

Orchard Care Homes.Com (4) Limited

St Georges Hall and Lodge

Inspection report

Middle St George Hospital Site
Middle St George
Darlington
North Yorkshire
DL2 1TS

Tel: 01325335425

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07 December 2016

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 6, 7 December 2016. The inspection was unannounced which meant the provider did not know we would be inspecting.

St Georges Hall and Lodge is a care home that provides accommodation for people who require personal or nursing care. The home is based on the outskirts of Middleton St George near Darlington County Durham and provides care for older people and people living with dementia. The home is registered to provide accommodation for up to 83 people. On the day of our inspection there were 50 people using the service.

The home did not have a registered manager in place managing the service. 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.

We spoke with a range of different team members; the area manager, the manager, care staff, kitchen staff, domestics and the hair dresser who gave positive reviews about the management of the service.

We found the environment to be clean and infection control measured in place however we found several areas where mal odour was present and addressed this with the provider.

From looking at people's care plans we saw they held peoples personal history and described individuals' care, treatment, wellbeing and support needs. They detailed care required and were written in plain English and in a 'person centred way.' Person centred care is an approach that aims to see the person as an individual, rather than focusing on their illness or disability.

During the inspection no activities were planned for people and there were little or no activities on offer for people to take part in.

Individual care plans contained personalised risk assessments. These risk assessments identified risks and were in place to enable people to take risks safely.

On the day of our inspection people who used the service were supported by sufficient numbers of staff to meet their needs. We could see that there had been previous staffing issues and this had improved since our last inspection and people who used the service were supported by enough people to meet their needs.

When we looked at the staff training records they showed us that staff were supported to maintain and develop their skills through training and development opportunities. We found that training was up to date and current.

When we looked at supervision and appraisal records we saw that these had not been carried out with all staff.

Staff recruitment records that we looked at showed us that staff were recruited safely.

We looked at protocols and recording systems for people who take medicines 'as and when required' and we found recording systems were not always consistent.

We observed how the service stored and administered medicines. We looked at how records were kept and spoke with the management team about how staff were trained to administer medication and we found that medicines were administered safely.

During the inspection we witnessed the staff rapport with the people who used the service and saw consistent positive, caring and warm interactions took place.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. However we saw people having their meals and peoples dining experience wasn't always enjoyable. The daily menu was not developed with the people who used the service to incorporate their likes and preferences but was adapted to meet people's needs and preferences.

We saw complaints and compliments procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. We saw evidence that the complaints procedure was adhered to. People who used the service were aware of how to complain and were supported to do so.

We found that quality assurance checks took place regularly and where issues were identified and there were active action plans in place.

A programme of audits was carried out by the manager regularly.

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. We found the service had a policy in place that was working within the principles of the MCA.

During the inspection we found breaches 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?

Good ●

This service was safe.

Medicines were stored and administered safely.

Staff were recruited safely.

Individualised risk assessments were in place to support people.

Is the service effective?

Requires Improvement ●

This service was at times not effective.

Staff appraisals and supervisions were not always completed.

Parts of the premises had mal-odour.

Staff training was up to date.

The service met the requirements and principles of the Mental Capacity Act 2005.

A person's nutritional and hydration needs were met.

Is the service caring?

Good ●

This service was caring

Peoples privacy and dignity was respected.

People had access to advocacy services when required.

Peoples independence was supported.

Is the service responsive?

Requires Improvement ●

This service was not always responsive.

Activities were not planned and organised to ensure they took place regularly.

Care plans were improved but not always person-centred to

reflect how people's preferences.

The service responded to complaints appropriately

Is the service well-led?

This service was not always well led.

The service had no registered manager in place.

Staffing levels were managed appropriately.

A programme of audits was carried out regularly.

Quality assurance surveys took place and actions plans were in place to make improvements.

Requires Improvement 

St Georges Hall and Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 6, 7 December 2016 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of three Adult Social Care inspectors, an expert by experience and a specialist advisor who both had experience of nursing care and caring for older people and people living with dementia. At the inspection we spoke with fifteen people who used the service, seven relatives, the area manager, the manager, the deputy manager, domestic staff, kitchen staff, two nursing staff, fourteen care staff and the hairdresser.

We looked at six people's care plans from the service, five staff records that included recruitment, supervisions and appraisals and five staff training records.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including the local authority contracts team.

Prior to the inspection we contacted the local Healthwatch and no comments had been collected by them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, comments, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time watching daily routines to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including medication administration records (MARs), safety certificates, care plans and records relating to the management of the service such as audits, rotas, complaints, action plans, surveys and policies.

Is the service safe?

