

Options for Care Limited Orchard House

Inspection report

95-97 Holly Lane, Erdington, Birmingham B24 9JP
Tel:
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement 

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?

Requires improvement 

Overall summary

Our inspection was unannounced and took place on 25 January 2016.

At our last comprehensive inspection on 26 and 27 August 2015 we found multiple breaches of the regulations. We found that the provider did not have effective arrangements in place to monitor the quality of the service, did not ensure that sufficient numbers of suitably qualified staff were employed at all times, did not ensure that care was provided in a way that ensured people's privacy and dignity was respected at all times, people had not received person centred care, people were not protected from receiving unsafe care and treatment, people were not protected against the risk of harm, robust recruitment practice were not in place, the

provider had not informed us of notifiable occurrences and effective governance systems were not in place. As a result of our inspection we placed the home into special measures and kept the home under review. At this inspection we found that improvements had been made and the regulations were met. However some improvements were needed to ensure robust recruitment procedures were followed through in practice.

The provider is registered to accommodate and deliver personal care to a maximum of six adults who lived with a learning disability. At the time of our inspection two people lived at the home.

The manager completed the registration process with us shortly after this inspection took place. A registered

Summary of findings

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.

People were safe because the manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

Most staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely and provide people with support in the home and whilst outside of the home. Recruitment procedures were in place but had not been robustly followed to ensure people were protected from unsuitable staff being employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating. People were supported to pursue their hobbies and interests both within and outside of the home.

Staff had received adequate training and plans were in place for further training so that staff had the skills and knowledge they needed to provide safe and appropriate support to people.

Complaints systems were available for people to use if needed. The provider had made many improvements to the service and quality monitoring systems were in place. Although some further improvements were needed to ensure these were fully effective.

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?

The service was not always safe.

People were safe because they received support from staff who understood the risks relating to people's care and supported people safely.

Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs.

Recruitment procedures were not always robustly followed to ensure people were protected from unsuitable staff.

Medicines were managed safely, and people received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was effective.

Plans were in place so staff received all the appropriate training to help them carry out their role.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring.

People were supported by staff that were and caring.

People were treated with respect and had privacy when they needed it.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their lives and how they wanted to be supported.

People were given support to access interests and hobbies that met their preferences.

Arrangements were in place to manage complaints.

Good



Is the service well-led?

The service was not always well led.

People benefitted from an open and inclusive atmosphere in the home.

Requires improvement



Summary of findings

A new manager had been appointed and many improvements had been made to the running of the service.

Systems were in place to assess and monitor the quality of the service provided to people. Although some further improvements were needed to ensure that these were operated effectively.

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.

The inspection visit took place on 25 January 2016 and was carried out by one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We observed the care and support provided to people who lived at the service. Some of the people had limited verbal

communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the operations director and three members of staff. We looked at information received from the local authority commissioners of adult social care services. We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

At our last inspection on 26 and 27 August 2015 we found the provider had not ensured that they had implemented robust procedures and processes that ensured people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made.

At this inspection staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received the training to do so. Staff were able to tell us about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager. A staff member told us, "If I saw something that wasn't right I would report it to the manager. I know that she would deal with it and report it social services and CQC". However, one staff member had limited knowledge about how concerns would be dealt with by the manager. Since our last inspection the provider had reviewed their procedures about protecting people from the risk of harm and this was available for staff to refer to. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

At our last inspection we found risk assessments had not always been implemented to manage risks. There was no system in place to identify and analyse themes and trends so steps could be taken to mitigate the risk of further incidents. We saw that there were a number of potential risks to people in the environment. The provider had not ensured that care and treatment was provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made.

At this inspection one person said, "Yes" when we asked them if they felt safe with staff. Staff were aware of the identified risks to people. We saw that staff reassured a person that was agitated. People looked comfortable around staff. Staff that we spoke with were aware of the risk that people's behaviours presented to themselves and others and what they would do to help reduce the risk of harm to people. Staff knew how to report incidents, and

systems were in place to ensure that these were monitored so that action could be taken to minimise the risk of a reoccurrence of the incident and avoidable harm to people.

