

Parkcare Homes Limited

The Orwell

Inspection report

Vicarage Lane
Wherstead
Ipswich
Suffolk
IP9 2AE

Date of inspection visit:
23 January 2020

Date of publication:
02 March 2020

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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

About the service:

The Orwell provides accommodation and nursing care for up to 40 people. The home is arranged over two floors and at the time of the inspection there were 31 people living in the home.

People's experience of using this service and what we found

We have made a recommendation regarding the meal time experience for people.

People were treated with kindness and compassion. People and their relatives described positive relationships with the staff and management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There was a welcoming atmosphere in the home.

People were kept safe by staff who were knowledgeable about how to minimise risks to people. There were enough safely recruited, trained and skilled staff to meet people's needs. The home was clean and hygienic throughout and safe management of medicines was in place.

People's care records were individual and outlined their needs. People had access to healthcare services and appropriate referrals were made when their needs changed.

People and their relatives told us they were involved in planning their care and were asked for their feedback about the quality of the service.

The registered manager did regular checks and audits on the quality of the service, and staff, people and their relatives told us the registered manager was approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

The Orwell

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and a specialist advisor in nursing care.

Service and service type

The Orwell is a 'nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager, a nurse and seven members of staff from the care, house-keeping and maintenance teams.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

After the inspection

We received information requested as part of the inspection and electronic feedback from two professionals involved with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt protected and safe living in the home. One person said, "I am safe and sound here. I don't worry about a thing." A relative commented, "[Family member] settled in quickly and has told me several times that she feels safe and looked after here."
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with pressure care, falls, moving and handling and smoking.

Staffing and recruitment

- There were enough staff to meet the needs of the people who lived in the home. Due to several permanent staff members being on maternity leave the home used preferred agency staff where there were shortfalls.
- Recruitment was ongoing with systems in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff had relevant pre-employment checks before they commenced work to check their suitability to work with people.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept.
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Staff were trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.

Learning lessons when things go wrong

- Details of accidents and incidents were logged; appropriate actions were taken to reduce the risk of re-occurrence.
- The registered manager carried out regular reviews of accidents and incidents in the home to identify if

there were any trends or patterns. These were discussed with the provider's regional team to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they had enough to eat and drink. The majority of people enjoyed a good meal time experience. However, we found inconsistencies with the coordination of the lunch time meal in the atrium. This included staff who were providing 1:1 assistance to people being redeployed and a task led approach with staff referring to people who require support to eat as 'assisted'. The registered manager gave assurances they would address this.
- There was mixed feedback about the food. Several people were complimentary about the portion sizes, selection and quality of the food provided. One person said, "It is tasty, and I like it." However other comments queried the choice and selection on offer with one relative commenting about the presentation saying their family member, "Sometimes looks at it and pulls a face."
- People's nutritional needs were met. Fortified drinks, milkshakes and thickeners were used, where prescribed, to support people with their food and fluid intake. Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

We recommend the provider carries out their own meal time experience audits to identify areas of good practice and whether further learning is needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs including their preferences were assessed by the registered manager before admission to the home with family members and significant others involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- People were supported to maintain good health with appropriate referrals made when required.
- Systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency. A healthcare professional involved with the home stated, "We have a very good professional relationship with the home. The Orwell has been keen to develop and implement systems to make [visits to the home] efficient and communicate the concerns with the surgery effectively. Overall, I believe the systems in place, I have come in contact with, are working well to provide safe care to the residents."

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and knowledge to provide them with effective care and

support.

- Staff continued to be provided with training and professional development opportunities to equip them with the skills and competencies needed to carry out their role. Such as achieving professional qualifications in care.
- An ongoing supervision and performance-based appraisal programme was in place to support staff.
- Nurses had access to relevant clinical skills training. This included syringe drivers and venepuncture and percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds allow nutrition, fluids and /or medicines to be put directly into the stomach through a flexible feeding tube.
- Nurses supported each other with revalidation, and this was monitored by the registered manager.

Adapting service, design, decoration to meet people's needs

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas, including lounges, dining room and other spaces throughout the home and garden, where people could meet with their friends and family, in private if required.
- There was signage in the home to assist people to navigate round independently.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records evidenced their mental capacity had been considered and assessed, where appropriate, and any best interest decisions were clearly recorded. Where people had mental capacity to consent to their care, they were included in the discussions about equipment such as bed rails or flu vaccines.
- However, one person's record assessed as lacking capacity to direct their own care was asked if they would like a flu jab and had signed a form to say they declined. There was missing information to explain why staff felt the person could make this decision and not others related to their care. The registered manager advised us they would address this.
- The home engaged advocacy services for people who may need support to make decisions about their care. Staff were able to describe people's rights to make unwise choices and their role in helping people to understand alternative options including advice about stopping smoking or with healthy eating.
- Several people sat on their hoist sling all day. The slings used were 'in situ' slings designed for this purpose. It was not clear from the care records that the choice to sit in the sling all day was the person's preference or simply a way to make moving and handling easier for staff. The registered manager confirmed that consent had been sought from people and where required their representatives, and advised they would immediately document that these conversations had taken place in people's records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that the staff were kind and caring towards them. Comments about the staff approach included, 'they are lovely and fantastic', 'staff are so helpful, you can have a laugh with them' and 'they certainly take good care of me.'
- Initial assessments were completed to ensure all people's care and support needs were recorded. These assessments included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.
- Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them.
- Relatives were complimentary about the staff approach and described having good communication contributing towards a collaborative relationship. One relative commented, "The staff are brilliant with [family member] know how to make the best out of each day. They are kind. I have no issues. Get regular updates on any changes as soon as I arrive, am more than happy with how things are going."

