Orders of St John Care Trust

OSJCT Orchard House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 November 2014 and was unannounced. Orchard House provides accommodation for 50 people who require nursing and personal care. 45 people were living in the home at the time of our inspection. This service was last inspected in March 2014 when it met all the legal requirements associated with the Health and Social Care Act 2008

Orchard House is a large care home set over two floors. The home has two lounges, large dining room and small conservatory. There are plans for a new conservatory to be built. The home also has hairdressing facilities on site. An activities coordinator has recently joined the team of staff to improve the range of activities in the home.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

People's individual needs were assessed, planned and reviewed. People were positive about the care and support they received from staff. They received additional care and treatment from other health care services when needed. Staffing levels had improved and further recruitment was in place to ensure people's needs were being met. Staff told us they would like more time to provide choice and support people with their wishes. People told us they would like staff to sit and chat with people.

Risks for individual people had been assessed. Staff were given guidance on how to best support people when they were upset or at risk of harm. Staff had been trained to support and protect the people they cared for. People were protected against abuse because staff knew how to report any concerns of abuse to the relevant safeguarding authorities. People had been involved in the planning of their care. People's past histories and known preferences had been considered when they were unable to make decisions for themselves. The registered manager and staff were aware of their responsibilities in recognising those people who may have their freedom restricted.

Systems were in place to ensure people were cared for by staff who received regular training and support from their line manager. Staff told us they were supported. People and their relatives felt that any concerns raised were dealt with immediately.

People were encouraged and supported to have a well-balanced and nutritional diet. They were encouraged to give feedback about the meals provided. The programme of activities was being revised to ensure everybody had the opportunity to take part in group or individual activities.

The registered manager had a good understanding of their role and managing the quality of the care provided to people. Quality monitoring systems were in place to check and address any shortfalls in 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?

Requires Improvement

The service was generally safe. However occasionally people were not always supported by staff who had time to provide care which supported their individual care and social needs.

People and their relatives were positive about the care they received and felt safe. Effective recruitment procedures were in place to ensure people were being supported by suitable staff.

People's risks and safety were assessed and managed to protect people from harm. People were protected by safe and appropriate systems in handling and administrating their medicines.

Staff understood their responsibilities in reporting any allegations or incidents of abuse.

Is the service effective?

Good

The service was effective. People were cared for in line with their care plans.

People's dietary needs and preferences were met.

People were supported to make decisions and choices for themselves in line with legislation.

When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments.

Plans to support and train staff were in place to ensure their skills and knowledge were current and met people's needs.

Is the service caring?

Good

The service was caring. People said, staff were kind and caring. Relatives made positive comments about the approach and attitude of the staff.

People's privacy was respected. Their views and opinions were listened to.

People were encouraged to be independent in their activities of daily living.

Is the service responsive?

Good

The service was responsive. People's needs were assessed, recorded and reviewed. Staff understood people's individual needs and risks.

Staff responded promptly to people's individual concerns. Relatives told us their concerns were listened to by staff.

People were able to join in a range of activities. People's personal interests and abilities to join in activities were being reviewed.

Summary of findings

Is the service well-led?

Good

The service was well-led. The quality of care was being monitored by the registered manager. Shortfalls in care had been identified by the provider and action plans were in place to ensure improvements took place especially around staff training and support.

Staff understood the culture of the home but were unsure of the values and vision of the provider.

People and their relatives spoke highly of the staff and the registered manager. The registered manager and senior staff were driving improvement to ensure people received care which was focused around their needs. Complaints were dealt with by the registered manager or senior team in an effective and timely way.

OSJCT Orchard House

Detailed findings

Background to this inspection

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

We carried out an unannounced inspection on 3 November 2014. The inspection team consisted of two inspectors and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We examined other information that we held about the provider as well as previous inspection reports.

We looked around the home and talked with seven people, six relatives and five members of staff. Some people were unable to communicate verbally with us due to their complex needs. However we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We looked at the care records of five people and records which related to staff recruitment, training and development. We inspected the most recent records relating to the management of the home including accident and incident reports. We also spoke with three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said, "I am well cared for here; staff are kind and look after me well." One relative said, "Safe? That was one of the reasons that I insisted that mum came here." They also told us about the positive experience of another family member who had previously lived at the home.

There were sufficient numbers of staff during our inspection. Staff had covered extra shifts to ensure there was enough staff on duty to meet people's needs. However through our discussions with people, their relatives and staff we found staffing levels in the home had not always been consistent. Staff told us it had sometimes been difficult to provide individual care and support when the availability of staff was limited. They gave us an example of one person who wasn't hungry at breakfast time; the staff member who was supporting this person told us they had offered them poached egg but this had impacted on their other work and they were late in supporting their next resident. They said, "We can't do this, go the extra mile to offer choice when we are short staffed." Another staff member said, "It's a vicious cycle. We have to answer call bells but we are pulled in different directions. But we all do our best and all work hard".

