

## Orchard Care Homes.com (3) Limited

# Withy Grove House

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to look at the overall quality of the service.

We inspected Withy Grove House on 12 August 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

Withy Grove House provides accommodation for up to 54 people who require nursing or personal care. At the time of our visit there were 51 people who lived there. The home provides care and support for people with dementia or physical disabilities.

Withy Grove is a converted Manor House set in its own grounds and located in a residential area of Bamber Bridge. The home is divided into two units that are staffed separately. The ground floor unit accommodates

# Summary of findings

twenty four people who have personal care and nursing needs associated with dementia. The upper floor is a residential unit and can be accessed via a passenger lift. It accommodates thirty people with personal care needs.

The manager at Withy Grove had been in post since March 2014. They had commenced the process to apply to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We used a number of different methods to help us understand people's experiences of the care and support they received. This was because some people had complex needs and were not able to tell us about their experiences. During our visit, we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. During our visit we saw staff had developed a good relationship with the people they supported. Those people who were able to talk with us spoke very positively about the service and told us they felt safe and well cared for. One person told us, "The staff here are lovely, I am really well looked after."

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people's care and support. Records were kept under review so information reflected the current and changing needs of people. Information was stored securely ensuring confidentiality was maintained.

The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

Staff spoken with were positive about their work and confirmed they were supported by the manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

# 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?

This service was safe.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

The service had policies and procedures in place that ensured they followed the codes of practice for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

On the day of our visit we saw staffing levels were sufficient to provide a good level of care and keep people safe.

Good



### Is the service effective?

The service was effective.

Staff had access to on going training to meet the individual and diverse needs of people they supported.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

Good



### Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence

Good



### Is the service responsive?

The service was responsive.

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

People told us there was a personalised approach to activities. They took part in activities which were of interest to them. In addition there was a structured programme of activities.

Good



### Is the service well-led?

The service was well-led.

The manager had developed good working relationships with the staff team and external agencies so people received personalised care and support which met their needs. People who lived at the home and family members made positive comments about the new manager, staff at the home and the support provided.

Good



## Summary of findings

The manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible care and support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

# Withy Grove House

## Detailed findings

### Background to this inspection

Withy Grove House was last inspected in June 2013 when it was found to be meeting the national standards covered during that inspection.

The inspection on the 12 August 2014 was led by an adult social care inspector who was accompanied by a second inspector and an expert by experience who had personal experience of caring for someone who uses this type of care service. The expert by experience at Withy Grove House had experience of caring for older people.

Prior to the inspection visit we gathered information from a number of sources. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. In addition the manager had completed a Provider Information Return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions; Is

the service safe, effective, caring responsive and well-led? We used the PIR and other information held by the Care Quality Commission (CQC) to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the six people who lived at the home, four visiting family members, the manager, six staff members, a visiting health professional and a visiting social worker. We also spoke to the commissioning department at the local authority in order to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the home.

# Is the service safe?

## Our findings

People told us they felt safe living at Withy Grove House. One person told us, "I feel safe in every way in the home."

The service had policies and procedures in place dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the manager or the trained nurses this would be dealt with immediately.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

There had been no applications made to deprive a person of their liberty in order to safeguard them. However the manager understood when an application should be made and how to submit one. During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We did not observe any other potential restrictions or deprivations of liberty during our visit.

We looked at six people's care records. Each person had been fully assessed prior to moving to Withy Grove House. This allowed the manager and qualified nurses to be certain they were able to meet the person's needs safely and appropriately.

Where people may display behaviour which challenged the service, we saw evidence in care records that assessments

and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights. One staff member told us, "I understand the risks and if there is an emergency I know the procedure to follow." Another staff member told us, "If I saw a situation that could be a risk to a resident, I would calmly talk to them and make sure they were safe."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at staff rotas and spoke with the manager about staffing arrangements. The manager told us, "We want to provide consistency in care, so do not want to use agency staff. Our staffing levels are now running at 108%. This gives us extra staff to cover for holidays and sickness."

During our observations we saw there was sufficient staff on each shift with a range of skills and experience. Staff were responsive to the needs of people they supported and spent time with them, providing care and support or engaged in activities. Call bells were responded to quickly when people required assistance.

People we spoke with told us they were happy with the care and support they were receiving. People told us staff had time to spend with them. One person told us, "The staff are great; they sit and talk to me." Family members we spoke with felt there was enough staff on duty to meet the needs of their relatives. One person said, "There is always enough staff around."

The staff members we spoke with told us they were happy with staffing levels. They told us they worked well as a team and supported each other.

# Is the service effective?

## Our findings

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. Staff had completed a comprehensive induction prior to delivering care. Induction training took place as part of a week's course. Once the course was completed staff shadowed a member of staff for three days.