We saw that action had been taken to ensure that safety risks to people in the environment were identified and risks to people minimised. For example, we saw the garden area had been made safe and hazardous items were safely stored. Staff told us that safety checks of the premises and equipment had been completed and we saw records were up to date that confirmed this. Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. Staff told us that a manager from the organisation was always available on call. A staff member told us, "I would ring the on call and let them know if one of the people wasn't well or if there was an emergency situation. One night I needed to call the ambulance for [Person's name]. I called the ambulance first and then I contacted the on call to let them know what was happening".

At our last inspection we found that robust recruitment procedures had not been followed. For example all pre-employment checks as required by law had not been completed before staff started working. Not all staff had evidence on their records that satisfactory references from their previous employer had been obtained prior to their employment date. This would ensure that the provider could assess their conduct in their previous employment to determine if they were suitable. This was a breach of regulation 19 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included that recruitment procedures would be effectively followed prior to staff joining the organisation.

At this inspection we found that the provider had implemented a new recruitment procedure. Staff files had been audited and some improvements had been made to the records so that information about checks was clearer. There had only been one staff member recruited since our last inspection. We looked at their recruitment file and we could not see evidence of references obtained before they started working in the home. The operations director was unable to locate this information. Shortly after our inspection the operations director sent us confirmation that they had obtained satisfactory references for the staff

Is the service safe?

member. The provider was unable to confirm to us if the references had been previously asked for and misplaced or if their own revised recruitment procedures had not been followed. However, they told us that had taken action to ensure that the procedures would be robustly implemented.

At our last inspection we found that arrangements in place did not ensure that sufficient numbers of staff were deployed to ensure people's needs were met. We observed long periods of time when staff were not available to support people and respond to requests for help. We also found that night time staffing levels had been reduced and were not supported by a risk assessment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made.

At this inspection we saw that staff were available to respond to people's needs. The person we spoke with told us that there was always enough staff to help them. The needs and numbers of people living at the home had changed and one waking night staff had been assessed as adequate to meet the current needs of people living at the home. Staff spoken with told us that there was always enough staff on duty.

At our last inspection we saw that people's medicines were stored in the office in a locked trolley. However, the office was not lockable. We saw that medicine's to be returned to the pharmacy were also stored in a bag in the office and this was not secured. We saw that Medication Administration Records (MAR) charts had not always been completed accurately and we saw records stating that some people had been given the medication at the wrong time of the day. We saw that some discontinued medicine was still being stored in the medicine trolley. Following our inspection we asked that a pharmacy inspector from the CQC visited the service to assess if people's medicines were managed safely. They inspected the service on 30 September 2015 and found that people received their medicines safely and as prescribed. At this inspection we found that people were provided with secure storage in their bedrooms for their medicines. One person told us that they were happy with how their medicines were now managed. They told us that we could look at the new medicine cupboard in their bedroom to see how their medicines were stored. A staff member told us, "The way we support people with their medicines is really good now. Everything is in place and well organised. It is a lot better now".

Is the service effective?

Our findings

At our last inspection we found that staff had not received the appropriate support, training, professional development and supervision they needed to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included providing staff with the training needed to carry out their role.

All the staff told us that they received training to enable them to do their jobs. Staff told us and records showed that training provided included training on meeting people's specific needs. A staff member told us, "It is much better more organised now and things are in place. We have done lots of training. The manager is always available for help and support". The operations director told us that there were plans in place to arrange training on diabetes and autism. All staff told us that they had regular supervision to discuss their performance and development and that they felt supported in their role.

At our last inspection we found that people had Health Action Plans in place. However, they had not been maintained and had not been updated since 2012. There were no care plans in place on specific healthcare needs. There was no evidence in any of the care records that people were involved in their care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff spoken with knew about people's physical health care needs and the monitoring in place to meet people's needs. Although one staff member we spoke with demonstrated only limited knowledge. A staff member told us, "The records we have in place now are a lot clearer. We record things as we go along, we know where to record the information it much clearer to follow". Staff told us and records showed that advice had been sought from other professionals where there were concerns about a person's health. We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that the service was working in line with the requirements of the MCA. We saw that assessments had been made about people's capacity to make decisions. We saw that Staff sought people's consent to aspects of their care.

