Orchard Care Homes.Com Limited

Nesfield Lodge

Inspection report

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Ratings

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

Overall summary

This inspection, which was unannounced, took place on 6 October 2014. At our previous inspection of November 2013 we found the service to have met the regulatory requirements in each of the outcome areas we looked at.

Nesfield Lodge is a purpose built home providing care for up to 44 people specialising in dementia care. The home is on two levels, the first floor being serviced by stairs and lift. All rooms have en-suite facilities and both floors provide communal lounge and dining areas. On the day of our inspection there were 42 people living at the service.

There was a registered manager in post at the time of 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 told us they felt safe at the service. Staff were knowledgeable about how to keep people safe and prevent them from avoidable harm. However, we noted

Summary of findings

one person was prevented from accessing the outside space due to concerns about their safety. The registered manager told us they would look at risk assessments to support the person to take managed risks.

Staff were employed in sufficient numbers to care for people safely though at busy times this meant they did not have time to engage with people other than when delivering care interventions.

Medicines were managed safely. People received their medicines as prescribed. We found the medicines storage room to be too hot on the day of our visit. Records of temperatures showed this had been the case during hot weather. The provider had agreed to install an air conditioning unit to ensure medicines were stored at safe temperatures at all times.

The Care Quality Commission is required by law to monitor and report on providers' adherence to the requirements of The Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). Where one person's freedom had been restricted in order to keep them and others safe a DoLS authorisation had been sought and was in place. However, another person was being prevented from accessing the garden but this had not been considered as a DoL.

Some best interest decisions had been recorded where people were involved in safeguarding protection plans but other people who lacked capacity to make decisions did not have best interest decisions recorded. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us training had improved at the service following the appointment of the registered manager. The registered manager explained they had used a training matrix to identify those staff requiring refresher training and had made arrangements for them to attend relevant training.

People appeared to enjoy the food provided at the service and were supported to maintain a balanced diet.

Where people required additional support to maintain a healthy dietary intake this information was shared across the whole staff team to ensure arrangements were in place to help them access an enriched diet.

Where people needed additional support from health professionals to maintain their physical and mental health referrals were made in a timely way.

People we spoke with and their relatives told us they were satisfied with the care they received. Staff were clear about the need for people to receive a high standard of care and told us they would challenge if this was not the case.

Where life histories were obtained this helped staff better understand people, their values, interests and personal preferences. In some cases, where the person was not able to inform staff about their lives, relatives were involved in preparing life histories. However, we found some people did not have life stories recorded.

People were treated with dignity and respect. We noted two occasions where people did not receive consistent support. We raised this with the registered manager who told us they would ensure staff were clear about the need to provide consistent responses when people were becoming anxious or distressed.

Although the registered manager was working to improve the activities available to people these were limited at the time of our visit. Some people told us the activities on offer were not appropriate for them.

Relatives told us they were confident they could raise any concerns and these would be addressed. People were invited to attend 'residents meetings' in order to provide feedback about their experience at the service.

Everybody we spoke with provided positive feedback about the registered manager and the impact they had on the service since commencing in post.

Staff were clear about what was expected of them and told us communication and morale was good.

Audits were effective. Where necessary action plans had been drawn up to address shortfalls in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Although people were protected from avoidable harm there was sometimes a lack of consideration of how risks could be managed to promote positive risk taking.

Although there were effective systems in place for the management of medicines they were stored in a room that was sometimes too hot and may have reduced the effectiveness of some medicines. The registered manager told us the provider was taking steps to address this.

There were enough staff to keep people safe though there were occasions when people in communal areas were not supervised.

Is the service effective?

Requires Improvement

The service was not always effective.

Although we saw some examples of good practice in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards this was not always consistently applied.

Staff told us they felt they had sufficient training to undertake their role. Where staff needed refresher training this had been identified and arrangements made for staff to attend training courses.

People appeared to enjoy the food. In addition to the menu, snacks including home baking and fresh fruit were available every day.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were satisfied with the care they received.

All care interventions we observed were kind and considered the dignity of the person. People were given the time to consent to care interventions.

Where life histories were used this helped staff really understand the person they were caring for and to ensure their personal preferences were known and understood.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records did not always contain sufficient detail to ensure people received individualised care.