Our findings

At our inspection we spoke with people who used the service and asked them if they felt safe and they told us; "Yes I am safe here, I walk with a frame and staff help me when I need them." and "Yes I suppose I am safe.'

During our inspection we discussed all aspects of medicines with the nursing staff and senior care staff. We observed the medicines administration process taking place and we looked at the medicines administration record sheets (MARs) and found no omissions. We found that the medicines were administered safely.

At the time of our inspection the home had three treatment rooms in use. These were compact rooms fitted out with sinks, cupboards medicine fridge and space. Medicine trolleys were locked against the wall and all had a specific storage for controlled medications. The temperature inside the treatment rooms were regulated by an air conditioning unit and the room and fridge temperatures were recorded daily and within the recommended temperatures. There were procedures in place for the disposal of discontinued or unused medicines and these were recorded in the 'Destroyed/Returned' book.

We found that medicines were administered by qualified nurses or senior care staff who had medicines administering training and competency training that was assessed annually.

When we looked at peoples MAR charts we saw that they held information regarding side effects or allergies. Also we found descriptions to describe how people liked to take their medicines and how to support them. We found that where people needed to take medicines covertly this was done appropriately and the correct guidelines and best interest decisions were in place where needed.

Where people needed their medicines 'as and when required' we saw that there were procedures in place however we found the recording was not always consistent. We raised this with the manager who assured us that a new recording sheet was being introduced and was able to show us the improved recording system.

Topical Medicines were administered and some were recorded on separate MARs that included clear instructions for administration and included body maps, however we found some didn't include the body maps. We raised this with the manager who assured us that the MARS with the body maps would be used throughout the home following our inspection.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs and for all aspects of daily living including; nutrition, mobility, falls, skin and tissue viability, medicines, bedrails and mental capacity and these were reviewed regularly.

We also saw that personal emergency evacuation plans (PEEP) were in place for each individual who used the service. These plans provide staff and other professionals with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

Staff members we spoke with were aware of who to contact to make referrals to or to obtain advice from if they had concerns regarding people's safety. Staff said they felt confident in whistleblowing (telling someone) if they had any worries. We saw that where there had been safeguarding concerns these were investigated through the local authority safeguarding procedures. One staff member told us; "I know what to do I wouldn't hesitate."

We looked at five staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

People who used the service had Individual care plans that contained personalised risk assessments. These risk assessments identified risks and were in place to enable people to take risks safely.

We looked at health and safety checks that were carried out on equipment and maintenance checks and found these were current. We found that some equipment was out of order for example beds and alternatives were arranged for people who needed them. Records were kept of accidents and incidents and these were up to date.

We saw that care staff had access to protective clothing for carrying out care tasks including gloves coloured and white aprons were available throughout the home. We observed that potentially harmful substances and equipment are stored in locked cupboards and store rooms.

Is the service effective?

Our findings

During our inspection we asked people who used the service about the staff and they told us; "The staff know what they are doing."

We looked at the staff Supervision and appraisal records during our inspection and we found that not all staff had received their annual appraisal during 2016 and from over 50 staff only sixteen had taken place. Within the staff supervision records we established that not all staff had received supervision. Only seven members of staff received the amount of supervisions stated within their policy. Ten members of staff hadn't received any supervision at all.

The staff supervision policy that was in use by the service required the staff to receive formal supervision at least six times a year. This meant that staff were not always supported to carry out their role effectively. The Manager was aware that supervisions were behind and gave us assurances that they would be making them priority going forward.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training records and a training matrix and found that training courses were up to date and completed in the following areas; Safeguarding, Moving and assisting, Fire safety. When we spoke with staff about training they told us; "My training is up to date." And the area manager told us; "We have improved our percentages and are keeping on top of the staff training now and we are one of the best in the region now [within the company]."

We found the environment within the home was clean and infection and regular cleaning schedules were in place however we found several areas where mal odour was present. We brought this to the attention of the area manager who immediately addressed the issue by instigating carpet cleaning. The area manager showed us evidence that new flooring was on order for the parts of the home where the mal odour was present.

During our inspection we observed that moving and handling equipment was being used correctly. We saw care staff make sure the sling fitting was checked for comfort and security before the person was moved and the manoeuvre was clearly explained to the person and safely carried out. Hoist and slings were available in all areas of the home.

During the inspection we spent time in all areas of the home used by the people who used the service. The home provides a service to people with dementia type illnesses. We saw that adaptations to the environment had begun. There were pictures ready to go up onto bedroom doors with the person's name and photograph on to help people identify their room. There were pictures and memorabilia on display in communal areas and in hallways. Within the dining rooms different coloured crockery, glasses and cups were used that enabled people to see them more clearly on the table.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered drinks. The menu that we looked at offered one main course. When we spoke with kitchen staff they told us that the current menu was on trial and they were collecting people's feedback on the menu. However if people didn't like something they could have something else prepared for them.

