

## Ormonde Home for the Elderly

# Ormonde Christian Home for the Elderly

### Inspection report

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## Ratings

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

## Overall summary

This inspection took place on the 4 November 2015 and was unannounced.

Ormonde Christian Home for the Elderly is a care service, without nursing for 14 older people and is run by a not for profit organisation.

There was a manager in post who had submitted their application to be registered with the Care Quality Commission (CQC) and was due to shortly attend their fitness to be registered interview. 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.

# Summary of findings

People felt included and listened to by staff. They told us they were involved in the planning of their care and that staff were responsive to their needs. People's decisions were respected and their dignity promoted.

There were systems in place to ensure people received their medicines as prescribed and staff trained in the safe administration of people's medicines.

Staff knew how to keep people safe from the risk of abuse as they had been trained and knew what to do if they had concerns. They could identify when people were at risk of abuse and what action to take to protect people from the risk of harm.

Staff were kind, caring and promoted people's privacy and their dignity was respected. People and their relatives were involved in the planning of their care and involved in making decisions about their everyday lives. People's choices and preferences were respected.

The service was responsive because people's care had been planned following an assessment of their needs. People were involved in the planning and review of their care and support. They were provided with opportunities to pursue their social interests in the local community and in the planning of group activities provided from within the service.

The service routinely listened and learnt from people's experiences. Concerns and complaints were responded to in a timely manner.

The service had a positive culture that was person centred, open, inclusive and empowering of people. The atmosphere was friendly and there were good relationships between staff, the people they supported and visiting relatives and friends. Morale amongst staff was high and positive team working.

# 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 received their medicines as prescribed and medicines were stored safely.

Staff knew how to keep people safe from abuse. They could identify when people were at risk of abuse and what action to take to protect people from the risk of harm.

There was enough staff to care and support people in meeting their needs in a timely manner.

Good



### Is the service effective?

The service was effective because staff were skilled, experienced and knowledgeable in their roles.

Staff received training relevant to their roles and responsibilities and appropriate management support.

People's dietary needs were met and they were supported to access healthcare support promptly when this was required.

Good



### Is the service caring?

The service was caring because people's privacy and dignity was respected.

People were treated with kindness and compassion. People and their relatives were involved in the planning of their care and people were supported to make decisions about how they lived their daily lives.

People of faith and those of no faith were welcomed as people's views and opinions were respected.

Good



### Is the service responsive?

The service was responsive because people's care had been planned following an initial assessment of their needs. People's ongoing care needs were reviewed and care plans updated to reflect their current care needs.

People pursued their social interests in the local community and joined in activities provided within the service.

The service routinely listened and learnt from people's experiences. Concerns and complaints were acknowledged and addressed in a timely manner.

Good



### Is the service well-led?

The service was well led because there was an open, inclusive culture where staff morale was high and positive team working where providing people with quality care was a high priority.

People were happy with the service they received and were involved developing the service.

Staff understood their roles and responsibilities. They were well supported by the management team with supervision and opportunities to plan their training and development.

Good



# Summary of findings

Regular quality and safety audits were carried out by the manager and the trustees to assess and monitor the service. Budgetary resources and support were readily available to support the manager in working towards continuous improvement of the service.

# Ormonde Christian Home for the Elderly

## 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 the 4 November 2015 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service, this included all statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a 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 spoke with five people who used the service to assess their views about the service and two people's relatives. We observed how care and support was provided to people throughout our visit including the midday meal within the communal dining room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to three people's care. We spoke with six members of staff, the manager and assistant manager. We looked at records relating to the management of medicines, staff training, recruitment records, and systems for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they did not have any concerns about their safety. One person told us, “This is a truly wonder place to live. Where else could I live and still have my husband with me. We feel safe here and this is the right place for us.” One relative told us, “This place is a fabulous home. You really could not find any better. We are so pleased and do not worry because we know that [relative] is safe and well cared for.”

Staff were aware and confident in how to escalate any concerns they might have in relation to protecting the safety of people and aware of how to identify those at risk of abuse. Staff had been provided with guidance in risk assessments and training in awareness of how to protect people from the possible risk of harm or abuse. Staff told us they were aware of their responsibilities to report any allegations or safeguarding concerns to the manager and local safeguarding protocols in place and aware of information to enable them to report to the local safeguarding authority for investigation.