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). The appropriate applications had been made to the local authority which showed that the provider had acted in accordance with the legislation and people's rights were protected. Staff meeting had also been used effectively to discuss MCA and Dols to ensure staff understood this legislation and how it impacted on the people they cared for.

One person told us, "I like the food". We saw that people were offered drinks and one person was encouraged to access the kitchen to make themselves drinks when they wanted them. We saw that picture menus were displayed so that people knew what meal choices were available to choose from. Staff told us that the manager had introduced pictures and photographs to support and encourage people to make choices about their food. Staff knew about the support people needed to eat a healthy diet and to ensure that they had adequate drinks throughout the day to stay healthy. We observed the meal time and saw that meals were plated in the kitchen and passed to people. Drinks were poured for people with no choice offered. We saw that there was very little interaction from staff with people during this time. One staff member was in the lounge but didn't engage with people and another staff member carried out tasks in the kitchen. We discussed this with the operations manager who told us that a lot of work had taken place and was still taking place with the staff team to ensure they understood their role, and the need to ensure that the care provided to people was person centred and effective.

Is the service caring?

Our findings

At our last inspection we heard staff tell a person on a number of occasions to go to the toilet. This was shouted across the lounge and other people were present. People's care records were stored in the lounge in a cardboard box which did not ensure the security and confidentiality of people's information had been provided. This did not show that people were provided with care and treatment in a way that ensured their privacy and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included staff briefing and training to ensure staff were aware of their responsibilities to ensure the dignity of people.

We saw that people were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. Staff made sure that bedroom and bathroom doors were closed and did not speak in a loud manner that could be heard in the hallway or lounge area preserving people's dignity. We saw that people all had single occupancy rooms so that they could choose to spend time alone if they chose.

We saw that staff stored information about people's care needs securely. We saw that secure storage was provided in the lounge area to keep information about people's care and the running of the home. This meant that staff had ease of access to information they needed but arrangements were provided to ensure the confidentiality of people's information was respected.

We saw that interactions between people and staff were respectful. We saw occasions where staff were attentive to what people were saying so that they felt listened to and involved in their care. Most of the staff demonstrated a good understanding of people's needs.

We saw that people were supported to make choices and decisions about their care and how it was delivered. Choices included how they spend their day and what time they went to go to bed. One person told us, "Yes I get up when I am ready".

Staff told us that they do try and encourage people to do things for themselves so that their independent skills were promoted. A staff member told us that they encouraged people to help with their own personal care as much as they could. We saw that one person was supported to make their own drinks and return cutlery to the kitchen. However, we saw that opportunities for people to develop their independence skills were not always acted upon. For example, at meal times people were not encouraged to serve their own food and pour their own drinks.

We saw that people were dressed in individual styles; these individual styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest. One person proudly showed us the jewellery they were wearing and told us they liked to put in on every day.

Is the service responsive?

Our findings

At our last inspection we found that the provider did not operate an effective, accessible system for identifying, receiving, recording and handling complaints. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included providing a complaints system that was accessible and ensuring records of complaints were maintained.

One person told us that they could speak to staff if they were not happy about anything. We saw that a complaints procedure had been produced in an easy to read format and was displayed in the home for people and visitors to see. We saw that the complaints procedure had been revised since our last visit. However, we noted that CQC role needed to be clarified. The procedure indicated we would be the next point of contact if a complainant felt the provider had not dealt with their complaint appropriately. The operations director agreed to make the minor amendment needed so our role was clear.

