







Shaw Healthcare Limited Orchard Place

Inspection report

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Ratings

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

Overall summary

When we last inspected the service on 18 November 2013 we found them to be meeting the requirements of the regulations we assessed them against. This inspection was carried out on 30 June and 1 July 2015 and was unannounced.

Orchard Place provides accommodation and personal care for up to 10 people.

At the time of our inspection there were eight people living at the home and one person was receiving respite care. There was a registered manager in post. 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 and associated regulations about how the service is run.

We saw that people had good positive relationships with the staff. Some people were sharing a joke with staff, while other people were talking about their families. Staff spoke in a way that gave people dignity and respect and the atmosphere of the home was calm and relaxed.

People living at the home were positive about the home, the manager and the staff. People felt that the care was kind that staff knew how to meet their health needs. They told us that they received support when they needed it.

Summary of findings

People told us that they were supported to take their medicines, and we found that their medicines managed safely and that people received their medicines in line with their prescription.

While people did feel that they were able to make day to day choices about their care and treatment. We found that the provider needed to make improvements to ensure that people were given choice in all of the decisions about their care. DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms were in people's records and showed that people had not been involved in this process, even though they had the capacity to make this decision.

People said that the food they ate at the home was good and that people were able to make choices about what

they wanted to eat. We saw that people had choice of fresh nutritious food, and where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon. For example we saw where additional monitoring of weight had taken place on the recommendation of other professionals.

People told us they found the staff and management approachable, willing to listen to their views and opinions. They said that if they had any concerns they were able to speak with the registered manager. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Also a range of audits and checks were completed regularly to ensure that good standards were maintained.

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 were kept safe because staff knew how to support them and report any allegations of abuse. People were involved in managing the risks around their care and treatment which included medicines management.

Good



Is the service effective?

The service was not consistently effective.

People had not been involved in important decisions about their care and treatment. Staff supported people to access healthcare services when needed so that they had the right support to meet their health needs.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. Staff supported people to be involved in all aspects of their care. People needs were met in a caring way that respected people's individuality.

Good



Is the service responsive?

The service was responsive.

People were involved in their care planning and received care in a kind and compassionate way, their privacy and dignity were respected.

People knew how to raise complaints and there was a process in place to make sure they were dealt with appropriately.

Good



Is the service well-led?

The service was well led

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people that lived there and their families.

People who lived there and staff felt that the manager was approachable and supportive. People felt that if they could talk to the manager at any time and they would be listened to.

Good



Orchard Place

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 unannounced visit took place over two days on 30 June and 1 July 2015 and was carried out by two inspectors.

We reviewed information we held about the provider including statutory notifications and enquiries relating to

the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any concerns or information relating to Orchard Place. We did not receive any information of concern.

During the visit we spoke with six people who lived at the home, six members of staff and

the registered manager. We also received feedback from health and social care professionals. We looked at the care people received by observing staff give care, talking with people and staff and also looking at five people's care records.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said “The atmosphere is very conducive to safety”. Another person said “I feel very safe here; there are always people around to look after me”. People felt confident to raise any concerns with staff. One person said “If I had serious concerns, I would tell the person who does the tablets”. Staff had completed training on safeguarding and displayed a good understanding of the different types of abuse. Staff were able to explain what action they would take if they observed or became aware of abuse and were aware of systems in place to protect the people living in the home.. The registered manager told us that their were guidelines in place for safeguarding to make sure that the relevant authorities were informed and swift action taken to keep people safe. This showed that that staff

The people we spoke with told us that staff gave them help and support to keep safe. One person told us that they used a walking frame within the home and that staff used a wheelchair to take them outside as they could not walk too far. They felt this enabled them to go outside without risking a fall. Risks to people’s safety had been routinely assessed, managed and reviewed. Care records included a variety of assessed risks such as manual handling and mobility. Staff were able to tell us about what help people needed to promote their safety. Staff were keen to stress that they helped and enabled people to maintain their independence rather than doing everything for them. This showed that staff knew people’s individual needs and how to encourage positive risk taking.

People told us that they felt there was enough staff to see to their needs when they wanted it. One person said, “I never go without, they always help when I ask.” We found that people were supported in a timely manner and told us they did not feel rushed. Staff told us that staffing levels could be a ‘Bit thin on the ground at times, but the service users never go without’. We asked staff if this impacted on people’s care, they told us it did not as the team leader or staff from the other services would provide support when needed. The registered manager told us the use of agency staff was kept to a minimum. Team leader cover and ‘on call’ support was provided by the registered manager or the deputy manager. This ensured continuity of support at all times.

