or staff. One person told us they would tell the registered manager if they wanted to make a complaint. The registered manager had not received any complaints.

The registered manager told us they had researched the subject of end of life choices by contacting the Learning Disability Team and had started to discuss the subject at people's reviews. They also told us they had sourced some templates regarding how to create end of life plans. This aspect of meeting people's needs was under development.

The service ensured that people had access to the information they needed in a way they could understand it and comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given.

Requires Improvement

Is the service well-led?

Our findings

The governance and leadership did not support the delivery of a high-quality service for people living at Ormsby Lodge. The registered manager had started to create a system of auditing. They read the daily records which provided a narrative of the person's day, as well as the incident records. The registered manager told us they looked for, "Anything under health which may need attention, ensure activities have been carried out and look at the way [the notes] are written, for example, the word 'refused' [to do something] should not be used."

However, the auditing system was not robust and did not identify the concerns we found during the inspection around medicines and safety, for example. We also found inconsistencies and errors in records. For example, one support plan showed a health need which required a different type of monitoring device than was in place. The registered manager told us the person's health needs had changed and therefore the device in place did meet their needs. This meant that the support plan did not correctly identify the person's health need, and this had not been noted through auditing. Support plans did not contain any information about people's religious or cultural needs and we found an example where this aspect of support should have been explored to ensure all staff understood and could meet people's needs.

The lack of an effective governance system was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in the running of the service on a day to day basis and attended a weekly 'house meeting.' A questionnaire was planned for November 2018 to seek the views of people living there. Staff meetings were held monthly, and minutes were recorded for later reference. However, there was not a system in place to seek the views of relatives, involve them in the running of the home or offer them the opportunity to make a complaint.

The registered manager told us in their Provider Information Return, that although the service had "Not received any written compliments or completed out any self-evaluation tools", they were "Confident that outside agencies had always been positive and complimentary of the service provided."

The Ormsby Group Limited consists of two care homes and a day centre. The registered manager had weekly meetings with the managers of the other services, so they could talk through issues and support each other.
The registered manager promoted a culture which was open and inclusive. People appeared comfortable around staff and engaged with staff. There was a positive atmosphere in the home when people returned from their daily activities. The registered manager said, "I've known these service users for 20 years, I have seen the support and the work that has brought [people] along in their lives, I've seen 'behaviours' decrease dramatically. I think people are happy."

Staff enjoyed working at Ormsby Lodge. One staff member said, "I can approach [the registered manager]. I feel listened to and [they] act on it, they take [things] on board; I've always felt that. Staff are valued."

Another staff member said, "Staff and service users are amazing. The service is calm, it is set to individual needs and a friendly place to work. Staff are supportive, the service users 'help you' in that they let you know what they want. It is a lovely home." The ethos of the registered manager was to develop the staff team (and their skills) further and they said staff brought ideas to them which they took "on board."

The registered manager ensured the home met registration requirements which included sending notifications of any reportable incidents and when necessary to the Care Quality Commission.

The registered manager told us they were aware of relevant legislation around supporting people living with a learning disability. They received email updates from relevant professional organisations and subscribed to a professional magazine. The registered manager told us they had links with the local authority. They had also joined a group for registered managers but had not yet attended any meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Confidential information was on display in a public area of the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use service were not protected against the risks associated with unsafe administration of medicines. People were not protected from risks to their health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service was not working within the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of an effective governance system to ensure the quality of the service provided.