We saw from a review of records and discussions with the registered manager that they had followed the local safeguarding authority protocols in reporting safeguarding concerns for investigation. The manager demonstrated learning and actions they had put in place following one recent safeguarding incident where it had become evident that one person was at risk of harm from leaving the premises alone.

People told us that staff had discussed with them any identified risks to their health and safety. For example, in managing their medicines. Staff had been provided with guidance in how to manage and mitigate risks identified. For example, when using moving and handling equipment, the risk of developing pressure ulcers, dietary intake and risks associated with their daily living activities such as bathing and the likelihood of their falling whilst mobilising. Staff confirmed that risk assessments had been reviewed regularly and they would report any changes and act upon them to ensure that people were safe.

General environmental risks to the service had been assessed and assessments reviewed. For example, fire safety, legionella risks and risks of scalding. Regular checks

had been carried out to check water temperatures and during our visit contractors were cleaning the water tanks to ensure people were protected from the risks of legionella.

People told us that there was enough staff around to care and support them in meeting their needs, in a timely manner. One person said, “I have always thought there is enough staff around when you need them. They come when you use the buzzer thing. I can’t say we have experienced any problems.” A relative told us, “They always appear to have enough staff when I visit. The call bell is answered quickly from what I’ve observed. Another told us, “The staff are prompt and cannot do enough for [relative].”

We observed during our inspection there was sufficient staff available to meet people’s needs in a timely manner. Staff supported people with their planned group and individual activities. Staff did not appear rushed and spent time throughout the day talking to people on a one to one basis.

The manager told us they occasionally had the need to use agency staff to cover for staff absences but also used a pool of regular relief staff to ensure consistency of care for people from staff familiar to them.

Staff told us that there was enough staff available to meet people’s needs. One staff member told us, “You could always use an extra pair of hands but on whole we manage quite well. There are times of day when it is busier than other times.” The manager told us they were in the process of admitting three new people to the service in the same week. They also told us that they had previously discussed the need to employ new staff with the trustees who had responsibility for agreeing additional resources. This had been agreed and the manager was in the process of recruiting new staff to meet people’s needs.

The service recruited staff in a way that protected people. A review of staff recruitment files showed us that application forms had been completed which identified any gaps in applicants previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks had been confirmed before staff started working at the service.

## Is the service safe?

People told us that they received their medicines regularly and on time. One person said, “Staff are always prompt with my pain medicine.” Another told us, “I have not had any problems. I do not have to worry about when to take medicine as they know when I need it.”

People’s medicines, including controlled medicines, were stored safely and there was a system for the ordering, receipt and disposal of medicines. Staff told us they received training in the safe administration of medicines and safe storage and completion of records. Staff competency for administering medicines was assessed on an annual basis.

Where people administered their own medicines this had been risk assessed and clear guidance was available for the person and for staff. Stocks of medicines people administered themselves were checked regularly and their assessment reviewed regularly. Some people administered some of their medicines, such as creams and inhalers

whilst staff supported them with the rest of their prescribed medicines. This demonstrated a commitment to enabling people to remain as independent as possible and to maintain as much control over their care as they felt able to do so.

We carried out a check of stock against medicines administration records (MAR). There was a minor error in the carry forward of stock for two items of medicines there were clear records with regular audit of stocks.

Where people had been prescribed medicines on a when required basis, for example for pain relief, or when they were prescribed in variable doses, for example one or two tablets, we found sufficient recording of the amounts administered for all variable doses medicines we looked at. This meant that there was a clear system in place to identify errors and balance the items of stock against the MAR records.

# Is the service effective?

## Our findings

People received care and support from staff who knew them well and were supported by staff who had received adequate training, were skilled, experienced and knowledgeable in the roles they were employed to perform. People and their relatives were all complimentary of the staff who supported them. One person said, “All the staff here are wonderful. There is not one you would not be happy to care for your very personal needs.” Another told us, “I think the staff are well trained and know what they are doing. They cannot do enough for you.” One relative told us, “They are truly wonderful. There is such a lovely atmosphere here, every time you visit. This is a happy place.”

Staff told us they received a variety of training to support them in the roles. One staff member told us, “We get loads of training. There is always training going on. I love it. It gives you confidence in what you are doing.” Another told us, “They make sure you are well trained. I would never be asked to do something I would not feel confident to do. We get lots of training in dementia it has helped me understand why people behave the way they do sometimes.”

Newly employed staff told us about their induction which included a period of shadowing more experienced member of staff. The staff training records confirmed that they had kept up to date with refresher courses where required.