Respecting and promoting people's privacy, dignity and independence

- During our inspection visit, staff spoke with people with warmth and affection. One person commented, "The staff have always been kind enough and very respectful towards me."
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or if they wanted to take their medicines.
- Staff were observed to support people walking with a mobility aid to do as much as possible for themselves, they checked the person was safe and comfortable whilst moving and offered encouragement.
- In the main staff were considerate of people's appearance and what was important to them. One person said, "I like to look my best always have and they [staff] help me do that." However, two relatives shared with us instances where for some people with severe physical disabilities their dignity had been compromised such as their clothes not being fitted properly and becoming bunched up. We fed this back to the registered manager.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives where appropriate, told us that they were involved in their care arrangements and their care records reflected this.
- Our discussions with staff demonstrated they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people and relatives had told us.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People told us they were satisfied with the care they received which met their individual needs and wishes and staff responded well when changes occurred. One person told us, "They [staff] have been popping by to check how I am as [not feeling well] so staying in my [bedroom]. I am normally up and about in the atrium but today I am resting. The doctor has been to see me."
- People' care records demonstrated that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support.
 - There was a 'resident of the day' system in place which meant each person's care records were reviewed on a monthly basis and included tasks such as weighing the person.
 - People's care records were detailed in providing important information to guide staff on how to meet their individual care needs. For example, managing specific health care needs such as diabetes and epilepsy and with clinical interventions such as catheter care.
 - There were some gaps in people's records. This included missing life histories, end of life wishes, and entries in people's daily records being task orientated and not taking into account the person's mood and social wellbeing. The registered manager assured us they would address this.
 - People's rooms were decorated and furnished to meet their individual tastes and preferences, for example having family photographs and artwork.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us a programme of activities took place which they enjoyed and could access the community. One person told us they had been on a 'Trip to the seaside' during the summer. A relative told us how a member of staff took their family member out to watch Ipswich football team whom they both supported. Several people had taken part in a 'quiz challenge' at another care home and the registered manager advised they were planning to repeat this event as it had been well received.
- Information was displayed in the home of what was available. There were photographs throughout the home of people having taken part in their hobbies and activities of their choice. However, on the day of our inspection the advertised morning exercise group did not happen due to staff training and although staff were seen interacting with people this was often task orientated. The registered manager explained that they had several new staff were on shift that day and further training and shadowing was planned to support a more person-centred approach.
- Relatives and visitors to the home said they felt welcomed by staff and people's relationships with their friends and family were encouraged and promoted.

End of life care and support

- People's decisions about if they wished to be resuscitated were documented.
- Staff had undertaken training in end of life care and the home had connections with external health care professionals, such as GPs to support people with any end of life care needs.
- The registered manager and staff were committed to providing the care and support people needed at the end of their life. We saw a range of thank you cards and letters from relatives expressing their appreciation to the staff and registered manager for the care and support provided when their family member was nearing the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and provider were aware of the AIS and had met this requirement.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand. There was a photograph board in the home to help identify staff and their roles.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so. Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Orwell had an experienced, passionate and dedicated registered manager in post. They demonstrated an in-depth knowledge of people's needs and that of their staff team. They understood their legal requirements and appropriate notifications and timely referrals were made. Regulated services are required to make notifications to the Commission when certain incidents occur.
- A programme of audits and checks to monitor and assess the quality of the service was in place. Any identified outcomes and actions fed into a development plan for the home which equipped the registered manager and provider with the governance and oversight to address any shortfalls in a timely manner. We were assured by the registered manager's response to the inconsistencies that we had found during the inspection with records, staff approach and meal time experience that these would be addressed.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the registered manager if they needed guidance and support.
- The provider and registered manager understood their responsibilities under Duty of Candour. Feedback from people and their relatives confirmed management was open and transparent when incidents occurred, or concerns and complaints were raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives expressed confidence in the registered manager and the way they ran the home. One person said, "[Registered manager] is nice, always about the place." A relative commented, "[Registered manager is brilliant, good communication when I visit, and I know she is always at the end of the phone if you need her."
- Regular feedback was sought and acted on from people who lived in the home and their relatives through care reviews and surveys.
- The registered manager and staff demonstrated a commitment to providing quality care, which met people's needs
- Staff felt supported and told us they found the registered manager approachable and receptive and could raise any concerns in confidence. One member of staff said, "[Registered manger] listens and acts on what you say."

- The ethos of the home was to be open, transparent and honest. The registered manager worked alongside staff and led by example.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals involved with the home cited collaborative working arrangements. One professional commented when they visited, "The registered manager, senior nurse and all members of staff were approachable and were all happy to speak with me. I observed staff working in a caring and compassionate manner with dignity and respect for all the residents. The home has good connections with local community and other neighbouring homes." They concluded, "This service was providing a high standard of care and is working well."