Staff training records showed staff had received training in 'care code of conduct', safeguarding vulnerable adults, food safety, personal care tasks, medication and first aid. In addition there was a range of training taking place which reflected good care practices for people who lived at the home. This included staff development training on dementia and care for the elderly. A number of staff had undergone additional training to become 'champions' within the home in the areas of dementia, sight and hearing, diabetes, dignity and older men's health needs. The 'champions' role was to share best practice to enable people who lived at the home, to maintain good or the best of health.

The staff members we spoke with told us they received regular formal supervision sessions with their manager, in addition to an annual appraisal. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I enjoy my food." Another person told us, "The food is really tasty."

There was a choice of two hot meals provided at lunchtime on the day of our inspection. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal.

We observed lunch being served in a relaxed and unhurried manner. There were some people who needed assistance with their meals and staff were seen to be patient when

supporting them. People were encouraged to eat as much of their meal as they could manage. We saw they were offered alternative meals if they were not happy with the menu choices.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They told us, "When there is a new resident, we go to a meeting about the resident. This helps us to know if they have any special dietary requirements or personal preferences." They told us this information was updated if somebody's dietary needs changed. They also told us they received feedback from any comments made in satisfaction surveys or at 'resident's' meetings.

Care plans reviewed detailed information about people's food and drink preferences. All care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. Assessments were monitored on a regular basis. Where there had been changes to a person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. These confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People told us they felt comfortable to discuss their health needs with staff. Records we reviewed showed people's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For instance we noted one person was significantly underweight when they were admitted to the home. A timely referral had been made to the dietician and a plan of care put in place to address the health concern. We saw the person's condition was constantly monitored and the person had put weight on.

During our inspection we spoke with a community nurse and a social worker who were visiting the home. They told us they had no concerns about the care and support provided and any communications or referrals regarding a person's health had been timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

# Is the service caring?

## Our findings

People told us they were very happy with the care and support they received. One person told us, "All the staff are all so caring and considerate." Another person told us, "The staff know and understand me. I have no worries. They are very caring."

We spoke with six members of staff. Staff spoke fondly and were knowledgeable about people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and compassionate approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home. One staff member said, "I treat the residents as if they were my extended family." Another staff member told us, "I put myself in the resident's position, how they must feel. I care very much. I do the job because I care, not because it's just a job."

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs. We saw that staff knew the people they cared for and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to spend with people in their care. We noted that staff were very attentive and dealt with requests without delay.

During our observations staff showed warmth and compassion in how they spoke with people who lived at the home. We noted through our observations that staff were very patient when dealing with people who repeatedly asked them the same question in a short space of time. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way. We also saw staff were very patient when accompanying people to transfer from one room to another. This showed concern for people's well-being whilst responding to their needs and an awareness of supporting people to remain independent whilst ensuring their safety.

As part of our observations we checked on people who were nursed in bed in order to gain an insight into how their care was being delivered. We saw people were comfortable and were attended to regularly throughout the day. Call bells were responded to quickly when people required assistance.

Family members we spoke with told us they were happy with the way in which their relatives were being cared for. One family member told us, "The staff are very very kind. I have nothing but praise for the staff."

We looked in detail at six people's care records and other associated documentation. We saw evidence people who lived at the home and their family members had been involved with and were at the centre of developing the person's care plans. This demonstrated that people were encouraged to express their views about how their care was delivered. During our observations we saw staff acted upon these preferences. For example it was noted in one person's care records they preferred to wear slippers during the day. We saw the person was wearing slippers. Another person spent the day in their pyjamas. We checked the care records and saw this was how they preferred to dress.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff demonstrated a good awareness and confirmed they had received additional training in 'The Rights of Clients' and confidentiality. Staff gave examples of how they worked with the person, to get to know how they liked to be treated.

During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering and doors were closed when personal care was delivered. People told us they felt their privacy, dignity and independence were respected by the staff at the home.

People were enabled to maintain relationships with their friends and family members. Throughout the day there were a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. We noted staff respected people's privacy and did not interrupt people whilst they had visitors unless it was necessary. Family members we spoke with confirmed they could visit



## Is the service caring?

any time they liked and were not aware of any restrictions on visiting their loved ones. One family member told us,

“My husband is very happy here. We can spend time together in his room and his dignity and privacy is respected. The staff talk to my husband as a human being. I feel very lucky I have found this home.”

# Is the service responsive?

## Our findings

Not all people who lived at the home were able to communicate with us. This was because they had dementia and/or communication difficulties which meant they were unable to comment on decisions regarding their care.

People were encouraged and supported to express their wishes and opinions. One person told us, "I would never be afraid to speak up, not that I have ever needed to." We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. If people were unable to communicate verbally the staff we spoke to told us, "We look at their body language and expressions and that tells us what we need to know".