Staff confirmed that they had received regular one to one supervision meetings and team meetings. This provided staff with the opportunity to discuss their performance and plan development opportunities.

Staff confirmed that most had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Other staff including the manager were shortly scheduled to receive this training. Staff were clear that people’s capacity to consent could fluctuate and that each person was assessed individually. We observed throughout the day that people’s consent was sought before any care and treatment was provided. Staff when supporting people to mobilise would explain what they were doing at each stage and reassured people when they became anxious.

People were supported to have enough to eat and drink and maintain a balanced, nutritious diet. People told us they could ask for drinks and snacks whenever they wanted. People were complimentary about the food provided and said they enjoyed mealtimes and did not feel rushed. People told us they were asked for their feedback during residents and relatives meetings and consulted as to suggestions for further improvement. One person told us, “The food is very good and I have no complaints. I did not have much appetite before I came here but now I have put on weight.” Another told us, “The food is homely and plenty of it. If you suggest something they get it for you.”

People’s weights were regularly monitored. Staff described to us how they would fortify foods to provide additional calories where people had been assessed as at risk of malnutrition. We saw that the service responded promptly if a person began to lose weight and show signs of malnutrition. Food and fluid charts were in place to monitor people who had been assessed as at risk of inadequate nutrition and hydration intake. Referrals had been made to obtain specialist advice from dieticians and speech and language specialists. Where people were experiencing swallowing difficulties.

A review of records showed us that people had access to a variety of healthcare services including GP’s, community nurses, opticians, dentists and chiropodists. People told us staff responded promptly to support them with access to health care services when required. One person told us, “If I need a doctor they sort this for you and they don’t hang about. The doctor is here before you know it.” Another person said, “I have regular check-ups with the foot people.”

People and staff told us there were good links with local GPs to ensure people’s medical needs were met. People and family members told us they were supported to be in control of medical decisions that related to them. People were supported with their end of life, palliative care. Care records and discussions with staff showed us that people had access to hospice nurses who visited the service when required to review people’s pain management and provide staff with the specialist guidance they needed. This enabled people to have access to healthcare services and receive the on-going healthcare support they needed.

# Is the service caring?

## Our findings

Throughout our inspection all people told us they were happy and satisfied with the service they received and stress to us what a caring service this was. One person who used the service said, “You will not find a more caring place than this. The staff are all wonderful and so kind.” Another told us, “We are one big family here. A home from home.”

We observed people were treated with warmth and kindness. Staff had time to sit with people and chat to them. There were positive interactions and people were relaxed and comfortable in the presence of staff. One person said, “The care is second to none. All the staff are so caring and helpful.” A relative told us, “Nothing is ever too much trouble. They are always patient, pleasant and kind.”

People were cared for and supported by staff who knew them well and understood their likes, dislikes, wishes and preferences. Support plans described people’s needs and how they wished to be cared for in a personalised way. People’s personal histories and life stories were well known by staff and documented in their care plans and photo albums to aid reminiscence. Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner.

We noted that people and their relatives had provided information in discussion with them when planning their care. Staff told us that information they obtained to plan people’s care had helped them to provide care and support in a way that was preferred by the person.

Care and support plans showed us that people were involved and supported in how their care was planned and their opinions, decisions and informed their daily routines where possible.

People and their relative’s told us that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care and support.

We saw that although this service was run by a Christian charity, people with no faith or other faiths were welcomed to access this service. Staff and the manager told us that people did not need to profess a Christian faith to be able to access the service.

People told us that they were supported to maintain contact with their relatives and friends. One person said, “There are no restrictions here. You are treated as an adult not like a child. This is not a hospital but a home, my home. This is not a situation I would have chosen for my life but it is a good place.”

People’s privacy and dignity was maintained in supporting people with their personal care.

One person said, “The staff have never failed to treat you with respect.” We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, we saw staff knocked on people’s door and waited for a response before entering. Staff described how they would support people with their personal care in a dignified manner. They also told us how they supported people to maintain their independence and described how this promoted people’s self-esteem.

Care plans described how to support people by encouraging them to do as much as possible for themselves for example in the management of their medicines. The service supported two sets of married couples to stay together and to have private space to entertain family and friends. One person told us, “It is just wonderful that we can stay together as a couple and they allow us to have our privacy. It does not feel like an institution but a real home from home.”

# Is the service responsive?

## Our findings

People received care and support that was personalised and responsive to their needs. People and their relative's told us that a thorough assessment of their needs had been carried out before they came to stay at the service.