People told us that the staff were always busy and they sometimes have to wait. One person said, "It depends on how busy they are. They're as quick as they can possibly be; at night that varies."

Two relatives commented that although staffing levels had recently improved, they were worried that staff didn't have any social time to spend with their family members. One relative said, "Staff are sometimes pushed for time." People were offered a choice of drinks in the lounge however staff were not available immediately to support people who needed help to drink. We saw them later being helped with their drink. One relative who was sat in the lounge with people said, "I am often sat here for some time before staff check on them."

The issues of staffing levels were being addressed by the registered manager. We were told the registered manager had carried out caring duties when there were staff shortages and two new members of staff were about to join the staff team. Staff were knowledgeable about recognising the signs of abuse. Staff had received training in safeguarding adults which helped them to understand the importance of protecting vulnerable people. Staff were able to tell us about the signs of abuse and who they would report any concerns or allegations to. A safeguarding policy was available to give staff clear guidance on how to report allegations of abuse.

People were reassured that the registered manager and staff acted upon any allegations of abuse. We had been notified by the provider about an incident of abuse within the home. The registered manager had carried out an investigation into the incident. Actions were put in place to reduce any further incidents and the relevant authorities were notified.

People's personal risks had been identified and were managed well. For example, there were risk assessments in place for people who required a bed rail or had been identified as being at risk of malnutrition. These risks were regularly reviewed and monitored. Each person had a fire risk assessment which identified their support needs in the event of a fire. Staff were mindful of people's safety and their mobility around the home. For example, we saw staff arranging furniture so people could safely walk around the dining room.

Safe recruitment systems were in place to ensure that suitable staff were employed. We looked at four staff files. Employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people with complex needs. Recruitment checks were also carried out on volunteers who visited the home to spend time with people.

People were given their medicines as prescribed for them. Their medicines were stored and managed by staff who were competent in administering and managing medicines. Records of when people had taken their medication were accurate. Controlled drugs were stored in line with appropriate guidance and there were accurate records kept of when people received these medicines. Medicines which required disposal were stored securely and recorded accurately ready for collection by the pharmacist.

One person administered their own medicines which were stored in their bedroom in a locked drawer. Staff supported this person by ordering their medicines on their behalf with their consent.

Requires Improvement

Is the service safe?

People were supported to take their medicines in a respectful way and at their own pace. We observed a person who had swallowing difficulties being supported to take their medicine through a straw.

People who depended on having their medicines at set times of the day to aid their mobility benefited from staff who understood this. We spoke to a specialist nurse who regularly visited people in the home. They confirmed that staff had a good awareness of people's need and the importance of receiving their medication at regular intervals.

Good

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. Staff were knowledgeable and had received training to meet people's diverse needs. New staff had attended an induction course and their level of competency was checked before they started to care for people. New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home.

The registered manager had prioritised and focussed staff training on subjects which ensured people were kept safe; for example safeguarding adults and safe moving and handling of people. The PIR stated the registered manager was making improvements in monitoring staff training needs by introducing a designated trainer. We saw evidence that some training was planned and booked for staff to update their knowledge in caring for people. Staff who were failing to meet the needs of people competently attended a back to basic training programme to refresh their skills and knowledge.

Some staff had not received regular formal support meetings with their line manager but a plan was in place to address this. Senior staff would be trained to support and mentor junior staff. Staff said they felt supported and able to raise issues with management. Staff meetings for both night and day care staff, allowed staff to share their knowledge, raise concerns and cascade information such as new cleaning rotas for the wheelchairs or changes in people's health. Other specific meetings were held to discuss areas such as health and safety or housekeeping. We were told that the frequency of staff meetings were planned to increase to facilitate better communication between staff from different departments.

People who were able to make decisions for themselves were involved in the planning of their care and consented to the care and support being provided. Where decisions had been made on behalf of people, records showed their best interests and known preferences had been discussed with relevant people such as the person's relatives and GP.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Most staff had completed training in the Mental Capacity Act (2005) (MCA) and DoLS and were clear on how this applied to their practice and people living in the home. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being necessary to protect the person from harm.