Staff told us that before they were employed checks were made to make sure they were suitable to work with people. These included reference checks and checks with the Disclosure and Barring Service (DBS) to make sure people did not have a criminal record.

People received their medicines safely and accurate records of medicines were maintained. Only team leaders administered medicines to people. Team leaders had received training to ensure their understanding and safe management of medicines. We observed that medication was appropriately stored and team leaders completed monthly audits. People told us the qualified staff supported them with their medicines. The home had recently introduced a new medication system to ensure effective medicine management. Staff told us that they had experienced some problems with the system and the company were providing support.

Is the service effective?

Our findings

People told us that they were supported by staff that knew them well and were able to meet their needs. One person said “The girls are very good, very kind and do the work thoroughly.” Staff told us they had access to a range of training to enable them to undertake their roles. The provider had recently introduced new supervision and appraisal records which promoted staff development. Staff told us they received regular supervision and felt well supported by management. We talked to a new member of staff who told us they had been set a comprehensive induction to support them in their role.

Staff showed that they had a good awareness of ensuring that people were able to make choices relating to their care and treatment. From speaking with people, our observations and discussions with staff and the registered manager it was clear that people were able to make decisions for themselves. However we did find in three people’s records instructions for resuscitation to not be attempted for the person. This document is called a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation). We could not find any evidence that the people living there had been involved and were aware of this, or where any best interest discussions had taken place. People were not involved and therefore not able to consent to all aspects of their care and treatment. This meant that the legal principles of the Mental Capacity Act (2005) had not been followed. Following the inspection visit the registered manager told us that people’s wishes around death, dying and medical intervention was being discussed with people individually and their wishes were going to be made aware to the doctors, family and also recorded in their care records. We will be seeking further assurances to make sure this has happened.

We asked staff what their knowledge of the Deprivation of Liberty Safeguards (DoLs) was. A DoL application may be made where it was felt necessary to restrict a person's

liberty to keep the person safe. Staff were able to tell us what they would do if someone was or could be deprived of their liberty. The registered manager told us that they would make referrals for people if their liberty was restricted. However currently there was no-one living there that required a DoL referral.

People told us that the food was good and they were offered a choice of what to eat from the menu. They told us if they did not like what was on offer they could ask for something else. One person said “If I don’t like the choice, I can ask for something else like an omelette.” Another person said “The food is very good and there is plenty of it.” We observed staff walking with people to the dining room chatting and laughing with them along the way. We saw that that staff offered people a choice of drinks with their lunch and provided support where required. It was a hot, sunny day and we observed that people had access to cool drinks in their rooms and that snacks were readily available throughout the day. We observed people’s care records and found that their nutrition and weight had been assessed and regularly reviewed. We saw that a person’s care plan was updated during a period of ill health to encourage and monitor fluid intake in order to aid recovery.

We saw that staff had routinely monitored people’s health needs and engaged relevant professionals. Staff told us that through observation they were able to pick up symptoms of infections and illnesses and report these to relevant health professionals. Staff had recently identified that one person had a condition that was having a significant impact on their wellbeing. Staff reported their concerns to the doctor who arranged further investigation and the subsequent treatment had meant that the person improved. We spoke with people about how they were supported by staff to maintain good health and access to other health care services. People told us they could see the doctor, district nurses and chiropodist whenever they needed to.

Is the service caring?

Our findings

All the people we spoke to told us that the staff were caring, kind and helpful. One person said, “Everyone is very helpful.” Another person said, “[staff name] is very good – wonderful actually.” We observed that staff spoke to people with kindness and compassion. One person told us that they were feeling unwell. We heard staff speak to them in a caring manner, they gave them time to explain how they felt, reassured them and went to get them some medication. We later heard staff return to check if the person was feeling any better.

One person’s first language was not English; we saw that staff took time to help them communicate their wishes. We observed that staff spoke to the person in a calm manner and that they responded to them positively smiling and nodding. Staff told us they recognised when the person did not want to do something and respected their wishes.