For one person recently admitted to the service from another service, the manager had visited them to introduce themselves and assess this person's needs. The information obtained following the assessment of their needs, had been used to develop their care plan so that staff had the guidance they required to provide safe and appropriate care.

Care plans documented the support people needed and how they wished it to be provided. Details such as how people chose to spend their time, food likes and dislikes and how their night time care and support needs were to be met. Care plans were promptly updated to reflect people's changing care needs. For example, where people's health care needs had changed significantly this was communicated to staff and the care plan altered to reflect this.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care when this was the wish of their relative who used the service. People told us they were regularly consulted about how they lived their daily lives. One person told us, "There are no restrictions here. You are treated like an adult. I choose what time I get up and if I want a lie in I have it."

People were supported to pursue their leisure activities and hobbies according to their personal wishes and preferences. People told us that staff respected their wishes when they wanted to be alone and encouraged those who enjoyed the company of others to participate in group activities.

We observed on the day of our inspection a group activity taking place where boxes were being filled with toys and sweet for a children's charity in preparation for Christmas. We noted that one person who had moved into the service the day before was encouraged to take part and introduced to others in an attempt to help them get to know others and feel a part of the community. The service employed an activities organiser who supported people with group and one to one activities which included supporting people to access the local community.

People said that they were supported to voice any concerns they might have and the manager had been supportive in listening to suggestions they had made to improve the service. One person said, "When I have complained about the laundry this was dealt with quickly and they replaced the lost item."

The provider took people's concerns and complaints seriously and used these to inform their planning for improvement of the service. We looked at the provider's concerns, suggestions and complaints log. We noted that all concerns and complaints had been responded to in a timely manner. Where people had raised concerns within the resident's and relative's meetings these had been recorded within the provider's complaints log. We saw that all concerns and complaints had been investigated and outcomes recorded.

# Is the service well-led?

## Our findings

People were positive about the manager and told us they were consulted about all aspects of the service and their care. One person said, “The manager is very nice and listens to us.” Another said, “There is nothing too much trouble for them to sort out if you need anything sorting. They are all very good here. You only have to go to the office and someone will help you and answer your questions.”

The provider supported people to share their views collated through regular resident and relative meetings and care reviews. This enabled people to be involved in the planning of their care and discuss issues and feedback on the quality of the service they received. Minutes of these meetings evidenced actions taken in response to people’s concerns and follow up on suggestions. For example, where people had expressed concern with the standard of laundry, outcomes were recorded in the concerns and complaints record book which described planning to improve the laundry service, planning menus and organising activities. People were able to express their views about how they were cared for and what they needed to promote and protect their quality of life. The registered manager said that when people had any concerns or were not happy, they listened to them and tried to work with them to solve the problem.

We observed during our inspection that people and their relatives could go to the office and chat to the senior staff who were easily accessible and available in answering any queries or support they required. One person told us, “Nothing is ever too much trouble for them. They are all kind and helpful.”

The leadership structure was understood by staff and they told us the management team were supportive and

provided them with clear direction and a sense of value. Staff told us the manager was visible, worked hard and was responsive to any concerns staff raised with them. The manager told us they were attending the ‘My Home Life’ programme. This is a UK-wide training programme for care home manager’s which promotes quality of life and supports manager’s to deliver positive change in care homes. The manager told us this had supported their learning and understanding with regards to their role and responsibilities as a registered manager.

Staff had clearly defined roles and they understood their roles and responsibilities in ensuring the service met the desired goals for people. Staff were complimentary about the support they received. One staff member said, “The manager is supportive and we all work well as a team. We are one big happy family.” Staff told us that they were supported with regular supervision and staff meetings. Staff meeting’s had been recorded and evidenced a wide range of subjects discussed. These included discussions in relation to; performance management, safeguarding people from risk and planning for improvement of the service. Staff were encouraged to suggest ideas for improvement. Minutes were available to staff who were unable to attend and staff signed to say when they had read them.

The provider and the manager carried out a number of audits such as monitoring the quality of care provided, audit of medicines stocks and errors, infection control and environmental safety audits. The manager and staff told us that whenever they needed new equipment in response to safety concerns, replacement of furniture or furnishings or any other resources the trustees of the not for profit organisation were supportive and resources were promptly made available. This enabled people to live in a safe, well maintained environment with action taken by the provider to ensure continuous improvement of the service.