The registered manager understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Where people needed to be deprived of their liberty, the registered manager had applied for authorisation to do this. Where circumstances changed, the registered manager ensured that the least restrictive practices were used. We were told one person had DoLS authorisation in place but this had since been removed as this person had now settled and no longer wanted to leave the home. Records showed the registered manager monitored and organised for the DoLS authorisation to be appropriately reviewed. Records showed staff used the least restrictive action possible in order to keep people safe. Advice about how to keep people safe by using the least restrictive method had been taken from appropriate sources such as mental health professionals. This had included distraction techniques or a walk around the garden.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. People said, "The food is excellent." and "The food's very good – you generally get a choice, except for Friday when it's fish." Most people ate in the dining room and there were menus available on each table. The chef was in the process of producing menus with pictures of the food. This was to provide a visual aid for those who found making a choice about what they ate difficult. The chef was aware of people's dietary needs and preferences. Staff knew people well and helped them with decisions about their lunch and drinks. For example, staff offered people a choice of drinks and reminded them of their preferred choice if they were unable to decide or to express their wishes.

People opinions about the meals were listened to and acted on. The chef regularly spoke with people individually about their views of the meals provided. The chef had also carried out food tasting days to try out new meals. The chef had completed hospitality and nutrition courses to ensure their skills and knowledge were up to date. For example, as a result of training the chef was implementing an allergens checklist to reduce the risk of food allergies.

Some people were given adaptive crockery and cutlery to assist them to be independent in eating their meals. People

Good

Is the service effective?

who needed support with eating were assisted in a dignified way. Tables were laid with table cloths and napkins. Some people with visual or cognitive impairments may have benefited from contrasting coloured crockery to help them distinguish their meals. Staff encouraged people to eat with verbal prompting and guidance. People were given the time to eat their meals. People's food and fluid intake was recorded and monitored if they had been identified as being at risk of malnutrition or dehydration.

Health care professionals spoke highly of the care and support people received in the home. We were told that referrals were made to them in a timely and appropriate manner. One professional who visited the home regularly told us they were satisfied with the level of cleanliness in the home and said, "Nurses are always on hand whenever you want them, not like some other nursing homes. They're always attentive, ready to give you information or get the information for you." Another professional, who had delivered some training to staff said, "The staff are open to ideas and are willing to learn and listen."

People's care records showed that referrals to health services such as doctors and mental health teams had been made when additional support was required. People told us they felt staff responded quickly and appropriately when they became unwell. The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. Relatives told us they had been informed when changes to people's health had occurred. One relative told us they were notified "straight away" when the GP had been called to examine her husband. They added that they were "more than happy" with the care at Orchard House.

Good

Is the service caring?

Our findings

People were positive about the care and support they received from staff. People said, "Staff here are lovely. They are very caring." and "I can't complain. I'm happy here." One relative said about their family's care, "They look after her well and always tell her how they are going to support her. They are always patient with her."

Staff checked on people who spent time in their bedrooms. People who were able to were free to walk around the home and talk with all the staff. One person played on the keyboard in the dining room. Staff praised this person for their musical skills.

Staff knew people well and we saw people and staff laughing and chatting together. Staff addressed people by their first names in a friendly and respectful way. Staff were interested in the people they cared for and asked them about their families and how their visits from them had gone. People appeared confident and relaxed when they spoke with staff. One person said, "They all do their very best. They're just as pleasant when they bring the last drinks in the evening as they are when they bring the morning drinks."

During lunchtime we saw the interactions between staff and people were positive. We found that people were provided with choices and were supported in a calm and relaxed manner. Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions. One member of staff said to a person, "You may not like that as it has got cheese in it." The majority of staff supported and spoke to people in a respectful way however we saw one staff member putting aprons on people without communication with them or asking their permission. We raised this with the registered manager who said they would address this with the staff.

People and their relatives told us they had been involved in planning and reviewing their care. They had been asked to provide information about their preferences and likes and dislikes. People told us they were encouraged by staff to remain as independent as possible especially with mobility and personal hygiene activities. We saw staff asking people if they needed help and respected the decisions of people who wished to be independent. Relatives were welcomed into the home. One person said, "Visitors are made most welcome. They never ever feel that they're in the way; I know that from my own daughter."

People's dignity and privacy were respected. Staff supported people with empathy and spoke to people privately about their problems. Staff knocked on people's bedroom doors before they entered and helped people with their personal care behind closed doors. We saw staff helping people to adjust their clothing which was 'ruffled up' when they stood up. People were asked where they would like to sit in the lounge so they could enjoy the view from the window or speak to another person. They were asked if they were comfortable and warm so they could relax in their chairs. Relatives told us their loved ones always looked smart and clean, although one relative said, "I sometimes have to wipe around his mouth if I come in after lunch."

People and relatives told us their privacy was respected. People's decision to stay in their bedroom was respected. Bedrooms had been personalised with people's own belongings to help them feel at home. One relative said, "Staff are very good and caring. They always speak to me privately if we are talking about personal things."

