

Orchard Care Homes.com (3) Limited

Cleveland Park

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an unannounced visit on 5 November 2014 and a further announced visit was made on 19 November 2014. The home was last inspected on 2 October 2013 when we found there were no breaches of legal requirements.

Cleveland Park is registered to provide accommodation for up to 66 adults who require nursing or personal care, some of whom are living with dementia. It is a purpose built home near the centre of North Shields.

At the time of our inspection there was no registered manager formally in place. The acting manager was

awaiting an up to date Disclosure and Barring Service (DBS) check prior to submitting his application to register with us. A registered manager is a person who has registered with the CQC 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. The acting manager and the area manager were both present during the inspection. Since the acting manager was employed a number of improvements have been made.

Summary of findings

The registered provider had policies and procedures in place to help keep people safe and to prevent abuse happening. Staff had completed training in protecting vulnerable adults and were aware of the procedure to follow if they observed any abuse within the home. Prior to staff being employed at the home the management carried out checks to help ensure they were suitable to work with vulnerable people.

We looked at the system for dealing with medicines and found that there was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and have told the provider to take action to remedy this. You can see what action we told the provider to take at the back of the full version of the report.

We saw that improvements were being made to the premises and equipment was checked regularly to help protect people's safety. Accidents and incidents were monitored by the manager to help ensure risks were reduced.

The manager confirmed that bank of staff were being recruited to cover holidays and sickness. At the time of our inspection there were sufficient staff on duty to meet people's needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not

inappropriately restrict their freedom. The manager told us that he had submitted a number of DoLS applications to the Local Authority safeguarding adults team and was awaiting the outcome of these.

Staff were patient and sensitive when assisting people with their meals. Menus were varied and a choice was offered at each mealtime. We spoke with the kitchen staff who were aware of special diets which some people required.

Staff were able to describe the needs of the people they cared for and were caring for people patiently and sensitively. People's privacy and dignity were respected and staff asked for people's consent before they provided care. The records showed the home made prompt referrals to health care professionals if required. Two health care professionals confirmed this.

Staff told us, and records showed appropriate training was provided and the staff were supervised and supported. An activities organiser was employed and a programme of activities and outings was provided. The activities organiser was enthusiastic and keen to introduce more activities to suit individual preferences. People were aware of the complaints procedure and felt confident to use it if they needed to.

There were audits and checks carried out by the management team to help ensure standards were met and improvements put in place. People told us the manager had made lots of improvements and was keen to involve people by holding regular meetings to discuss ideas, suggestions and concerns.

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?

Not all aspects of the service were safe.

We found that staff were not following the correct procedures when dealing with medicines. Some medicines had not been delivered by the pharmacy. This had not been followed up in a timely manner which meant that some people had not received medicines when they needed them.

Appropriate checks had been carried out to make sure staff were suitable to work with vulnerable people. There were sufficient staff on duty to meet people's needs.

Staff were aware of the procedures to follow if they had any concerns about practices at the home.

Requires Improvement



Is the service effective?

The service was effective.

Health care professionals were involved if people required support regarding their health care needs. People were supported to eat and drink enough to help ensure their nutritional needs were met. People enjoyed the food served in the home and were offered choice at mealtimes. Staff received appropriate training and they felt supported by the management.

The staff were aware of the MCA and DoLS and the need to consider people's best interests when making decisions about their care. Appropriate assessments had been undertaken in relation to potential restrictions under DoLS legislation.

Good



Is the service caring?

The service was caring.

People told us they were well cared for and their privacy and dignity was respected.

There were good relationships between the staff and the people who lived at the home. Staff interacted with people and were able to explain their individual needs.

Visitors told us they felt the care was very good and people were well looked after.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans had been developed to give staff information about how these needs should be met.

Good



Summary of findings

People and their visitors told us staff were responsive to their needs.

An activities organiser was employed and a programme of activities was in place. People were supported to access activities of their choice.

There was a complaints procedure in place and complaints were recorded along with the outcome of the investigation.

Is the service well-led?

The service was well led.

The manager has applied to become registered with CQC.

People and their visitors told us there was a pleasant atmosphere in the home. We received feedback from visitors, health care professionals and staff that the new manager had made lots of improvements

The provider had systems in place to check the quality of the service provided. Records showed that people were given opportunities to express their views about the service provided. Staff said they were well supported by the management.

