

Ruddington Homes Limited

Orchard House

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 ●

Summary of findings

Overall summary

We inspected Orchard House on 21 May 2018. Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was registered to accommodate up to 50 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 43 people using the service.

The service was last inspected on 29 October 2015; no concerns were identified and the service was rated 'Good' overall.

There was a registered manager in post, who was present on the day of the inspection. 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.

People received care and support from staff that were appropriately trained and competent to meet their individual needs. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and improved care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to guide staff on how keep people safe from harm and staff showed a good understanding of their responsibilities.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staff were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Thorough staff recruitment procedures were followed and appropriate pre-employment checks had been made.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The registered manager worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People were able to access health,

social and medical care, as required.

The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments and views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 was 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 21 May 2018 and was unannounced. The inspection team consisted of one 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection planning, we also contacted the local authority who commission services at Orchard House.

We spoke with thirteen people who used the service and four visiting relatives. We also spoke with three care workers, the deputy manager and the registered manager. During the inspection we also spoke with the area manager and the registered provider. Throughout the day we observed care practices, the administration of medicines and general interactions between people who used the service and the staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

We asked the registered manager to send us certain information after the inspection, including staff duty rotas, their analysis of accidents and incidents, the training matrix and minutes of recent staff and residents' meeting. We received these documents within three days of the inspection visit.

Is the service safe?

Our findings

People said they felt comfortable and safe at Orchard House and relatives we spoke with thought the service was a safe environment for their family members. One person told us, "I enjoy living here, I'm safe and most of the staff are like friends." Another person said, "I feel safe, it's fine; I have a call bell if I need it and staff always come quickly."

Relatives we spoke with said they felt their family member was safe; one relative told us, "We know [family member] is safe and well cared for." Another relative told us, "I have no concerns about staff practice, they do care. We have the peace of mind knowing [family member] is safe here, I can go away and know she'll be alright."

The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. The duty rotas showed that staffing levels had been increased to reflect people's increased care needs when this was necessary. Throughout the day we observed call bells were answered in a timely manner and we saw staff spend time with people they supported and people appeared comfortable and relaxed. This demonstrated there were sufficient staff deployed to keep people safe and meet their needs.

The provider had effective arrangements in place for the safe management of medicines. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner. One relative told us, "[Family member] always gets her medication okay." Medicines were administered to people by staff that had received the appropriate training. There were policies and procedures in place to support staff at all levels to ensure that people's medicines were stored, administered and disposed of properly.

The provider had safe and thorough recruitment procedures and policy in place. We found appropriate procedures had been followed before staff were employed. People were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. The provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, personal and environmental risk assessments were in place and up to date. People told us they had been directly involved in the assessment and review process and this was recorded in individual care plans.

Systems were in place to help ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any

concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. For example, we saw that following someone having falls in the night, pressure sensor mats had been implemented. This reduced the likelihood of accidents or incidents reoccurring and demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

We saw the premises were clean and well maintained and staff had been trained in infection prevention and control, as well as in food hygiene. Updated policies and procedures, regarding infection control, were in place and we observed staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected through the effective prevention and control of infection.

Is the service effective?

Our findings

People we spoke with felt staff knew them very well, were aware of their individual needs and understood the most effective ways to help and support them. One person told us, "The staff here are lovely, they seem to know what we want and everyone knows what they're doing."

Relatives spoke positively about the competence of all staff and the care and support provided. One relative told us, "I think they are trained okay and the ancillary staff, the domestics, the cook, they all interact with residents." Another relative said, "Staff here are well trained and they know what they're doing."

The registered manager told us that before moving to the service, a comprehensive assessment was carried out, using nationally recognised assessment tools. This identified people's individual care and support needs and helped ensure any such needs could be met in a structured and consistent manner. Individual care and support plans we looked at documented people's medical needs including doctor, dental, podiatry and opticians appointments and outcomes, which meant people's health and wellbeing was consistently maintained.

People's individual support plans were structured and well maintained to ensure information was accurate, up to date and readily accessible. Plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. These included physiotherapists, speech and language therapists (SALT), tissue viability nurses and dieticians. Care plans were person centred and detailed individuals' likes dislikes, choices and preferences. This demonstrated people received consistent, coordinated care and support.

Staff told us they felt valued and supported by both the registered manager and deputy manager and confirmed they received regular supervision. They said supervision – confidential one to one meetings with their line manager - gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and gain feedback about their own performances. One member of staff told us, "[Registered manager] is very approachable and so accommodating, which is important to me. If it wasn't for them, I wouldn't be here now." They went on to say, "Everyone, even the owner, has been so supportive."

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. One member of staff told us, "Training is brilliant here and very thorough; we've just had a full day's refresher training in moving and handling, including the use of the hoist, stand-aid and rotunda." Another member of staff described the benefits of training; they told us, "I feel so much more confident now and also think it's much better to have the face-to-face training, where you can ask questions and share experiences." The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice was followed. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said portions were generous

and there was always an alternative option available. One person told us, "The food's always pretty good here and there's plenty of it."

We observed lunch being served and saw people were able to sit where they wished, some sat in the dining room, others chose to sit in the lounge or the conservatory. The day of the inspection was warm and sunny and a member of staff had set up a table outside for those people who wanted to have lunch in the garden.

Tables were laid up with napkins, cutlery and glasses. Drinks were offered and glasses refilled, the atmosphere was peaceful and unhurried. The food looked and smelt appetising. The majority of people ate independently, however staff were around to offer encouragement and assistance as necessary. We saw drinks and snacks were offered during the morning and afternoon. Cold drinks were available for people throughout the day and there was a notice reminding people they could ask for a drink and snack at any time. We were told that hydration was handled well and saw people had jugs of water in their rooms. This demonstrated people were supported to have sufficient to eat and drink.

