Orchard Care Homes.com (3) Limited

Alexandra

Inspection report

Doncaster Road
Thrybergh
Rotherham
S65 4AD
Tel: 01709 850844

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Ratings

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

Overall summary

The inspection took place on 3 and 4 November 2014 and was unannounced. The last inspection took place in July 2013 and the service was compliant in the areas we checked.

Alexandra provides accommodation for up to 47 people who require nursing and residential care. The service is situated in the Thrybergh area of Rotherham. At the time of our inspection 35 people were using the service. Alexandra also provides care for people living with dementia.

This service is required to have a registered manager in place. 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. At the time of our visit there was a registered manager in place.

Summary of findings

At our inspection on 3 and 4 November 2014, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of this report.

People who used the service were not always cared for in a clean and hygienic environment. We completed a tour of the home and saw some areas and equipment in need of cleaning which could potentially create a health risk to people who used the service.

We spoke with staff who had a good knowledge of how to protect people from harm and knew the procedure to follow if they needed to.

We saw that medicines were ordered, and disposed of safely. Medicines were administered to people by staff trained to do so.

Staff we spoke with told us they received training which was effective and helped them to carry out their role. The care workers we spoke with told us they received supervision sessions (one to one sessions with their manager). Staff told us they felt supported by the registered manager.

Positive caring relationships were developed with people who used the service. Staff were respectful and treated people in a caring way.

Suitable arrangements were in place to support people to maintain a healthy intake of food and drink. People we spoke with told us the food was nice.

People received care which met their current needs. Care plans were in place and reflected the person's needs. Healthcare services were contacted when people required their support.

Audits were completed to ensure a good quality service was provided. These were carried out by the registered manager and those designated by her. Each audit had an action plan where issues for improvements had been noted.

People's views and opinions were taken in to consideration and people felt involved in suggestions and ideas about the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We completed a tour of the home and found some areas were not clean and could potentially create a health risk to people who used the service.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment.

On the day of our inspection we saw there were enough staff to meet the needs of people who used the service. We looked at rotas and found they reflected the staffing ratio as discussed with the registered manager.

We spoke with staff who were knowledgeable about safeguarding vulnerable adults. They were able to explain what they would do if they witnessed abuse and who they would report this to.

Is the service effective?

Good

The service was effective.

We spoke with staff and found they had received appropriate training. Staff told us the training they received was informative and supported them to carry out their job role.

The registered manager had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and told us that two referrals had been made to the supervisory body, but had not been approved. We saw were people were unable to make their own decisions, a best interest meeting had been held to discuss this.

Is the service caring?

Good

The service was caring.

People were given choices and staff were aware of people's likes and dislikes. We saw relatives were made welcome at the service and staff showed understanding of the need to develop relationships.

We saw staff interacting with people in an inclusive and caring manner.

The service had champions in areas such as dignity, diabetes and hearing loss. This meant that identified staff were assigned a project they were interested in and they took lead on this in the service.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received care which was appropriate to people's needs. We viewed care plans and found they reflected the current needs of the people who used the service.

We saw the service had a complaints procedure and this was displayed at the service and people we spoke with knew how to make a complaint.

People felt able to raise concerns and told us they were listened to.

Is the service well-led?

Good

The service was well led.

At the time of our inspection there was a registered manager in place at the service.

Audits were completed to ensure a good quality service was provided. Audits were effective with only one exception. This was the audit around infection control.

People's views and opinions were taken in to consideration and people felt involved in suggestions and ideas about the home. We saw relatives and residents' meetings took place and discussions around food, activities, the autumn fayre and training were discussed.

Alexandra

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 registered 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 took place on the 3 and 4 November 2014. The inspection day over two days, 3 November 2014 was unannounced.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive the completed PIR as the service had not received the request.

In preparation for the inspection we reviewed information we held about the service. We contacted Rotherham Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also obtained information from Rotherham Council who commission services from the registered provider.