Summary of findings

Meaningful activity was not always available. People told us they would like more opportunities to go out or participate in activities that reflected their interests. The registered manager was working on improving the activities available to people.

Relatives told us they knew how to complain and felt they could raise any concerns and these would be addressed.

Is the service well-led?

Good

The service was well led.

Everybody we spoke with was positive about the registered manager and their impact on the quality of care at the service.

Staff told us communication was good and they were clear about the provider's expectations of them.

Although we identified some areas for improvement these had been identified by an audit immediately prior to our visit showing audits were effective.

Nesfield Lodge

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 checked 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 6 October 2014 and was unannounced.

The inspection team consisted of an inspector, a specialist professional advisor in dementia care 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. The expert by experience had personal experience of caring for older relatives.

Before the inspection the provider completed 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. We contacted the local authority, local Healthwatch and commissioners to ask their views about the care provided at the service.

During our inspection visit we spoke with 11 people who used the service and three relatives. We used a Short Observational Framework for Inspection (SOFI) tool to help us understand the experience of people who used the service. We also case tracked four people who used the service. We spoke with nine staff including care staff, the cook, ancillary staff and the deputy and registered manager. We also spoke with a district nurse who visited people at the service on a regular basis.

In addition to looking at the care records of four people we looked at records related to the administration of medicines, staff recruitment files and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us they were, "In a good place." A relative told us, "It is as though all my cares have gone away because he is happy and safe."

Staff we spoke with told us they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, "If I see something that's not right, I'd report it."

There had been a high number of safeguarding alerts in the twelve months prior to this inspection visit, including some relating to the previous registered manager. The current registered manager explained that since their arrival at the service they had raised any safeguarding concerns as an alert with the local safeguarding authority and had used any learning from safeguarding investigations that had been instigated prior to their arrival at the service to improve practices within the service.

As part of the inspection we reviewed those safeguarding investigations that were still on-going. The registered manager had maintained clear records of all actions taken and was able to provide updates on all cases still open to the local safeguarding authority. This showed us the registered manager had an oversight of all safeguarding activity at the service and had an audit trail of all actions taken to minimise on-going risk.

We saw that staff had a clear understanding of the actions to take to minimise risks to individuals. This included supporting one person to use their mobility aids safely and distraction techniques employed to support another person who was becoming distressed and challenging to others. However, we also noted one person was prevented from accessing the garden due to the risks of them going out in wet weather. We saw the person wanted to go outside on numerous occasions during the morning. We discussed this with the registered manager as staff's reluctance to allow the person to go outside in case they slipped and fell might not have been in the person's best interests. We could not find any evidence that this risk had been considered for a plan to be put in place that would allow the person to take some managed risks in order to allow them to go outside as they wanted. The registered manager assured us this would be reviewed.

We found there were enough staff to meet people's physical care needs but there was not always sufficient staff to provide a staff presence in communal areas or to engage people in meaningful activity. The registered manager told us they had recruited bank staff to help maintain staffing levels to cover for sickness absence and annual leave. New night care and administration staff had been appointed the week prior to our visit, subject to pre-employment checks. The registered manager explained their preferred and minimum staffing levels. The staffing establishment was static, with the exception of those people requiring additional one to one support. The manager explained they assessed people prior to them moving into the service to ensure their needs could be met within the staffing establishment.

Before lunch there were many staff working in the upstairs area. Although they were busy we saw they monitored people and were available if anybody needed any assistance. However, after lunch in the downstairs communal area there were no staff in the lounge area for fifty minutes; although there was a member of staff in the adjacent open plan dining area they were busy near the sink. There was no interaction during this time with the eight people present in the ground floor lounge.

All staff within the service, including the registered manager, provided support to people at mealtimes. This allowed people to receive the support they needed to eat and drink in an unhurried manner.

Although people who used the service told us staff were often very busy they were positive about the response they received when they required assistance. One person told us, "The staff are very helpful, they work really hard and just get on with it." Staff we spoke with told us that with the exception of occasions when staff were required to support a person on an emergency admission to hospital, there were always enough staff on duty to safely meet people's needs.