Good



Cleveland Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2014 and was unannounced. A second visit was made on 19 November 2014 and was announced.

The inspection team consisted of two inspectors and an expert by experience who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we carried out the inspection we checked the information held about the service. We contacted the

commissioners of the service, the local safeguarding adults' team and the local Healthwatch group to obtain their views. After the inspection we spoke with a member of the psychiatry of old age service and a community matron to gain their views about the service.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with ten people who used the service and observed their experiences. We also spoke to five visitors, the area manager, the manager, four care staff, the cook, the activities organiser and a visiting health care professional.

We looked at four care records, seven medication administration records (MARs), accident records and other records held in the home.

Is the service safe?

Our findings

One person who lived at the home told us, “There’s always somebody there for you, I can compliment them on that.”

A relative told us, “He’s safe and he’s happy.” A visiting health care professional told us they had not seen anything in the home that concerned them.

We saw policies and procedures for dealing with medicines. The staff on duty were aware of these and had received training. We observed a nurse administering medicines and saw she went into the kitchenette area and left the trolley open and unattended. On another occasion she walked away from the trolley and locked the doors but left the keys in the lock. This was a security risk as people or others could access the unattended medicines trolley. We also noted that the nurse signed the medicines administration record (MAR) before the medicines were given. We saw that the nurse poured two liquid medicines into a single medicine pot. The person did not take all the contents so it was not clear how much of each medicine they had taken.

We looked at seven MAR charts. One MAR showed a person had not been given a medicine for three days. We spoke to the nurse about this who told us the medicine had not been delivered by the pharmacy but this had not been followed up. Another record showed a person had not been given their medicine as it could not be located. The nurse told us that the medicine had not been delivered and again this had not been followed up. Another MAR indicated a person had not received their medicine for three days. The nurse told us the medicine had been stopped but we could find no record of this.

One record stated that a person could be given their medicines covertly and this was confirmed in the care plan. There was no evidence of a letter or discussion about this with a GP. We discussed this with the manager who investigated the matter and confirmed that the care plan was not correct and the person did not receive medicines covertly.

This meant staff had not followed policies and procedures for dealing with medicines and people may not receive medicines when they needed them or by the correct route.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

The provider had policies and procedures in place to help safeguard people from abuse and these were accessible to the staff. Staff on duty told us they had received training with regard to safeguarding vulnerable people. They were aware of the different forms of abuse and knew the procedure to follow if they had concerns about practices in the home. A staff member said, “I would report things to the nurse or the manager, or go higher if need be.”

The Local Authority safeguarding adults’ team had requested care homes maintain a log of minor safeguarding issues. We saw the log had been maintained and was forwarded regularly to the Local Authority so they could determine whether appropriate action had been taken by the provider. The manager was fully aware of incidents that should be reported and the authorities and regulators who should be informed.

We looked at the system for recording personal allowances and money that people deposited in the home for safe keeping. We saw receipts were issued for any money received and any expenditure. If people withdrew money from the safe they signed to confirm this. If people were unable to sign then the records were signed by two staff members. This helped to ensure the system was safe and protected people from financial abuse.

We looked at records that showed the registered provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out by handyman such as checking door sensors, the fire alarm, water temperatures and door handles. External contractors carried out regular inspections and servicing, for example, on fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed these were dealt with promptly. We also saw records to show equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

We saw a fire risk assessment had recently been completed. A file was available that contained information about procedures to follow in an emergency, for example emergency telephone numbers, and details of temporary

Is the service safe?

accommodation if people needed to move out due to an emergency situation. The manager had assessed each person and detailed the support they required if they needed to vacate the premises. This meant there were arrangements in place to deal with foreseeable emergencies.

We looked at six staff files which included two nurses and four care workers. These were well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service checks, formerly known as Criminal Records Bureau checks, to help ensure people were suitable to work with vulnerable adults.

We saw application forms included full employment histories, health questionnaires and copies of interview questions and notes. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. There were records to show formal disciplinary actions were taken where appropriate.

The manager told us, and staff rotas showed there were two nurses and eight care workers planned to be on duty each day. At the time of our inspection there was one nurse and seven care workers on duty to care for 48 people. The manager told us this was because two people had reported sick on the day. On our second visit the home was fully staffed.