During our inspection we spoke with nine people who used the service and three of their relatives and friends. We also interviewed four care staff, a cook and an activity co-ordinator and the registered manager. We tracked the care of four people and observed staff working with people. We looked at other records regarding staffing, medication and management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

During our inspection we saw certain rooms and corridors were cluttered and this presented a trip hazard or obstruction. In one corridor an empty cardboard box was lying on the floor. In another corridor a trolley of towels and sheets was present but not used during the first day of our inspection. Drink containers, cups and cloths were on several radiator covers in the corridors. In a lounge there were clothes on hangers, possibly from the laundry, lying over the back of a chair. We saw in the hairdressing salon there were boxes on the floor and a tool box on one of the chairs. When we returned to the service on 4 November 2014, we saw these issues had been rectified.

We also saw a fire exit which did not have easy access due to the situation of the nurse's station being directly in front of it. The station comprised of a desk and two chairs and would potentially block the route in an emergency situation.

We saw a small kitchenette situated off the dining room. The kitchenette was in need of cleaning. We saw crumbs in drawers, tile grout behind the sink was very dirty and the floor was in need of cleaning. We also saw sauce bottles which had dried sauce stuck to the bottle where it had dripped from the top. The registered manager disposed of these as soon as we raised the issue. We also saw butter and jam had been left out on the side and there were no date of opening on them. The microwave was very dirty with encrusted food visible.

We completed a tour of the home and found some areas were not clean and could potentially create a health risk to people who used the service. We looked at one person's bedroom and saw their table was very dirty and had encrusted food on it. This person also had a bowl of fruit on the table, which was black and ready for removing. We looked at the person's ensuite and saw the toilet had a raised toilet seat; this was dirty underneath and required cleaning.

Another person's room had a very strong smell of urine. The person told us their catheter bag had burst on the carpet and this had not been cleaned. We saw the carpet was also very dirty and in need of cleaning.

We also saw equipment such as stand aids and hoists, which required cleaning and had crumbs of food on them.

We saw a cleaning schedule for night workers which indicated these items had been cleaned on the 2 November 2014. The house keeper was unable to locate the other cleaning schedules on the day of the inspection.

We looked at toilets and bathrooms and saw one toilet had a gap at the base, which was collecting dirt and made cleaning difficult. We saw a shower room, which contained lots of equipment. This room had a very dirty floor. Where the tiles and the floor met there were gaps which were collecting dirt.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Cleanliness and infection control).

We spoke with people who used the service, their relatives and staff and were told they sometimes worked short staffed. We spoke with the registered manager who told us the usual number of staff required to meet the needs of people living at the service was worked out via observations and listening to staff comments. The registered manager told us that they currently had four care workers, one senior care worker and a registered nurse on each shift. The registered manager worked supernumerary to this, and said that there had been times when staff had rang in sick and they could not get cover so she had assisted on shift. On the day of our inspection we saw there were enough staff to meet the needs of people who used the service. We looked at rotas and found they reflected the staffing ratio as discussed with the manager.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, both from their previous employer's or last employer and two personal references, and a satisfactory Disclosure and Barring Service (DBS) check. We looked at staff files and found that appropriate checks had been carried out in line with the registered provider's recruitment policy.

The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We checked to see if medicines were ordered, administered, stored and disposed of safely. We observed the deputy manager whilst they administered medicines. The staff member was aware of people's needs and how they preferred to take their medicines.

Requires Improvement

Is the service safe?

We saw medicines were stored correctly in a medication room. This housed medication trollies, medication fridge and had a cabinet which complied by law, where controlled medication was stored.

The registered provider had procedures in place for ordering and disposal of medication systems, which were being followed.

We spoke with people who used the service who told us they felt safe. One person said, It's very safe and the staff are lovely." Another person said, "There was an occasion where one of the staff was not nice to me." This person had raised this with the registered manager who resolved the situation in an effective manner.

We spoke with staff who were knowledgeable about safeguarding vulnerable adults. They were able to explain what they would do if they witnessed abuse and who they would report this to. Staff we spoke with told us they had received training in safeguarding and whistleblowing.