People's capacity to consent to decisions about their care was considered under the Mental Capacity Act 2005 and we saw details of these assessments of capacity included in people's care plan documentation. The staff had received training and were aware of the processes involved if a person needed others to make a decision on their behalf.

Information was available about advocacy services. One member of staff explained a referral had been made to this service, in order to help a person with their financial affairs. This was important as it ensured the person's interest was represented and they could access appropriate services.

Family members told us they had opportunities to be involved in the development and review of care plans if they wished. People were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people who lived at the home and their family members. This meant arrangements were in place to speak with people about what was important to them.

Family members told us they felt the communication with the home was excellent and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "If I ask I am always told what is going on and they ring me if there is anything special I need to know. I don't have to worry." Another family member told us, "The staff keep me informed about my husband's medication and if he has a fall they tell me straight away and explain whether he needs to go to hospital or if they need to get the doctor."

The home had systems in place to ensure they could respond to people's changing needs. These included a daily 'huddle'. This is where the heads of each department attend a quick meeting to handover any concerns they have regarding people who lived at the home. This can then be discussed by the appropriate people within the home to ensure any required actions are carried out quickly and effectively.

Staff told us there was a handover at the end of each shift. We saw each staff member had an assignment sheet which was updated for each shift. This provided the member of staff with information about any new admissions or any changes to a person's care needs. One staff member told us, "We have a communication meeting every morning at 8.30 with the head of the department, discussing the occupancy, any new arrivals coming in or anyone going for a hospital appointment and to cover all bases."

By looking at care records we noted the home were responsive to people's changing care needs. For example one person's sleeping pattern had changed and they were at high risks of falls. The plan of care and risk assessments had been reviewed. This resulted in the person's bed being changed to a low rise bed and a sensor mat being placed on the floor by the side of the bed. The sensor in the mat alerts staff if the person is having a disturbed night's sleep. We checked and saw they were in place. Another person's care record showed they had developed a skin wound. Staff had put a short term care plan in place. The plan included a risk assessment, clear care instructions for staff and a body map to show where the wound was and the size of the wound. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

An activities coordinator was employed by the home to ensure appropriate activities were available for people to participate in each day. The coordinator told us, "I have a chat with residents one to one with them and try and give them what they want." We saw from care records people's interests and wishes had been identified to provide a personal approach to activities. There was a varied programme of activities for all people who lived at the home. A notice board in the reception area advertised which activities were planned for that day. On the day of our visit there was baking in the morning and gardening in

## Is the service responsive?

the afternoon. During our observations we observed there was sufficient staff on duty for staff to spend time with people giving reassurance, talking or even singing with them. In the afternoon we saw some people were colouring pictures with a member of staff. People were seen to smiling and giggling and enjoying the activity.

The service had a complaints procedure which was made available to people they supported and their family

members. The manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint.

One person we spoke with told us, "The staff treat me kindly. No complaints." Family members we spoke with told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. One person said, "I've not had any concerns but I know I can speak to the staff anytime if anything needs sorting."

# Is the service well-led?

## Our findings

The manager had been in post since March 2014. At the time of the inspection, they were in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Both staff and people who lived at the home spoke positively about the leadership of the manager.

Observations of how the manager interacted with staff members and comments from staff showed us the service had a positive culture that is centred on the individual people they support. We found the service was well-led, with clear lines of responsibility and accountability. All staff members confirmed they were supported by their manager. One staff member told us, “The new manager is really approachable and is keen to listen to any suggestions if things could be improved.”

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through ‘resident and relatives meetings’, satisfaction surveys and care reviews with people and their family members. We saw ‘resident’s meetings’ were held quarterly and any comments, suggestions or requests were acted upon by the manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

Staff we spoke with told us they were able to approach the management team at any time to discuss the running of

the home. They told us they didn’t need to wait for staff meetings to voice their opinions about anything that may concern them. They were confident they would be listened to and any concerns would be dealt with.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. The manager and staff team work closely together on a daily basis. This meant quality could be monitored as part of their day to day duties. Staff confirmed they were supported by the manager and enjoyed their role at the home. One staff member told us, “We all work really well together. We can talk to anyone of the staff at any level within the home. It’s a good team.”

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. Records reviewed showed the service had a full range of quality assurance systems in place, to help determine the quality of the service offered. These included accidents and incidents audits, medication, care and nursing treatment records, capacity assessments and people’s finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

We spoke to the manager about their vision for the home and what they hoped to achieve in the future. Their response was, “We strive every day to improve what we do and the way we do it. There have been a number of staff changes over the last year and I am fairly new in post, so we are looking for a period of stability. A period where we can build and improve.”