

First Care Services Limited

Orchard House Nursing Home

Inspection report

16-18 Riley Crescent
Penn
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West Midlands
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Tel: 01902653500

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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

This unannounced inspection took place on 3 March 2016. At our last inspection in January 2015 the provider was rated as "good."

Orchard House Nursing Home provides accommodation, nursing and personal care for up to 72 people who have mental health needs and people who have a diagnosis of dementia. On the day of our inspection 72 people were living at the home.

The home had two registered managers and both were present for our 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 who lived at Orchard House told us they felt safe. Staff knew how to keep people safe and how to recognise signs of abuse. Risks to people's safety were managed by staff. People and staff told us and we saw that there were sufficient staff numbers to meet people's needs. People were given their medicines on time and when they needed it.

People were supported by staff who had appropriate training to meet their needs. Where people lacked capacity to make decisions for themselves assessments had been completed which ensured they got the right support and decisions made on their behalf were in their best interests. People told us they enjoyed the food at Orchard House and they got a choice. People's nutritional needs were being met. People had access to outside health professionals when their health needs changed.

People told us staff were kind and considerate. Staff knew the care needs of the people in Orchard House. People and their relatives told us they were involved in their care. People's privacy and dignity was respected by staff.

Staff understood people's individual care needs. People's likes, dislikes and preferences were taken into account by staff when supported them with care. People had access to leisure activities. People and their relatives told us they knew how to make a complaint. Systems were in place to monitor complaints made by people and their relatives.

People, their relatives and staff told us that the home was well-led. Staff were supported by the registered manager's which resulted in a positive culture in the home. People and staff told us they were involved in the running of the home and that they were listened to. Robust systems were in place to monitor the quality of care across the home.

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 was safe.

People were safe because staff had the knowledge to know how to protect people from the risk of harm. There were sufficient numbers of staff to keep people safe. People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had appropriate training and understood how to apply what they had learnt to meet people's needs. Principles of the Mental Capacity Act were followed. People's nutritional needs were met. People had access to other healthcare professionals when they needed extra support in order for them to remain healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People were involved in their care. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who understood their individual care needs and were supported by staff to make choices. People had access to activities both in the home and in the community.

When people had concerns they felt confident in raising them with staff and that they would be listened to and action taken when necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place. Staff were well supported by the management team. People and staff were involved in the running of the service. Robust quality assurance systems were in place. □

Orchard House Nursing Home

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 inspection took place on 3 March 2016. The inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is a person who has specialist knowledge of an area in a specific area. In this case the specialist advisor had knowledge of how to manage people who exhibit challenging behaviour and dementia.

We inspected Orchard House due to receiving a higher than normal amount of notifications from the provider. Prior to the inspection we contacted commissioners that used and had involvement with the service to ask their views of the service and see what information they held. As part of the inspection we reviewed all the information we held about the home since our last inspection including the notifications they had sent us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with six people, four relatives and five staff and both registered managers. We looked at seven people's care records and five people's medicine records. We observed care in the home throughout the day.

Is the service safe?

Our findings

People told us they felt safe. One person said "I feel very, very safe". Other people told us they felt safe because they felt the staff protected them from harm and that they had made friends in the home which made them feel safe. Relatives we spoke with also felt their family member was safe. One relative told us, "I know [name of person] is safe because there is always someone on the floor checking [name of person] is ok".

Care staff told us how they kept people safe in the home. They gave us examples of how many staff were needed to keep some people safe or what they needed to do when people's mood changed in order to keep them safe. Staff knew what the signs of abuse were and what to do if the suspected anyone was being abused.

Risks to people were managed well by staff and as a result people were protected from possible harm. We saw risk assessments were in place which identified risks to people and were reviewed when these risks changed. Staff were knowledgeable about how to manage risks in the home. For example, staff took appropriate action to ensure one person had enough to eat as they were at risk of losing weight. Staff worked as a team to ensure people were safe in the building. When they left the room they made other staff aware so that people were not left without staff available to ensure they were safe.