We could see that people with special dietary requirements were catered for. People who required their food prepared differently to suit their needs were catered for appropriately and we saw that this was presented attractively. When we looked in the kitchen we could see that people who had guidance from the speech and language therapy team had their food prepared as required. People's guidance was in the kitchen for staff to see.

The inspection team observed the people who used the service having their lunch in the dining room. We could see that staff were encouraging and supporting people who needed assistance. However the atmosphere in the dining areas was busy rushed and not calm. People who used the service didn't always enjoy the experience. People who used the service told us; "The food is OK." And; "It's noisy." We observed people getting up and leaving the dining room and staff were not able to assist them. When we discussed this with the manager and area manager they were disappointed as they felt they had worked with staff recently to make improvements to the dining experience and we were unable to observe the improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the 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. We spoke with staff who were able to demonstrate that they knew which people who used the service were affected by DoLS.

We also discussed DoLS with the manager who was aware of their responsibilities with regard to DoLS. The service had an effective MCA/DoLS policy in place. All the active DoLS and applications were current and the manager was able demonstrate clearly how these authorisations were managed.

We saw records that showed us that some community professionals were involved in the care and treatment of the people who used the service, such as social work team, occupational therapy and the speech and language therapy team.

Is the service caring?

Our findings

During our inspection we spent time speaking with people who used the service about the staff and the support they received, people told us; "Yes, they are for all of us." and "Yes I think Staff are very pleasant and helpful." Another person told us; "I feel independent, this is my home and my room."

We also spoke with relatives about staff attitude and they told us; "Yes always good, staff here are brilliant' we always get offered a cup of tea" and "There has been a lot of change in staff recently and relationships built up now have to start again, but the staff are very keen to do so."

We saw that staff were knowledgeable about peoples history and backgrounds and we observed staff chatting with people about their previous jobs and role within the community. We found that some of this information was recorded and shared within care plans however sometimes it wasn't. When we brought this to the managers attention they told us that they had made progress in this area and this would be addressed.

We spent time observing interactions between people who used the service and the staff and we found there was a genuine rapport with people and we saw some staff interacting with people in a positive and caring way. The support we saw taking place in the home ensured that people's dignity and privacy was at times.

When we spoke with staff and asked them how they would maintain people's dignity and privacy they with exception they were able to demonstrate how they would do this and told us; "Any personal care is carried out in their own space or privately in bathroom. For example I would guide someone the toilet discreetly or to their own room." Another told us; 'Knock on door ask if we can do personal care, make sure curtains are shut and cover with a towel' and " Always close doors, shut curtains, put towel around them, discreetly whisper, hide continence product as some people can get embarrassed."

We asked people if they were supported to make choices and we found that people who used the service were encouraged to make choices and they told us; "I would ask the carers" Another person told us; "I do where food is concerned."

We asked the staff to demonstrate how they ensured people were given choices and they told us; "It's their choices; give them choices all day every day. We keep them informed about medication, personal care, chiropodists and appointments." Another staff member told us; "Choices are important when dressing take clothes out of wardrobe and ask what they prefer to wear, sit and chat and ask questions."

At the time of our inspection two people who used the service had an advocate in place to support them with important decisions and for exercising their rights. When we asked the care staff about advocacy they advised us that people used a local independent organisation and this was available to anyone if needed. When we asked staff members about advocacy they were also knowledgeable and knew who to make contact with to organise if needed. One staff member told us; "The Advocate comes in often and chats with

[name] they check the care plan with them."

Relatives we spoke with also knew about advocacy that was available. This showed us the service promoted advocacy within the service.

We asked members of the staff team how they encouraged people who used the service to maintain their independence. They told us; "Start first thing on a morning, try and get people to wash, brush teeth, choose own clothes, do they want to get up or stay in bed, do they want to go to dining room for breakfast. Some residents need help, will help to prompt, same at bedtime. Do they want a bath? Some do tell us when they're ready for bed." Another told us; "Try to help people to be more independent at meal times, if need a hand give them a hand, when they come to get dressed, if they want to wear or want something to eat to make them as independent as possible." This meant that the staff at the service promoted peoples independence.

Is the service responsive?