People's medicines were managed so that they received them safely. The deputy manager who was also the staff member with lead responsibility for medicines told us they had recently changed pharmacy provider and the

Requires Improvement

Is the service safe?

transition had been trouble free. Systems were in place for the ordering, receiving, storage, administration and safe disposal of medicines. The deputy manager told us medicines audits were completed twice daily and this had resulted in improved practice in he management of medicines. Regular competency checks also ensured staff with responsibility for the administration of medicines were checked to make sure they were following safe practices regarding the administration of medicines.

Most medicines were prepared by a pharmacist into a Monitored Dosage System (MDS). These had been administered as prescribed. We checked the controlled medicines held at the service and stocks of medicines that were prescribed on an 'as and when required' basis. We found the amount of medicines available reflected the records of administration. This showed the service was managing all medicines safely and people were receiving their medicines as directed by the prescriber. On the day of our visit we found the medicines storage room was hotter than the recommended temperature for the safe storage of medicines. Records showed this had been the case on the days running up to our visit. The registered manager told us this was an issue when there was hot weather and they had raised this with the provider who was arranging for air conditioning to be fitted to the room.

We recommend that the provider adheres to the National Institute for Health and Care Excellence (NICE) guidance: Managing medicines in care homes (2014), to ensure they are meeting all requirements relating to the management of medicines.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack capacity to make decisions. Where people's freedom is restricted in order to keep them safe the MCA states this must be authorised and reviewed in order for the deprivation of their liberty to be lawful. One person was subject to a DoLS authorisation and appropriate documentation was in place to evidence the authorisation.

Although we saw some areas of good practice in relation to the MCA this was not always consistently applied. On arrival at the service we saw a notice asking relatives to sign consent for their family members to receive a 'flu vaccination. This was not in accordance with the principles of the MCA. We raised this with the registered manager who told us this request had been made in order to avoid the risk of people's GPs refusing to give them a 'flu injection. We discussed with the registered manager the need for them to challenge other professionals where they were not acting in accordance with the MCA. We have also raised this within the CQC to ensure this is addressed with those medical practices who had made the requests.

Although best interest decisions were recorded for seven people in relation to safeguarding protection plans or arrangements to lock bedroom doors, low level best interest decisions were not recorded. Care records did not refer to people's capacity or reference any actions or care interventions that were taken in the person's best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us training at the service had improved since the appointment of the registered manager and they felt they had sufficient training and support to meet people's needs. We spoke with a staff member about their induction training. They told us they had received a week's induction training then shadowed experienced staff for three shifts before working independently. They told us they felt this had adequately prepared them for their role.

Where practice issues were identified these were addressed. We saw records of a 'huddle meeting' that had been held for all staff on duty when it had been identified they had not been offering sufficient fluids to people during their shift. We also saw group supervision had taken place about people's dietary requirements and pressure area care.

The provider used a training matrix to check staff were up to date with their training requirements. Where staff required refresher training the registered manager had identified this and made arrangements for staff to receive their training as appropriate. Safeguarding of vulnerable adults training was planned with 14 staff due to attend a training session the day following our visit.

People were supported to maintain an balanced diet. People appeared to enjoy the food and snacks available to them.

We observed the lunchtime service. The registered manager had told us all staff were required to support at lunchtime and we saw this was the case. There was enough staff to help people with their lunch and no one was rushed to eat their meal. We saw people were provided with protective clothing and there were condiments on the table for people to use. The lunchtime was relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom. Staff offered extra food or drinks if people had eaten all their meal or offered alternatives if they didn't eat their first choice. Some people stayed at the tables and talked with others. This showed people saw the mealtime as a social occasion.

We spoke with the cook who explained the menus were on a four weekly cycle. They told us cooked options were available at breakfast and home baking and high calorie milkshakes were made available daily in addition to fresh fruit. We saw this was the case with one person who had only eaten a small amount at lunchtime really enjoying cake and a milkshake during the afternoon. The catering staff we spoke with were very knowledgeable about people's nutritional needs and told us they were updated about any changes in people's needs. People who were at risk of malnutrition were weighed regularly and provided with supplements if any had lost weight; this was reflected in their care records.