We saw when people had falls or accidents or incidents there was a robust system in place to monitor them and identify patterns. The registered manager showed us how they analysed these patterns to see if there was action they could take to minimise the reoccurrence of accidents or incidents. Staff knew how to complete incident forms so that the registered manager had accurate information. This showed the provider had effective systems for reducing risks to people from avoidable harm.

People told us there were enough staff to keep them safe. One person said, "There are always plenty of staff". Another told us, "If I pull the alarm they come straight away". Relatives also told us there were sufficient staff. One relative commented, "There always appears enough staff whenever I visit". All the staff we spoke to told us they thought there were sufficient staff to meet people's needs. We saw that staff were always available to meet people's needs. When people's behaviours changed we saw staff helping and distracting them to avoid their anxiety escalating. We saw that staff had time to spend with people and to check if everything was alright for them.

Staff told us recruitment checks had been undertaken prior to them commencing work. This included legal checks the provider had to carry out to ensure that the person was safe to work with vulnerable people, and references from previous employers to ensure they were of a suitable character to work in the home. Safe recruitment practices were in place to ensure that people received care from suitable staff.

People's medicines were managed by nursing staff in the home who all confirmed they had received up to date medicine training. We observed nurses giving people their medicines and updating their records when

they had taken it. We looked at eight people's medicine administration records (MARS), to check if people got their medicine on time and we found they did. We found when people had prescribed medicine to take 'as required' individual instructions were in place and staff knew how to follow this guidance when people needed their medicine. Nurses were able to explain to us the system for ordering and destroying medicines and also the system when people refused their medicine. MARs contained good information when people had allergies or when homely medicines had been prescribed by their doctor. Suitable systems were in place to ensure people got their medicine when they required it.

Is the service effective?

Our findings

People and their relatives told us the staff had the right skills to look after them. One person said, "They are highly talented people and they are very, very good". Staff told us they thought the training and induction they received equipped them to do their job well. One member of staff said, "It's really good, we get a lot of training here". Staff explained to us the induction process when they started to work in the service. A buddy system was operated for new staff which meant they got consistent support in their role when they started and enabled them to get to know people well.

People told us and we saw that staff asked for consent when supporting them with their care. One person said, "They always ask but they let me do anything I want to, within reason". We saw staff explaining to people what their medicine was for and asking for their consent before administering any medicine.

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.

We saw when people lacked the capacity to make decisions for themselves mental capacity assessments had been undertaken and appropriate people had been involved in making decisions on their behalf to ensure the decisions were made in their best interest. For example, we witnessed a person in the day area who displayed behaviour which challenged the service. We looked at this person's records and found their capacity regarding a particular decision had been assessed and a decision had been made in their best interests due to their behaviours which challenged the service.

Staff were able to talk confidently about the principles of the Mental Capacity Act and understood how it affected people's care. This meant people's rights were protected because staff understood and were working within the principles of the Act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at the care records for people who had been deprived of their liberty. We saw appropriate applications had been made and had been authorised by the local authority. One person's application was approaching its expiry date. The provider had recognised this and a review had been requested.

People told us they enjoyed the food and that they were given choices about what they ate. One person told

us, "I can have alternatives. The food is good here". Another person told us the food was, "Excellent". Relatives had no concerns about the quality of food. We observed people eating their lunch. There was a very happy atmosphere in the dining room. We heard people chatting and laughing with each other and with staff whilst enjoying their food. Staff were available when people needed support to eat their lunch. We saw that people had a choice of where they would like to eat. Staff assisted people at a pace that was appropriate to them. One member of staff encouraged a person to be independent and use their fork themselves. Another staff member encouraged a person to eat a little more. We saw that different choices were offered to people when they didn't want any of the options on offer that day. Vegetarian and cultural options were also available on a daily basis. These included samosas and curried goat. We spoke with the cook who was able to tell us about people with special dietary requirements and how they catered for these people. We saw that people were offered choices of hot and cold drinks throughout the day. People were offered choices and supported to maintain a healthy diet.