We saw staff supporting people and meeting their needs. They responded quickly when people required assistance. The staff told us they were able to meet people's needs. A staff member told us, "There has been one carer short a couple of times but we bring people into one lounge so they can be supervised safely. We always have time to do baths and care for people." Another staff member said, "Terry [the manager] is great. We were short staffed but he is sorting it."

A relative told us they felt the home was always short staffed. We discussed the staffing levels with the manager who said he was in the process of recruiting a bank of care workers who would be available to cover if regular staff rang in sick.

Is the service effective?

Our findings

With the exception of one person, people told us the food was good, tasty and there was a good choice and alternative food options were available if they did not want what was on the menu. The person who said the food was not always to their liking enjoyed the fish and chips and said overall, "But it's not too bad." Another person said, "It's really good, I like everything they give me."

We observed breakfast being served in one dining room and lunch being served in two units. We saw people were offered a choice of food and menus were displayed. There was a choice of main course at both lunch and tea time. If people did not wish to have the dessert on the menu they could choose yoghurt, fruit salad, ice cream or cheese and biscuits. There was a pictorial menu to help people make their choices. The food looked appetising and staff offered people drinks with their meals. Some people required assistance to eat their meal and others were encouraged to eat by staff members.

We noted some people were served their meal in their bedroom or other preferred place. We saw a care worker give a person a bowl of cornflakes and a cup of coffee in the lounge area as they did want to sit at the dining table.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people's mental capacity and DoLS. The manager was aware of a Supreme Court decision which redefined what constituted a deprivation of liberty to make sure people were not restricted unnecessarily unless it was in their best interests. The manager had contacted the Local Authority to discuss applications for DoLS and a number of applications had been submitted.

There were documents in care records to confirm that individual mental capacity assessments had been carried out and where necessary decisions had been made in people's best interests when they could no longer make these themselves.

The training records showed staff had received training on key areas. A training matrix was maintained to flag up when training needed to be refreshed. Some staff had completed

end of life training and further training on this subject had been booked for the end of November 2014. Staff on duty told us they felt they were provided with good training to carry out their roles effectively. Their comments included, "I've done training on the MCA and DoLS, protecting vulnerable people, dementia and challenging behaviour which is good," "I'm up to date with training. I'm a great believer in training" and "The training is good, enjoyable and not boring."

The manager told us he had a programme to ensure staff supervision sessions and performance reviews were up to date. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. A staff member said, "I had a one-to-one session with a senior not long ago." The supervision records showed that training, moving and handling and care plans were discussed along with other issues raised by the individual.

We saw staff asked people's permission before they provided support to them. For example, one care worker said, "Can I help you to cut your meat up?" Another care worker asked someone if they would like help to put their cardigan on. A care worker told us that some people often initially refused assistance but the staff went back at another time to help them.

We telephoned a health care professional who visited the home on a regular basis. They said they felt the staff always made prompt referrals when required.

There were food and fluid charts in place, where people had been identified as being at risk of malnutrition and dehydration. This meant people's food and fluid intake was monitored and action could be taken promptly, if concerns were identified.

People's weights were checked on a regularly basis so action could be taken when necessary and referrals made to relevant health care professionals, such as, GPs, dietitians and speech and language therapists. The manager was in the process of checking people's weights and making any necessary referrals to the GP following a recent outbreak of diarrhoea and sickness.

We spoke with the head chef who said she had information about people who required special diets, such as fortified meals and pureed food. She had recently been appointed and was booked to attend training on identifying and

Is the service effective?

treating malnutrition. Other kitchen staff had completed the training in July 2014. She confirmed she had access to sufficient ingredients to provide fortified meals and drinks, such as fresh cream and butter.

Memorabilia and pictures had been introduced in the home to which people could relate. Some new furniture had been provided and the manager was looking into developing themes for each unit and was in the process of discussing this with the area manager.

Is the service caring?

Our findings

People told us they felt they were well cared for. Their comments included, “I make sure I’m well looked after,” “The staff are canny” and “Yes, the staff are good and they look after me.”

Visitor’s comments included, “It’s a brilliant place,” “The staff are better now,” “I visited other homes but this one didn’t smell. Terry [the manager] is very good and had made lots of improvements” and “They can’t do enough for him. Everything is perfect.” A visitor told us their relative was approaching the end of their life. They said the manager had been very professional and explained to them what they should expect and how the care would be given. They said, “The staff are very reassuring, asking what they can do for me.”