Where people required additional support from health professionals this had been sought in a timely way. We saw people who were at risk of malnutrition had been referred to the dietetic team. We saw people regularly received support from their GP. One person told us, "They will get

Requires Improvement

Is the service effective?

the doctor if you need one." Other health professionals providing support to people who lived at the service included the district nursing team, members of the community mental health team and a visiting chiropodist.

The district nursing team completed a handover information sheet for their interventions to be shared with staff at the service. This ensured continuity of care and that staff were clear of the expectations of the district nurses regarding people's care. We spoke with a member of the district nursing team who told us they had a good relationship with staff at the service and felt this had improved since the arrival of the registered manager.

Most people's rooms had family mementos and photographs unique to the person. Their bathroom facilities were well-equipped. Each person's bedroom door looked slightly different in colour and had a photograph or a personal item attached to the door. This helped people living with dementia to orientate themselves within the building and to identify their personal space more easily.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were busy but they could obtain assistance as required. One person told us, "If I wanted something I suppose I could ask one of the girls wandering around." Another person said, "The staff are very helpful, they work really hard and just get on with it." People told us they were able to choose when to get up and were not restricted to set routines. One person told us, "They will tell you when breakfast is served but if you are weary you can stay in bed." Another person told us, "I can go to bed early if I want to."

One relative we spoke with told us they were satisfied with the care provided to their family member. They told us the care was, "Satisfactory, no its good, they keep her clean, comfortable and turn her."

Staff we spoke with were clear about their purpose and that people who lived at the service were at the centre of what they did. One staff member told us that if there were any concerns about a person's care, "We wouldn't put up with it; it's their home." Another staff member told us, "It's homely; you can tell by the atmosphere. We speak to people and treat them with privacy and dignity. " Staff we spoke with were able to demonstrate how they maintained people's privacy and dignity in practice.

Staff had consulted with some people and their relatives to obtain their life stories. This helped staff better understand the person they were caring for, including their personal preferences and values.

We observed staff treating people with dignity and respect. People were discreetly asked if they wanted to use the toilet. People were spoken with while they moved around the home and when approaching people, staff would say, "Hello", and inform people of their intentions. We saw one person being supported to transfer from their chair to a wheelchair with a hoist. Staff spoke with the person first and checked they consented to the move. They explained their actions throughout and were careful with the person's clothing to ensure their dignity. When staff interacted with people or their relatives they were friendly and polite.

Staff told us they tried to promote people's independence through some domestic tasks. Staff told us there were some people who could be encouraged to set tables and do dusting. However, we did not see any evidence of this during our visit.

We observed people who were becoming anxious or distressed were not always responded to consistently. One person who was on respite was repeatedly asking when they were going home. We noted three staff gave then three different answers before we intervened and asked staff to confirm the correct date they were due to return home. Another person was continually wanting the door unlocked to be able to go outside. Care staff mainly told them, "The key is lost." This showed inexperience of how to communicate with those people who were living with dementia. We raised this with the registered manager on the day of our visit who assured us this would be addressed.

One person had been supported to access an advocacy service to support them with decision making about their care an support. This showed the service were proactive in supporting people to make decisions about their care.

Requires Improvement

Is the service responsive?

Our findings

Relatives of people provided mixed feedback about their involvement in their family member's care. One relative told us, "I am happy with everything. I am kept involved; am totally satisfied and can raise any concerns." However another relative told us, "It could be better, they don't know much about her." This demonstrated a lack of consistency in the information known about people and how this was interpreted into their care.

Care records showed clear links between assessments and care plans. Care records included people's pre-admission assessments. One person had been admitted to hospital on the morning of our visit where the hospital staff had informed staff of a diagnosis that had been made prior to the person's admission to the service that had not been shared with staff at the service. The registered manager took immediate action to contact the person's social worker to investigate this and to confirm the earlier diagnosis. They explained they would only facilitate the person's re-admission once they had all the information relevant to their health needs and had assured themselves they could neet their on-going care needs.

Care plans included people's religious and cultural needs. Where people had completed life history documentation this gave a real sense of the person and gave staff clear information about how to provide the person's support whilst adhering to their personal preferences. Life histories were not available in all the care records we saw. This meant there was a risk of some people receiving care that was not as personal due to a lack of information about them.