People told us that they had access to external healthcare professionals needed. One person said, "If I want an appointment [to see the doctor] I tell them in the office. It is usually done quickly". Another person told us, "The chiropodist comes. If I have got a problem they [staff] take action." Another person told us they were waiting to see the psychiatrist. Relatives gave us examples of when healthcare professionals had visited their family member. One relative said, "They have asked the doctor to reassess their relative's medicine to help when they are low in mood," and "I have asked for them to be reassessed for incontinence, and the nurse is visiting next week to do this". Records we looked at supported people's views that people got access to healthcare professionals when required.

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring. One person told us, "I love it here. Staff are very kind and friendly. They talk to me and we have some nice little chats". Another said, "I really like it. Staff are very helpful. They look after you. They are very courteous. I could not find a thing wrong with them". Relatives we spoke with all spoke highly of the staff. One relative said, "The staff are so pleasant it makes me feel that they are very caring".

The atmosphere around the home was very calm and people and staff looked happy. Staff appeared to genuinely care for people, they were quick to respond to people when they required extra support, and people appeared to have a good rapport with the staff team... We observed staff were quick to notice and respond when people's moods changed and that they required a little more emotional support. We saw care workers, nurses and management appeared to be caring and friendly towards people. For example we saw the registered manager approach people to enquire how they were and to ask what they had been doing throughout the day.

We saw that staff communicated well with people and understood their communication needs... For example, we saw a person stop to speak with a member of staff. The person had some hearing difficulties and they struggled to hear the nurse's response. The nurse asked where their pad and pen was which the person found in their handbag. The nurse was then able to write down their response on the note pad so the person could understand what had been said. . A relative commented that the diversity of the staff team enabled people who lived there to be able to communicate in their first language when this was not English.

People told us they were involved in their care. One person said, "The manager consults me about changes and involves me. They always tell me and discuss it." Relatives told us they felt involved in the relatives care and are always invited to reviews by both staff at the home and other external agencies involved in their relative's care.

We saw the peoples cultural and religious beliefs were respected by staff. One person of a particular denomination told us that staff respected their religious beliefs. They told us, "A man comes from the church every Monday. He's taken me to church sometimes". People told us and we saw that staff respected their privacy and dignity. One person told us "Staff always knock on my door before coming in". A relative told us, "They always speak to [name of person] quietly when asking personal questions". We saw that staff respected people's dignity by making sure they were clean when they had finished eating or removing spillages from their clothes. We saw where one person had communicated through their behaviour they did not want curtains at their window; the provider had respected their wish but had fitted special glass at the window to ensure their dignity was maintained. Staff were able to give us examples of how they respect people's dignity when they are supporting them with their care needs. One member of staff said, "I make sure I don't shout across the room any personal information".

Some people told us they visited the shops by themselves. We saw when people were able to do tasks for themselves staff encouraged them to remain independent. One person said, "I have a cup of tea when I want

it. I can make it myself ". We saw a member of staff sat with a person who had asked them to read. The member of staff encouraged them to read themselves and then discuss what they had read together. We heard one person asking for a drink and the member of staff encouraged them to make it for themselves. People were supported to maintain their independence by staff.

Is the service responsive?

Our findings

People we spoke with all told us that they were happy with their care and how staff supported them. One person said, "You can do what you want here. You can get up and go to bed when you want." Another person told us that staff sometimes gave them their evening medicine early which meant that when they chose to go to bed early their choice was respected by staff. A relative told us that when their family member had come to live in the home they had sore skin, but with the care the staff had given them it had now healed. Another relative told us, "The staff know [person's name] needs. If I ask for anything doing, it's always done."