We saw an accident log was in place and accident forms included what action had been taken. For example one accident had resulted in the person requiring a different type of bed which had been sourced.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care plans we looked at included risk assessments which identified any risk associated with their care. Risks identified included falls, malnutrition and pressure relief.

Good

Is the service effective?

Our findings

We spoke with staff and found they had received appropriate training. Staff told us the training they received was informative and supported them to carry out their job role. We saw a training matrix, which showed the majority of training was up to date. There were some areas of training which required up dating but sessions had been arranged for staff to attend. This showed the registered provider was in the process of supplying this training.

Staff we spoke with felt supported by the registered manager. They received regular supervision sessions (one to one support) with the registered manager.

We spoke with staff about their induction period. They told us this included training and shadowing experienced workers. The service had a 'buddy' system in place, which meant an experienced worker would pair up with a new starter. Staff we spoke with had found this support valuable.

The service had a consent policy in place indicating care files should include a consent form, which had been signed by the person or their representative. This was to give consent for professionals to access care records, and photographs to be taken for health and identification purposes. We saw the service was following this policy.

We observed staff interacting with people who used the service and saw they were understanding of their needs. We saw staff explaining what they were doing and seeking their consent before proceeding with support.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager had a good understanding of this and told us that two referrals had been made to the supervisory body, but had not been assessed or authorised. We saw that where people were unable to make their own decisions, a best interest meeting had been held to discuss this. Staff we spoke with had a good understanding of the Mental capacity Act 2005.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We observed lunch being served in the main dining area. The meal took place in a calm environment and staff engaged with people. People who required assistance with eating and drinking were given this support in a caring manner. Staff spoke with people they were assisting. There was a choice of two main meals. The meals were well presented and looked appetising. One person complained about their meal saying the fish fingers were hard and burnt. This was changed immediately without any problem and the person was happy with the second meal they received.

We spoke with people about the quality of meals and one person said, "You can't fault the food its lovely." Another person said, "The food's alright. One of the best breakfasts I've ever had."

People we spoke with were satisfied with the way the service responded to medical emergencies and ongoing health concerns. One relative said, "If anything untoward happened the staff would call me." A person who used the service said, "If I need to see a doctor the staff would get one right away."

Care records we looked at showed evidence that referrals had been made to other health care professionals where needed. This had been done in a timely manner. One health care worker we spoke with told us the home referred people appropriately.

Good

Is the service caring?

Our findings

We saw relatives were made welcome at the service and staff showed understanding of the need to develop relationships. One relative said, “Staff are really kind and make visitors very welcome.” A person who used the service said, “The staff are approachable and I feel content.”

We observed care to help us understand the experiences of people who could not talk with us. We used this tool to observe people who were residing in Alexandra, whilst in the lounge area. We saw staff interacted well with people. People were given choices and staff were aware of people’s likes and dislikes.

We saw staff assisting a person with their mobility. Staff used a blanket over the person’s legs to preserve their dignity. This showed staff had considered the person and showed respect. During the transfer the person showed signs of distress and the carer immediately reassured the person.

One person was having difficulty with their call button. A member of staff walking by their room stopped and assisted the person in a friendly, unhurried way.

There were times when carers appeared task focused, but even so care was delivered effectively. During the inspection we saw a lack of social stimulation. People sat in the lounge areas or in their own rooms engaging in activities of their choice. For example, watching television, listening to music and reading. However, we did see that activities were planned and were told by people who used the service and their relatives, that a range of activities were offered.

The service had champions in areas such as dignity, diabetes and hearing loss. This meant that identified staff were assigned a project they were interested in and they took lead on this in the service. For example, the dignity champion had recently spoke with people about this and two people who used the service showed an interest in becoming a dignity champion.

We spoke with staff about how they would preserve someone’s dignity. One member of staff said, “It’s about finding common ground, building up a relationship and involving the person in everything you do.” Another staff member said, “It’s important to talk to family members and find out the person’s life history and what they like and dislike.”

Relatives we spoke with felt staff were very caring in their approach and had no concerns. They felt their family member was well cared for.