Good

Is the service responsive?

Our findings

People's care was planned around their individual needs. Their care records started with a brief insight into people's family and social history. A brief description of people's likes and dislikes such as food or their favourite clothes was also provided. People's care records described how people liked to spend their time and how they liked to be supported. Staff supported people to make a choice about their day. One staff member said, "I ask residents what they want to do on each day as it can change." People's care records had been regularly reviewed and reflected any changes in people's needs, such as people's mobility or their pain management. Daily staff meetings gave staff the opportunity to share information and any concerns about people who lived in the home.

An activities coordinator had recently been recruited. We were told that they aimed to provide activities at different times of the week such as late afternoons and alternate weekends. The activities coordinator told us their first priority was to speak to each person individually and get an understanding of their interests and backgrounds and their ability levels to join in group or individual activities. They said, "Activities in the home have to be resident lead." The activities coordinator wanted to ensure the people who stayed in their bedrooms were given opportunities to take part in activities.

A game of bingo was played in the afternoon of our visit which was run by volunteers. One person said, "I like the bingo. I don't want them to stop doing it." The chef told us they had planned to carry out food based activities such as bread making with the activities coordinator. The chef said, "We are a good team and want to work together. We want people to be involved in activities and enjoy what they have achieved, such as eating bread or cakes." We saw that some people had occupied themselves with their own activities such as knitting, drawing and playing the keyboard. Other people sat in the conservatory listening to music and chatting. We were told about other activities which had taken place including day trips and visiting entertainers.

People told us their concerns were always listened to. One person said, "If I had a problem, I would go straight to the staff and they would sort it out." Residents meetings were held regularly to hear the views of people who lived in the home. Records of these meetings showed people had been asked about their views about trips and activities. They were also informed about new staff who would be supporting them. People had been asked to express their opinions of the decoration of the home and to suggest a name for the hairdresser's room. A relative said, "You are always listened to and someone senior is always available to speak to."

Relatives told us the staff would respond and act on any concerns or issues. The registered manager told us there had not been any recent complaints and they had dealt with any day to day issues immediately. People and their relatives were involved in their six monthly reviews and were asked to provide feedback about the service they received. One relative told us they had raised an issue about the laundry system. This was investigated and acted on so that people always received their own clothes back from the laundry.

Good

Is the service well-led?

Our findings

The registered manager had been in post for nine months following a period of the home having no manager. The registered manager praised the support they received from the provider's area and senior managers. The area manager visited the home at least twice a month to discuss any issues or concerns. A nurse said, "We have the support from the area manager especially when we have to cover shifts so there is continuity of care for our residents." Internal audits by the provider had been carried out to identify the service's shortfalls. An action plan was in place to ensure improvements were made. For example, plans were in place to ensure staff were fully supported and trained in line with the Trust policy. Progress in staff development had been made with planned training and support meetings.

The registered manager monitored the quality of the service provided by carrying our regular checks. For example on infection control practices to ensure people's health and safety was maintained. Records showed the majority of the quality assurance checks were being carried by the registered manager and provider. Actions plans had been put into place to address any shortfalls in the service.

When we asked the staff they were not clear about the provider's visions and values. However they were able to tell us that the culture and values of the home and how the home had improved. As a result of this staff worked as a team and put people at the centre of the care they provided in order to improve people's experiences. We observed staff providing care to people that focused around their individual needs.

Review of people's care records were recorded and monitored. We were told the registered manager carried out random checks of people's care records to ensure they reflected people's needs and were in line with the provider's procedures.

New policies and procedures and learning from incidents were discussed at staff meetings. Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where needed and shared any learning from these incidents with staff.

Staff respected the management structure in the home and understood the responsibilities of everyone's roles. The registered manager had a good understanding of the home and knew people and staff well. The registered manager led by example and was always available to support and advise the staff in their roles. One nurse said, "The manager is very 'hands on' clinically which really helps and they always help out when we have staff shortages."

The registered manager and senior staff were trying to change and embed a positive culture within the staff team. One nurse said, "We try to lead by example and emphasise it is for residents, everything is for them, even if it's not in the job description". Staff told us they were positive about the team they worked with although some staff felt that the inconsistent staffing levels had sometimes impacted on staff morale. One staff member said, "We have a good team. Some days are difficult but the residents are happy". People and relatives complemented the registered manager and the staff team and described them as open and approachable. We received positive comments from health and social care professionals who visited the home. They praised the staff and management of the home and told us their recommendations were always implemented.

The home produced a newsletter which gave people and their relative's information about the home and upcoming events or news. The newsletter was also used to request feedback from people and their relatives. For example the activities coordinator had asked for ideas on activities. The home had links with and received support from the provider's other care homes.