We saw staff responded when people's needs changed and were able to tell us about people and their likes and dislikes. For example, staff told us when one person became agitated they talked about events in their past and this settled them down and avoided them becoming more anxious...

Records we looked at contained detailed information about the life history of people, their health conditions and how staff should support them. Care plans gave staff positive strategies on how to help people manage their anxieties. We saw details about how people preferred to receive their care and their choices and preferences were also recorded. People received care which was individual to their needs.

We saw that staff passed on important information regarding people's care in staff handover at the beginning of a new shift. The handover was informative and staff were instructed with what care people required. For example, staff passed on the information that one person had declined their lunch so staff on the later shift were aware they may get hungry before the evening meal. People told us how they spent their leisure time. One person said, "I like painting, drawing and sketching. They [staff] take you out sometimes for a meal. I like the food." Others told us they went out into the town by themselves. One person shared with us they had been out that afternoon and had bought themselves some new items. We saw staff playing games with people and also reading the newspaper. One person did tell us they thought activities could be improved. They explained that they thought more could be offered. The registered manager told us they were looking at this and would involve people in how they would like to do more activities inside and outside of the home. People had access to activities they enjoyed both in and outside of the home to spend their leisure time.

People told us they would be happy speaking to staff if they had a problem or a concern. One person said, "I know how to make a complaint. I made a complaint once. It was sorted out. I have no concerns. I find it quite wonderful." Another person added, "If I have a complaint I talk to the manager". Relatives told us they were happy approaching staff if they had a complaint. One relative said, "If I was unhappy I would speak to carers. They have got systems. There were a couple of anomalies but they had been sorted out". One relative told us that they knew how to complain because the complaints procedure was in their relative's room. The complaints procedure was also displayed clearly in a communal place where people and their relatives could see it. We looked at the complaints book, and where complaints had been raised they were documented clearly. This included what action had been taken. An effective complaints system was in place and when people complained they were listened to and action taken when appropriate.

Is the service well-led?

Our findings

The home had two registered managers. One of the registered managers was also the provider. They told us that each had a very specific role in the leadership and running of the service. This worked well for them and for the people living in the home.

People told us they thought the home was well-led. One person said, "They [managers] put things right. They listen to me. I think they [managers] have it right. I think the managers are brilliant. I can approach any of the managers". Another person told us, "I know the manager will listen". Relatives told us they could approach the managers and felt that they listened and responded to any issues they raise. We saw that the registered managers were visible on the floor and engaged with people, their relatives and staff well. One member of staff told us, "They, [the managers] were always happy to muck in when necessary".

Staff told us they were very well supported by the registered managers at the home. One staff member said, "The manager has come into work to help me out of hours when I had a problem". Another commented, "The home is well-led. We have made improvements on teamwork and there is always a good atmosphere because we work well as a team". Staff also told us they had regular supervisions where they had the opportunity to discuss areas of work where they felt they had strengths and weaknesses, and what they could do to improve. Staff told us they were listened to by managers and there was a positive culture within the home. We saw that staff appeared happy in their work and we observed they supported people in a caring and positive way.

The registered managers involved people and their relatives in the running of the home by gathering information from questionnaires and resident's meetings. Staff told us they were involved in the running of the home through staff meetings. They explained staff meetings were very open and they could talk about anything. Staff also felt they could make suggestions about how the home could be improved and they were listened to. One staff member told us having a positive open culture in the home "makes us a better team and a better workplace".

The registered managers were aware of their responsibility to inform us of relevant events that took place within the home. We saw they involved other agencies as appropriate. We saw the registered managers worked closely with other agencies to ensure people received the best care they could.

Managers showed us they had a robust system in place for looking at the quality of care in the home. The registered manager completed regular audits in areas such as accidents and incidents care plans, cleanliness and menus. The system in place was managed by the registered managers and updated regularly. We saw that when audits had been carried out any patterns were documented and an action plan in place to steer the improvements. This meant people's care was constantly being reviewed by the managers and improvements made when problems were identified.