Our findings

During our inspection we spoke with the people who used the service and their relatives about the activities available to people to meet their needs socially and to support their wellbeing. People and their relatives gave us mixed comments and told us; "It's alright." And 'Boredom is the worst thing, ask them, chat like we used to do, get them to ask to do things', Sometimes I think it gives a bad impression'. Why not have more bands in like country and western, share what people like to do and put this into motion once per month.' We did have an entertainer here recently with guitar singing Christmas carols, church service last Sunday. More of that would be god send, look at what hobbies, what works and play around with that and in the summer have a party."

When we spoke with staff members about activities they told us; "We do have some visitors come in. Activities coordinator had two ponies in last week, there are chickens outside, and groups come in, guitar playing and Mr Motivator." And another told us "We don't get the chance to get people out very often it's not the lack of wanting to get them out, we would love to get them out more often, not much around here, where can they go? Don't have own transport here it would be nice to take them out to Redcar'

During our inspection no activities took place and none were planned. The activity co-ordinator was on annual leave and there were no arrangements made for people to take part in during their absence. People spent most of their time in the lounge areas watching TV. When we spoke with the area manager and the manager about the lack of activities on offer they told us; "We are aware of the issues with activities and we are planning to recruit more people to the role of activities and make improvements."

When we looked at peoples care plans we could see that they were written in the first person. The care plans gave in depth details of the person's care needs.

Care plans had been recently improved and gave some insight into individual's, preferences, choices likes and dislikes and some contained a one page profile that detailed information and gave an overview of the person, however the description of how to support people was brief and didn't promote specific person centred care to meet individual needs, or fully describe what people can do for themselves or what level of support they would like. The plans did not describe how the carers will support the resident in different activities or what measures are needed to ensure the residents individuality, self-esteem, privacy and safety is going to be maintained. We discussed this with the area manager and manager who told us more work on care planning was on going.

The complaints procedure that we looked at provided clear protocols for staff, people or their relatives to follow should a concern or complaint arise. We saw there had been no recent complaints made. We were shown complaints records that provided evidence that the care manager had responded timely and investigated previous complaints. This meant that complaints were managed and responded to appropriately. From speaking with staff and people who used the service we could see that the procedure was embedded within the service.

We asked people who used the service and their relatives if they knew what to do if they wanted to raise an issue or a complaint and one relative told us; "Depending what the issue was concerning. I would approach the member of staff and go through the channels, there are forms to complete." One staff member told us; "I would listen to what they had to say then see the senior or nurse and see if we could rectify it and record in daily comments book." Another told us; "I would speak to the manager if it was something that I couldn't deal with myself." This meant that people, staff and relatives were aware of how to raise issues and concerns.

We saw that relatives were encouraged to get involved in the service and regular relative meetings took place and the relatives we spoke with told us these were effective one relative told us; "Yes, [name] was having trouble with pressure stockings, [name] wouldn't allow staff to put them on, I had to make sure they didn't give up'. 'They issued instructions to staff to make sure. I raised it at the Saturday meeting with relatives the manager took it in hand."

Is the service well-led?

Our findings

We asked people who used the service and their relatives about the management of the home and some people were not sure who the manager was due to recent changes however feedback we received was positive one person told us; "Yes I know who they are." one relative told us; 'The manager is approachable now, everyone's approachable now, there was a time when they were constantly changing the manager.'

At the time of our inspection visit there was no registered manager in place at the service. The service was being run temporarily by a manager from another service covering the post of manager until a manager was recruited. There was also a deputy manager and area manager based at the service supporting the manager. We spent time discussing the management cover and we were provided with evidence of rotas and the on call management support arrangements for the staff that were sufficient.

We saw accidents and incidents were regularly monitored by the manager for any trends.

The manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw quality monitoring visits were also carried out by the provider and these visits included the following; staffing, health and safety, and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

We saw copies of complaints made and we saw evidence of how these were responded to by the manager and how outcomes from the complaints were recorded appropriately.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to have their say in the way the service was delivered. For example, the service had a quality assurance and quality monitoring questionnaire in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home.

During our inspection we looked at staffing levels and how these were being managed to meet the needs of the people who used the service. We asked the manager and the area manager how the staffing levels were calculated and how the evaluation of people's needs were taken into account when managing staff and producing rotas. The area manager told us that these calculations were completed using a competency tool. The area manager showed us examples that they had recently completed and how the rota reflected the numbers calculated. The area manager also told us; "We are introducing a new system to do this at the moment."

We saw evidence of how the management had taken active steps to reduce the agency usage at the service and were monitoring this on a weekly basis. The service was now only using one agency instead of several and had reduced the hours significantly.

We saw that the manager held team meetings with staff and met with relatives on a regular basis and Staff we spoke with told us they felt supported by the management and that the manager was approachable.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

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 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff did not receive regular supervision. Appraisals were not always completed
Treatment of disease, disorder or injury	