We saw from one person's care records that their relative had been very involved in providing the information to inform their care plan. Another relative we spoke with said, "I have read the care plan and am happy with it but I was not involved in drawing it up."

Although care records included sections about people's interests and hobbies this had not been interpreted into activities that might be suitable for the person. On the day of the inspection, there were no activities taking place. There was music being played throughout the downstairs, however, there was no interactions in relation to the music. The registered manager told us they were trying to get joint working with the church hall next to the home so that people could access the community facilities and activities at the church hall. They explained they were arranging activity staff support that would include evenings and weekends to allow people to attend community groups.

When discussing activities within the service the registered manager told us monthly armchair exercises and music sessions took place but there were limited opportunities for staff to facilitate activities at some times of the day. They told us, "The mornings are too busy but in the afternoon we do activities, we could get out jigsaws or games for the residents."

People were supported to access a Church of England religious service at the home on a regular basis. The registered manager told us there was nobody else at the home who was practicing any other religion but they would ensure people's religious needs were met as part of their admission to the service as required.

People spent the majority of the day either in the dining room, the lounge or in their own rooms. On the day of our inspection we did not observe any interaction between staff and people other than meal times or when staff were approached by somebody.

One person said, "I like the banjo when the lady comes and I like making things." Another person said, "There is nothing for me, I don't like bingo or those sort of games. I like music and dancing but I can't do it here." A third person told us, "I used to like knitting."

People told us they felt they could raise any concerns with the staff or manager. One relative said they were aware of how to make a complaint stating, "I would feel comfortable in raising any concerns with staff because the same teams are in this area and I have got to know them and feel comfortable with them." However, another visitor drew our attention to a faulty fridge door stating, "I have mentioned it but it's still like that." We raised this with the registered manager who arranged repair during our visit.

People were invited to attend 'residents' meetings' where they were given opportunity to feed back about the care they received. A survey had also been completed in May 2014 regarding additional services available to people. The registered manager explained they used any feedback, complaints or incidents at the service to explore how improvements could be made.

Is the service well-led?

Our findings

Relatives we spoke with and staff were positive about the registered manager and the management team. Staff told us the registered manager was approachable and morale had improved since they had come into post. One staff member told us, "You can go to her and she sorts it out. I am happy to be working for her."

The registered manager told us they had promoted an open culture since commencing in post and had encouraged staff to see the outcomes of complaints and safeguarding of vulnerable adults investigations that had commenced prior to them coming to the service as an opportunity for learning. The registered manager explained they were developing positive relationships with people, their relatives and visiting health professionals. This was confirmed by the relatives we spoke with and a member of the district nursing team.

The policy for all staff to provide support at mealtimes meant the registered manager was working alongside the whole team on a daily basis and was keeping in touch with the changing needs of people who used the service by providing hands on support.

The registered manager had a clear understanding of the challenges at the service and gave a sense of confidence in the direction they were moving the service in. They were clear about their responsibilities and what they expected of the staff team. They had submitted any notifications to the CQC that had been required of them since commencing in post.

Staff we spoke with told us they were informed of any changes occurring within the service through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, "I have just had supervision and there have been changes in the management, so we all know what's happening. It's good that we know and everybody gets to hear the same thing." When telling us how they felt about working at the service another staff member told us, "I love it." There was a strong sense of teamwork at the service.

Audits were completed on a regular basis. Where improvements were identified action plans were drawn up and signed off on completion. This provided a clear audit of the actions that were taken to improve the quality of care for people. We saw this had led to sustained improvements in the management of medicines. An audit completed on 29 September 2014 had identified the issues we identified during our inspection relating to the Mental capacity Act, gaps in training, and the hot medicines room. Although there had not been time for some of these actions to be completed it showed the audit was effective in identifying issues for improvement.

The registered manager told us how they were keen to use guidance to improve the quality of care received by people at the service. They explained they were implementing the recommendations of a visiting community psychiatric nurse to improve the knowledge and confidence of staff when dealing with intimacy and sexuality for people living with dementia. They were accessing best practice guidance in order to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The registered person did not have suitable arrangements in place to show they were acting in accordance with the Mental Capacity Act 2005 when recording consent. Regulation 18