We saw that people’s privacy and dignity was respected by staff. Staff knocked on people’s doors before going into their room and that they addressed people by their

preferred name. People told us staff treated them with respect. One person said, “Staff do not touch you unless you ask, they all listen and are very good.” Another person told us that they had a bath every couple of days and that staff made sure the door was kept closed.

People were provided with a choice of what they would like to do, and where they would like to spend their time. Some people chose to take part in the organised activities, whereas other people chose to remain in their rooms. Where people chose to remain in their rooms, we observed and heard staff having friendly conversations with them and checking to see if they wanted or needed anything. People told us they had the choice of where they ate their meals and that they could go out when they wanted to.

All the staff we spoke with told us they enjoyed working at the home and liked getting to know the people, their interests, their likes and dislikes. Staff spoke fondly of the people and were observed to interact positively with them throughout the inspection. We saw some laughter and joking between staff and the people that lived there and this created a happy and relaxed atmosphere.

Is the service responsive?

Our findings

People were able to tell us about their hobbies and interests. They told us that they were provided with opportunities to take part in activities suited to their interest and ability. People told us that staff would also take them out in the garden and they could go shopping if they wanted to. There was a notice board in a communal area which displayed anything that people may want to get involved in such as craft sessions as well as a rolling programme of events which included trips out to places such as the seaside. We observed that two people were being supported to take part in the activities with other people that used the service.

People who spent time in their rooms told us this was their own choice. One person told us they could not take part in activities and that they liked to sit in their room with the door open so that staff would call in for a chat or check in on them as they were passing by. We observed staff visited people in their rooms throughout the day. We saw that people spoke confidently with staff and that where needed staff took time to make sure that communication was understood and meaningful.

The registered manager told us that they employed an activities coordinator three days per week and that the local church attended to do a communion service once a month. The manager also told us that the hairdresser visited once a week and access to other services such as health care and chiropody was arranged as required. The

manager told us she was mindful of people's dependency levels and would increase staffing as required. The staff gave a recent example where the home had worked with the local authority to increase staffing to meet the needs of a person who was unwell.

People's care records provided detail of their assessed needs and the support they required to maintain their health and lifestyle. We saw that people and their families had been involved in decisions about the delivery of their care and support, including details of their preferences and communication needs. We saw that contact with visiting professionals had been recorded and care plans updated to reflect any changes in need.

People told us they were happy with the service provided and would report any concerns to the staff. The registered manager told us each person living at the home had been given a copy of the service user handbook and complaints process, these were visible in people's rooms. Staff told us that if people wished to make a complaint they would listen to their concerns and report them to the registered manager so that they could be dealt with under the company's complaints procedures. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The home held monthly residents' meetings which families were invited to. We could see that the home had taken action to simplify feedback forms following feedback from the people that lived there that they found the forms difficult to complete.

Is the service well-led?

Our findings

The registered manager told us that the vision for the care was to, "Provide high quality care that meets all of the requirements of the regulations, that looks for ways to learn and improve." The staff that we spoke with all told us about their aim to provide the very best care. One staff member told us, "It is the aim of everyone to do the very best. We are encouraged and supported to do this."

People told us that they could talk to the manager when they wanted. One person said, "She [the manager] is lovely. I can always speak with her if I want anything." We spoke with staff about the support they had to do their jobs. They told us that they felt the manager was approachable and supportive. All staff told us that they had access to regular supervision and training. One staff member said, "It is a really close supportive culture here. We all including the manager try our best."

The registered manager told us that people's views of their care was an important measure of how well the service was running. There were annual questionnaires to families and relatives and quarterly questionnaires to the people that lived there asking for their opinions on the care. These were collated and any identified actions taken. One example

where action had been taken was the installation of air conditioning in the home following feedback that living areas were at times too hot. People we spoke with told us that areas were now at a comfortable temperature throughout the year. There were also regular checks and audits around medicines, infection control and care records so that the registered manager could maintain an overview of how well the service was running.

People told us about a recent open day at the home. People said that they had enjoyed this and how they had met different people through the day. One person told us about how they had enjoyed the activities involved in getting ready for the open day, and of joining in to get the home ready. One person told us about how they enjoyed speaking to different people during the open day. We spoke with the manager about this and they told us that to improve their links with the local community the home had a community open day. This was attended by local dignitaries including the mayor and the local media also reported on it. Also a local dance troupe and music entertained the people that lived there. The registered manager went on to tell us that the feedback from people was that this was a big success and also the home had improved its profile in the local community.