Visitors told us they were made welcome in the home and they could visit at any time. We saw one relative enter the lounge and ask for a cup of tea. The staff immediately provided this and good relationships were observed between the visitor and the staff on duty.

We saw an accolade that a relative had placed in a local newspaper which read, “Anyone needing to find a care home for their loved one could not do better than Cleveland Park. The residents are treated with care, kindness, dignity and humour.”

We saw recent thank you cards received by the home. Comments included, “To all at Cleveland Park. Thank you for your love and care given to X” and “Thank you so much for the kindness and compassion you showed to Y.”

We saw a comment made by a relative during a meeting which stated, “People ask me what the home is like. I tell them it’s fabulous. My wife is looked after very well and the staff are always there when she needs them.”

We saw referrals had been made to health care professionals where necessary. Records showed that referrals had been made to GPs, chiropodists, the psychiatry for old age service and the speech and language therapy team. The people we spoke with told us that if they were ill a GP would be called and family would be informed. Two relatives told us they had been contacted when their family member had been ill.

We spent time in the lounges and saw good interactions between the staff and people who lived in the home. The staff were courteous and respectful towards people. We saw staff effectively defused minor incidents where people became agitated.

The staff we spoke with were able to describe the needs of the people they cared for and felt competent to meet these needs. One staff member said, “I love my job and I like talking to people.” Another person said, “I’m privileged to help older people who fought in the war.”

We saw staff respected people’s privacy and dignity. We saw staff knocked on bedroom doors before they entered and they discreetly helped people to access the toilet to maintain their dignity.

We spoke with a palliative care nurse who told us that a member of staff had recently completed training on end of life care. They said, “I’m very impressed with the carer who did the training and they were very ‘service user’ orientated.” They also stated that ‘after death’ analysis were being carried out to see if there were any lessons to learn and the staff were finding these very useful.

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views and wishes for people who are not able to express their wishes. The manager told us no one had an independent advocate as they all had relatives involved.

Is the service responsive?

Our findings

People we spoke with told us they could choose when to get up and go to bed and had choice in other aspects of their lives. Comments included, "I like to stay in my room sometimes and that's up to me," "I tell them when I want to go to bed" and "Yes, I picked this jumper to wear" and "I decide what to do."

People's comments about the activities provided included, "I've had a lovely afternoon, I like dancing," "I've really enjoyed it," "The staff are good fun," "They like to keep you busy but sometimes I stay in my room," "Yes they sit and chat with me," "There's not much to do" and "It's boring." Some people said they sometimes played dominoes and there were arts and craft sessions. Others said they had enjoyed working in the garden, the tea dance and a visit to Whitley Bay. A relative had commented in a meeting, "Activities are good and X [activities organiser] is lovely."

We saw call bells were promptly answered and when people requested help the staff responded as soon as they could.

We saw a comment made by a relative in a recent meeting which stated, "Staff seem to be able to recognise triggers quicker and react quicker."

We spoke with the activities organiser who told us he was preparing life story books, so people could relate to important events and show their individual interests. He said, "I try to make a point of speaking to relatives to find out as much information as I can. I take people to their rooms for one to one chats or to look through photographs and information in their life story books." He also said he tried to find out about people's previous occupations to see what activities might interest them. We saw photographs where some people were doing some planting in the garden, painting the fences and garden furniture. We spoke to a health care professional who felt this had been very successful for some people and had provided them with activities they had enjoyed, which meant they had become less agitated. The activities organiser told us he had good contacts with other homes and people had been invited to attend a social evening in a home in Wallsend. We saw written documentation about people's likes, dislikes and life history. There were day to

day records kept by the activities organiser which stated who he had talked to and what people would like to do. There were also daily sheets kept to show which activities people had taken part in.

Activities included baking, gardening, dominoes, movies, playing cards, interactive games and entertainers. Some people regularly attended a tea dance in the community. People were assisted to walk around the garden if they were able. They were taken to the local shops and to local places of interest, such as Jesmond Dene and the seafront. Memory boxes containing photographs and other items which were significant to each person had been introduced, so they could reminisce and chat to staff about these.

