

Orchard Care Homes.com (3) Limited

Willow Brook House

Inspection report

77 South Road
Corby, NN17 1XD
Tel: 01536 260940
Website: www.orchardcarehomes.com

Date of inspection visit: 29 and 30 September 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 29 and 30 September 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to 48 older people, some with physical disabilities and others living with dementia.

At the time of the inspection there was no registered manager. 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. There was a manager in post who was in the process of applying to become the registered manager.

Staff were not having regular supervision at the time of the inspection and there were differences in the level of induction staff had experienced. The manager was aware of this and had plans in place to address this. All staff had undertaken mandatory training such as manual handling, health and safety and safeguarding. Some staff were very confident and competent at meeting the needs of the people living in the home whilst others needed more guidance and direction.

Summary of findings

People expressed mixed opinions about the care and attention they received from staff. Some people told us how friendly and helpful the staff were whilst others felt the staff did not show enough interest in them. People were treated with respect but their dignity was not always maintained. Visitors to the home were welcomed at any time and encouraged to take part in activities. There was a weekly activities programme and everyone praised the involvement of the activities coordinator.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or

their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were a variety of audits in place and action was taken to address any shortfalls. Management were visible and were actively looking at ways to improve and develop the service.

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 safe

People said they felt safe in the home.

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe.

Health and safety audit undertaken and fire alarms were regularly tested.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Good



Is the service effective?

The service was not always effective

Staff were not receiving regular supervision at the time of the Inspection.

People received support from staff that had varying levels of skills and experience to meet their needs.

People were involved in decisions about the way their support was delivered.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Requires improvement



Is the service caring?

The service was not always caring

The people we spoke to had different experiences of care.

Staff were very attentive to some people and treated people with respect.

People's dignity was not always maintained.

People had been encouraged to personalise their environment.

Visitors were welcomed at any time.

Requires improvement



Is the service responsive?

The service was not always responsive

Staff did not always make use of the opportunity and time they had to sit with people and engage with them.

Not all staff demonstrated an understanding of each person in the service nor understood their care and support needs.

Requires improvement



Summary of findings

People were assessed before they went to live at the home to ensure that their individual needs could be met.

Care plans were person-centered.

There was a weekly programme of activities.

There was information available about how to make a complaint.

Is the service well-led?

The service was not always well-led

At the time of the inspection there was no registered manager, a manager had been appointed and was currently in the process of applying to be the registered manager.

The manager had recognised the need to improve and develop the service and had plans in place to achieve this.

Staff had not always been well supported but felt the new manager was more approachable.

Relatives and residents had been given the opportunity to give their feedback.

There were quality audits in place.

Requires improvement



Willow Brook 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.

This inspection took place on 29 and 30 September 2015 and was unannounced. The inspection team comprised of an 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. In this instance the expert-by-experience had experience of supporting both family members and friends in residential and nursing care settings.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is

required to send us by law. We also looked at the information the provider had sent following completion of the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We spoke with 14 people who used the service, 12 members of staff including care staff, the manager and their deputy manager. We were also able to speak to a number of relatives and friends of people who were visiting at the time, plus two health professionals.

We looked at care records for nine people, five staff recruitment files, training records, duty rosters and quality audits. During our inspection we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt safe living in Willow Brook House, one person said “It’s a safe home I have never had any accidents or issues since I came here, I came here to be safe.’

Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. They were supported by an up to date policy and had made relevant notifications about safeguarding matters to The Care Quality Commission and the local authority. The staff had all received training in safeguarding. One member of staff we spoke to said “I would not hesitate to speak to someone if I saw people not being treated properly”.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. Anyone at risk of falling had risk assessments in place and a monthly audit was undertaken around falls. The manager explained that if someone did have a fall they reviewed the risk assessment and put any necessary changes in place to minimise any risk of further falls. We observed one member of staff reminding a person to use their Zimmer frame when walking around as they were at risk of falling. Any accidents/incidents had been recorded and appropriate notifications had been made.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which was currently being reviewed at the time of the inspection. Equipment was stored safely and regularly maintained.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

Each room had a call bell and people told us that staff responded within a reasonable time if they rang for assistance. One person said “Staff respond to my call buzzer and I feel really safe, I’ve never had any accidents or injuries”. We observed that those people in their room had access to a call bell. There were eight care staff which included two senior carers on duty throughout the day and five night staff. Additional support was provided by two catering staff, three domestics, an activities co-ordinator and the manager. Regular bank staff were used to cover any absences. The manager explained that there was a Tool in place based on the dependency levels of people which recently highlighted the need for more staff at night. The rota reflected that there had been an increase of night staff from four to five. This meant there were always two staff available on each floor with one person available to support either floor when necessary.

There were safe systems in place for the management of medicines. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Is the service effective?