People were supported to pursue their individual hobbies and interests. One person told us about the things they enjoyed doing. One person said, "I went to the cinema and saw a film. I enjoyed it". They told us they liked going out sometimes to the shops and for a cup of coffee. They told us they really enjoyed certain television programmes and they loved listening to music. We saw during our visit that people were supported to do the things that they liked to do. Both people were asked their choices about music and

television programmes. In the afternoon people were supported to do games and table top activities. Staff told us that people had recently enjoyed a trip to the pantomime.

Staff told us that picture, photographs and easy read information had recently been introduced into the home to help support people make choices about their care and the things they liked to do. A staff member told us, "Lots of things are in place now. We use the pictures and photographs to help people make choices about their care". Staff told us that residents meetings had also been introduced on a more regular basis and the manager had provided support and guidance to staff about how people should be involved in these meetings.

Staff knew people's needs and knew what people liked to do. Staff were able to tell us about the things that were important to people. Staff were able to give explanations about people's needs and their likes and dislikes and preferred routines. We looked at two people's care records. We saw that these contained up to date information for staff to provide appropriate levels of care and support to people. Care records were individualised and informed staff about what people liked and how people wanted their support delivered.

Staff told us that a handover of information took place at each staff change over. Staff told us about the change in needs of some of the people that lived in the home and the steps that they had taken to respond to these needs. For example, one person had become less mobile. The operations director told us that meetings and discussions would place to ensure that they responded to the changes in the person's mobility in a way that ensured their wellbeing and safety.

Is the service well-led?

Our findings

At our last comprehensive inspection on 26 and 27 August 2015 we found multiple breaches of the regulations. We found that the provider did not have effective arrangements in place to monitor the quality of the service, did not ensure that sufficient numbers of suitably qualified staff were employed at all times, did not ensure that care was provided in a way that ensured people's privacy and dignity was respected at all times, people had not received person centred care, people were not protected from receiving unsafe care and treatment, people were not protected against the risk of harm, robust recruitment practice were not in place, the provider had not informed us of notifiable occurrences and effective governance systems were not in place. As a result of our inspection we placed the home into special measures and kept the home under review. We also shared information about our concerns with the local authority. We also carried out a focused inspection on 30 September 2015 to look only at medicine management and found that safe systems were in place. We did not review the rating of the service at the focused inspection.

The provider sent us an action plan following our comprehensive inspection and told what action they had taken to make the improvements. At this inspection we found the provider had made many improvements to the home including taking action to meet the regulations.

A new manager for the service was appointed in September 2015 and had just completed the process of registering with us. The manager was on leave when we carried out our inspection. However, all the feedback we received about the manager was positive. Staff told us that the manager knew people's needs and asked them their views about the home. All staff told us that they felt confident with raising any concerns they had with the manager and that they would be listened to. A staff member told us, "The new manager is really good. Things are organised properly

now. We know what we are doing and get the support we need to do our job". Another staff member told us, "I feel more confident in what I am doing; I have had supervisions with the manager. She has brought us all in order".

Staff told us that staff meetings took place on a monthly basis and that their views and ideas were asked for. Records of the meetings showed that feedback and discussions took place regarding the experience of people who lived in the home, CQC inspections, safeguarding notifications and health and safety matters. This showed an open and learning culture was promoted.

Organisations registered with CQC have a legal obligation to notify us about certain events, so that we can take any follow up action that is needed. The manager had ensured systems were in place to ensure we were notified and that they fulfilled their legal responsibility. We had been notified about some incidents in relation to medicine management. We saw that the manager had ensured that these incidents were fully investigated to establish the cause and to prevent reoccurrence.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management, care records, health and safety and accident and incidents. Our inspection identified that the recruitment procedure had not been robustly implemented. However, the provider took action on this at the time of our inspection. A training plan was also in place to ensure that staff received all the training needed to meet people's needs. We spoke with the manager following our visit to the service. They told us that they had made a lot of progress and that there were plans in place to ensure the service continued to be monitored and improved.

The local authority told us that the provider had made the improvements that were needed. They told us that they had lifted the suspension on new admissions to the home. The provider told us that they had worked through the action plan agreed with West Midland Fire Service and that all the actions they needed to take to ensure people's safety had been completed.