People who used the service spoke highly of the staff and told us they could talk to the staff about anything. One person said, “People are really nice.” Another person said, “The staff are very caring I love talking to them.”

Good

Is the service responsive?

Our findings

We viewed care plans and found they reflected the current needs of the people who used the service. We saw that people who required equipment had been assessed for this and had a care plan, which indicated how staff should use the equipment. One person was at high risk of developing pressure area damage and had been assessed for a specialist bed to assist in preventing them.

Care plans indicated that other professionals had been contacted when the need arose. For example, an advanced nurse practitioner had been contacted for advice, regarding the health care of a person. This had been documented and the service had ensured staff were aware of the persons current health needs. We saw care plans had been updated following accidents and incidents to reflect the persons updated care needs.

People we spoke with were aware of the care planning process and were asked if they wanted to be involved. One person said, “I was asked if I wanted to be involved, but I trust the staff and they talk to me if anything changes.”

We spoke with staff who told us they were aware of current needs of people and gave some examples. Through our observations and by checking care records we saw that their knowledge was current and appropriate. This showed staff were knowledgeable about the needs of people they were assisting.

The service had an activity co-ordinator and it was evident that different events had been organised. On the first morning of our inspection the activity co-ordinator was busy changing the activity board to display the current week’s events. The activity co-ordinator felt supported by the registered manager and had a reasonable budget to spend on activities and social events. The activity co-ordinator demonstrated a good knowledge of the likes and dislikes of people and had read their life histories. Activities were displayed clearly on a board using words and pictures.

People told us of a recent activity, ‘virtual cruise’ which involved the catering staff supplying meals from other countries. People we spoke with said how much they had enjoyed this.

We saw the service had a complaints procedure and this was displayed at the service and people we spoke with knew how to make a complaint. We saw the service had a log of complaints, which showed issues were followed up. However, from talking to people we were aware of two complaints that had not been recorded. We spoke with the registered manager who told us the reason for them not being recorded was due to them already being rectified and one of them was more about the registered provider than the service. These complaints were being dealt with by the registered provider.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place at 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 people and their relatives who felt the service was well led. They felt the registered manager listened to them and that they could speak with her about anything. All staff irrespective of their position worked well as a team, and there was a good team spirit. From our observations we saw the registered manager was a good role model for staff. She interacted well with people and responded to their needs in a reassuring way. One relative said, "The manager is very effective." Staff we spoke with thought highly of the manager and respected her. People and their relatives felt she was very approachable.

The registered provider had systems in place to assess and monitor the quality of service that people received. The registered manager and others nominated by her had completed audits in areas such as care records, infection control, medication, and the environment. The company compliance manager completed an audit on a monthly basis. This audit looked at areas such as the environment, infection control, care plans, medication, staffing and complaints. The last one took place in October 2014 and the registered manager was currently working on the actions.

We saw the infection control audit, which had been completed in July 2014 and stated that equipment was dirty. We also found this during our inspection. This indicated that cleaning of equipment had not been embedded in to practice. However, other audits we saw had identified actions which had been addressed. For example, we saw an audit for weight loss which indicated when the dietician had been involved and what recommendations were made. This was also updated in the persons care plan.

People's views and opinions were taken in to consideration and people felt involved in suggestions and ideas about the home. We saw relatives and residents' meetings took place and discussions around food, activities, the autumn fayre and training were discussed. The registered manager explained that she had extended training to relatives and people who used the service. She had asked if people would be interested and what topics they would like to cover. We saw that two training sessions had taken place for people who used the service and their relatives in the areas of dementia and safeguarding.

Quality assurance topics were discussed on a regular basis with people and their families. Topics included additional services such as hairdresser, chiropody, and newspapers/ magazines. Other areas discussed were food and menus and staff. All comments had been collated and any actions were followed up using action plans. For example, people had requested more food options and this had been taken into consideration.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered provider did not have effective systems in place to protect people from the risks of acquiring a health care associated infection, as appropriate standards of cleanliness and hygiene were not maintained.**