Our findings

At the time of the inspection there was not a system in place to ensure that staff received regular supervision. The manager explained that prior to them starting in July 2015 staff did have meetings with the previous manager but these were focussed around performance issues. The manager was able to show us that they had a plan in place to address this and that from the beginning of October all staff would be receiving regular supervision. They also said that staff appraisals were to be implemented. Some of the staff we spoke to who had worked at the home for a number of years were able to tell us that they had had supervisions in the past but not an appraisal. Staff did say that they felt supported by the new manager and deputy and felt able to approach them with any issues or concerns they had. One person said the manager had quickly and effectively addressed an issue they had raised.

People received support from staff that had varying levels of skills and experience to meet their needs. The staff we spoke to had different experiences in relation to the level of induction they had received. One staff member said they had not really received an induction, another said they had and described shadowing more experienced staff before they were allowed to care for people. All staff had however undertaken mandatory training which included moving and handling, safeguarding and health and safety.

There was a system in place which recorded all the training staff needed to undertake and when any training was needed to be refreshed. We spoke to the training executive who was able to explain fully the training programme all staff were part of. The staff we spoke to also talked about the training they had undertaken and we were able to observe staff putting into practice some of the techniques they had learnt during their dementia training. There was an expectation that all new staff recruited since the 1 April 2015 would undertake the new Care Certificate. The certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The manager told us they were currently recruiting staff with the aim of ensuring they had a good skill mix and experience across the shifts.

People told us that they had a choice of food but that the quality was not always good. One person said “The food has improved lately, there’s not always enough but I can

ask for more if I need to”; another person said “The food varies the quality of what we have is up and down”. We observed that people were offered alternatives to what was on the menu if people asked or if staff had noticed that people were not eating. Drinks were available during mealtimes and at set times during the day. People had jugs of water available to them in their rooms but people who preferred to stay in the communal areas needed to ask if they wanted a drink in between meals and set drinks rounds. Mealtime lacked a social feel about it, it was a more task focussed event with very little interaction between anyone. People had to wait for about 20 minutes to be served in one dining room, one person gave up waiting and left. Staff did support people who needed help and we observed that staff ensured they supported anyone who needed help eating at their pace, offering a drink throughout the meal and words of encouragement.

People were involved in decisions about the way their support was delivered. Their care was regularly reviewed and people and their families were fully involved in this process.

Staff understood their roles and responsibilities in relation to assessing people’s capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. At the time of our inspection some people living in the home did not have the capacity to consent and make decisions about their care. Capacity assessments had been undertaken and appropriate action taken to seek authorisation under the Deprivation of Liberty Safeguards. Families were consulted and kept informed of any impact on the way in which people were cared for and supported. The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person’s freedom for the purposes of care and treatment.

People were able to tell us that if ever they felt unwell the GP was contacted or they saw the Nurse Practitioner who visited each week. One person said “the nurse comes in and we can speak to them if we have any problems”. Records showed that where other specialist assistance was required people had been referred, for example a

Is the service effective?

community psychiatric nurse had attended to support with someone who was experiencing behavioural difficulties and someone had been referred to a kidney specialist. People also had regular checks with the optician and dentist. One person said “my daughter always takes me to

my dentist and optician where I used to live when I need to go”. A health professional told us “ the home is more organised and the people seem well cared for. Staff will talk to us if they have any concerns about anyone.”

Is the service caring?

Our findings

The people we spoke to expressed different experiences with staff. One person said “I don’t get looked after so well the place has gone downhill, the changes have not been for the better”; another person said “staff can be a bit grumpy at times but it’s usually if the new manager has made changes that upsets them”. Other people said how kind and helpful the staff were. One person commented “I’m very happy here it’s a lovely home I get all the care I need and the staff are lovely”. Another person said “I have lots to drink and my family visit me daily the staff are very good to me, very kind”.

During the inspection we observed some staff conversing with people and appeared to know about them and their families; for example one staff member asked someone whether their relative was coming in that day as usual using the name of the relative. However, there were other staff who did not readily converse or attend to people and appeared to need more direction to do this. People’s experience of care was different, staff were very attentive to some people but were less attentive to others. When we spoke with staff they all came across as caring and spoke very positively about the people they cared for. There was a genuine fondness shown by some and we saw people laughing and joking with each other.

People’s dignity was on the whole respected we observed staff knocking on people’s bedroom doors and asking whether or not it was alright to enter. Staff spoke of ensuring that doors were shut and curtains closed when delivering personal care; however we noticed that there were some people who were left wearing soiled clothes and no attempts were made to offer people help to change their clothes. The dining room on the first floor had not been properly cleaned from breakfast so that when people sat down to dinner there was still food on the table and floor.

People had been encouraged to personalise their environment to make them feel at home and comfortable. We saw that people were able to bring in personal items from their homes and we could see that a number of people had brought in a favourite chair, blanket and pictures of their family and friends. One person had asked to have a picture of themselves on their door so that they would not forget which room was theirs.

Visitors were welcomed at any time and encouraged to join in with any activities that were being offered. The visitors we spoke to all said they were able to come at any time when they wanted to. One family said they came in each week to take part in the Bingo afternoon.