Entertainers attended the home on a regular basis and a singer was performing during our visit. We saw people thoroughly enjoyed this and some were dancing and singing with the staff.

The manager was proactively looking into providing more meaningful activities and there were plans to introduce small pets, such as rabbits which may interest people. One person told us they liked watching the hen that was kept in the courtyard. They said the home used to have five hens but there was only one remaining as the others had died. The newsletter produced by the home invited people to discuss any ideas they may have for future activities and outings.

The complaints procedure was displayed in the entrance to the home and it formed part of the service user guide which was issued to each person when they came to live in the home. Visitors told us they knew how to make a complaint. Comments included, "I would tell the manager or the staff," "I would complain if I needed to" and "I did complain once but the people are no longer here." The staff told us they knew about the complaints procedure and said they would report people's concerns to the manager or the nurse on duty.

The provider had a complaints book in place to record any complaints received, details of the investigation and the outcome. No complaints had been received since the new manager commenced employment in the home.

We looked at the care records for four people who lived in the home. People's needs had been assessed prior to them being admitted to the home. Care plans had been developed which gave guidelines to staff on how these

Is the service responsive?

needs should be met. For example, there were care plans which related to personal care, skin integrity, nutrition and

epilepsy. The records were evaluated each month and care plans amended if people's needs had changed. The staff on duty were aware of people's individual needs and were able to describe how these should be met.

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager formally in place. The acting manager was awaiting an up to date DBS check prior to submitting his application to register with us. The acting manager and the area manager were both present during the inspection. Since the acting manager was employed improvements have been made.

People we spoke with felt they received a good service. Comments included, "It is canny," "They do their best" and "I like it, I'm quite happy. I enjoy the music." Visitors told us they felt improvements had been made since the new manager was appointed. One visitor said, "It's much better now. The staff seem more organised." Another visitor said, "The manager is excellent, very understanding. There's been a big improvement."

We spoke with two health care professionals who felt the manager was making vast improvements in the home. One health worker said they felt the manager knew the people who lived in the home well and communication had improved. Another professional said, "I feel the atmosphere in the home is very calm now since the new manager came into post."

Staff told us they felt the manager was very approachable and supportive. One staff member said, "He keeps everyone on their toes which is a good thing."

The manager held meetings with people who lived in the home and their relatives to discuss plans for the home and to answer any queries they may have. Minutes were recorded which included comments made by relatives. One comment noted in the minutes stated, "Much calmer, the atmosphere is much calmer." One relative felt the leadership in the units had improved and said, "The nurses are out there and seeing things and dealing with them."

A newsletter was produced to keep people informed about the home and what was happening in certain areas. We looked at a newsletter which contained photographs of people enjoying various activities. It also informed people

about the improvements which had been made or those planned to enhance the premises. People were invited to participate in choosing colour schemes for bedrooms and were asked for suggestions for activities and outings.

Every month the manager focused on a specific topic to educate staff and offer support to relatives and friends to expand their knowledge. At the end of the month a 'Carer's Corner' coffee morning was held where relatives could meet with staff, discuss the topic and ask any questions. The latest topic had been infection control.

Staff meetings were held each month to keep staff updated with any changes within the home and to discuss any issues. The latest meeting discussed new documentation, training, areas that required improvement, attention to detail and rotas.

We saw copies of surveys that were issued to people who lived in the home and their relatives to ask their opinion of the service. The analysis was not yet completed as these had only recently been issued. The manager told us surveys had been issued to health care professionals but as yet none had been returned. He said staff surveys were due to be sent out, as these had not been issued since he came into post.

Safeguarding concerns and complaints were reported to the operations manager every week so these could be monitored and any trends identified. Accidents and incidents were checked by the manager to help ensure risks could be assessed and if there were any lessons to be learnt. One person told us they had fallen in their bedroom and they could not reach the call bell so a pressure pad was to be fitted which would alert staff if this happened again. The manager told us that it had been decided that a specialist bed was more appropriate and this had been provided.

Various audits were carried out by the manager and senior staff to check the quality of the service provided. A compliance visit was carried out by a senior manager from the organisation each month. Areas covered included care plans, health and safety and the dining experience. This helped ensure standards were maintained.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	People were not fully protected against the risks associated with medicines because staff had not followed the registered provider's policy and procedure.
Treatment of disease, disorder or injury	