There were adaptations to help people with moving and orientation around the building. There was plenty of space for people, including those using mobility aids, to move around freely. The garden was attractive, safe and accessible. We saw toilets and bathrooms were clearly signed. Each bedroom had a bright, smartly painted front door with a number, a knocker and a letter box. The person's name and a relevant picture or a photograph of them was displayed on the wall beside the door. We saw there were various notice boards with a range of information, including details of staff dignity champions and a chart showing the results of the most recent in-house survey. There were pictures and information about upcoming events and photographs of all staff working at the service, including their designated roles, displayed in the foyer. This demonstrated people's individual needs were met by the adaptation, design and decoration of the premises.

There were effective links with health and social care services. People could be assured that they would receive effective support in relation to their health as their needs had been assessed and a care plan detailing how staff should deliver their care had been drawn up.

People had access to appropriate health and social care services, which included community psychiatric nurses and GPs and other specialised professionals such as Speech and Language Therapists. People told us they could see a doctor or other health care professional as necessary. One person told us, "I can see the doctor in here when I need to and the chiropodist also comes in." The registered manager told us, in addition to GPs and district nurses, an optician, chiropodist and hairdresser visited the home. In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently had up to date knowledge of the

MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff here are very caring and kind, I feel comfortable with them and they look after you well." Another person told us, "They are good girls and they treat me with respect." They went on to say, "They are always very considerate and if we ask them to do anything, they will do it." This view was supported by one relative who told us, "They do treat [family member] with respect and when we come they will offer us a drink and always make us feel very welcome."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

People were encouraged to communicate in ways which suited them. Although most people at the service were able to communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves. We saw personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. These plans included information about how people received and understood information, and throughout the day we observed staff work in accordance with the guidance.

The registered manager emphasised the importance of effective communication. They confirmed people were encouraged to communicate in ways which suited them, in accordance with the Accessible Information Standard. We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed interactions and conversations between staff and the people they supported were friendly and good natured; they were not just task related and people were relaxed and comfortable with staff. People were encouraged and supported to make decisions and choices about all aspects of their care. Their choices were respected by the staff. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff told us they always knocked on bedroom and bathroom doors to check if they could enter. This was confirmed by people and their relatives we spoke with who said staff were professional in their approach and they treated people with dignity and respect. One relative told us, "They (staff) always treat [family member] with respect; she always looks clean and smart and has her jewellery on. This demonstrated people were treated with respect and the care and support they received

promoted their privacy and dignity.

Is the service responsive?

Our findings

People received personalised care from staff who were knowledgeable about their assessed care needs. Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them. Before moving to the service, the registered manager would carry out a comprehensive assessment to establish a person's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and personal memorabilia.

The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This demonstrated the service was responsive to people's individual care and support needs.

We saw people's care plans documented where they, or a relative, had been involved in the development and reviewing process. Personal risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids and hoists was also recorded in their individual plan and included specific guidance for staff. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

The registered manager emphasised the importance of effective communication. They confirmed people were encouraged to communicate in ways which suited them, in accordance with the Accessible Information Standard. We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We received mixed views from people and their relatives regarding the activities provided. Some people told us they enjoyed the activities and they were particularly looking forward to going on a boat trip, planned for the near future. Other people did not think there was very much to do and some relatives felt there was a need to revise the activities to take account of the changing needs of their family member. One relative felt some people were no longer able to join in with group activities, and wanted more one to one time to be spent with individuals. They told us, "Some people are engaged with activities, others are left out, there are

very few one to one activities and my family member can't join in as part of a group." We discussed this issue with the registered manager who said they would review the current arrangements for activities, to help ensure they reflected individual preferences and interests, as identified in their care plan.

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated. Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs. This demonstrated the service was responsive to people's individual care and support needs.

The provider had systems in place for handling and managing complaints. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One relative told us, "I feel comfortable with staff and I would happily approach them with any concerns." The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. One person told us, "We get on well with the manager." Relatives we spoke with felt the leadership of the service was effective. One relative told us, "We know [deputy manager], she came to assess (family member), she's very approachable, but very busy."

During our inspection we observed the registered manager was visible throughout the day. We saw they would stop and spend time with people, engaging in friendly conversation as they went round. People were pleased to see the registered manager and felt comfortable speaking with them. Relatives we spoke with felt well informed and said they thought communication was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

Staff were aware of their roles and responsibilities and spoke positively regarding both the registered manager and the deputy manager, who they described as approachable and very supportive. They told us, "They (the registered manager and the deputy manager) tell us, 'We're always here for you'."

Staff also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They were also confident that any such issues would be listened to and acted upon appropriately. They felt that, following an unsettled period and the departure of certain members of staff, morale had improved over recent months and one staff member told us, "[Registered manager is very aware of any changes in staff morale and will get on it straight away]."

The registered manager had notified the Care Quality Commission of any significant events at the service as they are legally required to do. They also notified other relevant agencies of incidents and events when required. The registered manager said they had good working relations with external agencies and confirmed they had taken part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

We found systems were in place to formally assess, review and monitor the quality of care provided. These included satisfaction questionnaires to obtain the views of people who used the service and regular audits of the environment, health and safety, medicines management and care records. We saw analysis of monthly audits, including accidents and incidents was carried out to identify any trends and patterns and minimise the potential risk of reoccurrence. This demonstrated a commitment by the registered provider to help ensure learning from current performance, through robust monitoring systems, to help drive improvement in service provision.