Is the service responsive?

Our findings

People were able to spend the day where they liked, some choosing their own room and were observed happily reading or doing puzzles. Everyone praised the work the activities co-ordinator did. There was a weekly programme of activities which was varied and most people really appreciated the activities. These included fortnightly events to meet people's spiritual needs, people told us they really appreciated this. Each person had a copy of the weeks activity programme in their room and the coordinator endeavoured to spend time individually with people making them aware of the programme and identifying anything they wished to do. One person who loved to sing and entertain had been able to join a local choir and went out weekly to rehearsals and several people were involved in a skittles tournament. Families were encouraged to join in activities and we saw pictures of recent trips people had been on.

However, some people felt that there was not enough activities tailored to meet their individual needs and we saw that some care staff did not always make use of the opportunity and time they had to sit with people and engage with them. One person told us "The nurses are not all that good they don't seem to take much interest in you or talk to you"; and another person said "I'm sitting here with nothing else to do I'm fed up". We observed periods of time during the inspection where people were just left sitting with the television on, no one appeared to be watching it and people just slept. When we spoke to the activities coordinator they felt they needed more assistance to be able to deliver a more person centered activities programme for those people who wanted it.

Some staff did demonstrate a good understanding of each person in the service and clearly understood their care and support needs. They interacted with people in a confident and carefully considered manner and they were responsive to individual needs. We observed people being asked what they needed or wanted and explanations given to why staff

needed to do something, for example one member of staff asked "would you like a blanket to cover your legs if you're feeling cold, which blanket would you like the small one or the other one".

People were assessed before they went to live at the home to ensure that their individual needs could be met. Where possible people had been given the opportunity to visit the home before they came. A relative told us "Everything is going very well so far for [name] they are getting all the care they need we have no concerns about anything at all. [name] came in to visit the home a few weeks ago and decided that they would move in. The care and attention they are getting is very good".

Care plans were individualised and we could see that both the person and their family had been asked to contribute to ensure everyone's likes, dislikes and preferences were known. People had been asked to complete life history stories and we noted that some people had preferred not to. The information in the care plans was regularly reviewed and reflected changes to people's care and support needs. Relevant assessments were in place to support people's care provision. These included assessment for risk of falls, weight recording and water low charts.

People were aware that they could raise a concern but said they would probably speak to their relative and ask them to raise any concerns on their behalf if they needed to. There was written information provided on how to make a complaint. The manager explained that since she had been in post she had not received any complaints however, she was able to show us previous complaints which had been responded to and the action taken recorded. We spoke to one family who said that when they had raised concerns although they felt listened to they did not feel any action had been taken and some things remained the same. It was often the little things such as changing the water in vases or ensuring that people had access to food which had been brought in for them which were not followed through.

Is the service well-led?

Our findings

The manager has been in post since July 2015 and is currently applying to be registered with the Care Quality Commission in order to become the registered manager. It was clear when we visited that the plans the manager had to improve and develop Willow Brook House were only just beginning to be put in place. We saw that there had recently been a relatives and residents meeting which had been well attended and everyone had been given the opportunity to express their views on the home. The minutes were available for everyone to read and the monthly newsletter kept everyone informed as to what was happening at the home and all the activities and trips that were planned.

Everyone spoke positively of the new manager. One person commented “there are lots of changes, the new manager is making changes, she comes round and asks how we are getting on and if things are ok”. The staff said management were approachable and listened to what they had to say. In a response to a request to develop and enhance the experience for people living with dementia an old staff flat was being converted into a small lounge and kitchen. People would be able to sit in a more peaceful area if they wished and would have the opportunity to cook and bake. An open day was planned to celebrate the opening of this new area. Some staff felt there was a need for more senior staff to support the staff team on a day to day basis. The manager informed us that this had been recognised and that they had recently recruited a new team leader who would take the lead responsibility for the dementia care service on the ground floor, leaving the new deputy manager to lead on the residential service on the first floor. The home was also in the process of recruiting to senior care posts.

Staff appeared to be responding to the more open and transparent management approach. Staff shared with us that they had been unhappy prior to the new manager coming and were looking forward to improving and developing the service.

The home had developed relationships with the local community. A number of different faith churches came regularly to the home and one of the local schools had been involved in an open day earlier in the year which involved a writing challenge. People were also encouraged and enabled to attend local day services. Families and friends were encouraged to volunteer to support activities. Some families supported the home each week to run a bingo session which appeared to be very well received.

We saw that there had been mixed feedback from families over the last twelve months but the families we spoke to said they could see improvements were being made and one family said that they were very happy with the care and attention their relative received. A person who had regularly visited the home said that they could see it had had its ups and down but that things were getting better again. One professional commented that they felt the home was becoming better organised.

There were various quality audits in place which were up to date. A recent survey around the standard of food led to changes in the menu and more choices. People told us that the food had improved overall.

Our overall impression was that the manager and deputy manager were determined to ensure that everyone had a more consistent and good experience at Willow Brook House.