Sutton Nursing Homes Limited

Orchard House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 7 January 2016 and was unannounced and out of hours, we started the inspection at 6 am. The last inspection of this service was on the 18 June 2014. At that inspection we found the service was meeting all the regulations we assessed.

Orchard House Nursing Home provides personal and nursing care for older people many of whom are living with dementia. It can also provide end of life care to people. The home can accommodate up to 44 people; at the time of our inspection 36 people were living at the home.

The service did not have a registered manager in post, although it is required to do so. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager had left the service in November 2015, and the provider was currently in the process of recruiting to the post.

We found the provider did not always operate effective governance systems to monitor, assess and record the needs of each person using the service. The documentation regarding risk assessments and care plan reviews was not always signed or dated, so there was no way of establishing if the information was up to date. Also information contained in people's care plans particularly about their life histories, was variable so staff may not always be able to find reference points when talking with people particularly if the person had dementia.

We identified a breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection in relation to good governance. You can see what action we have told the provider to take at the back of the full report.

Although the provider had some arrangements to meet people's social and recreational needs, most people told us they did not have enough social and recreational activities. We have made a recommendation about the opportunities available to people using the service to have meaningful leisure and recreational activities that reflect their interests.

People told us they felt safe living at Orchard House. The provider had ensured there were sufficient staff on duty to meet people's needs. Staff were knowledgeable about what they needed to do if they suspected anyone was at risk of harm.

Staff were knowledgeable about people and how to care for them. Staff received adequate training to meet people's needs. We observed staff to be kind and caring. They ensured people retained their privacy and dignity when personal care was provided. The service was able to provide end of life care where people

developed these needs.

People were asked for their consent prior to care being provided. If people were unable to give informed consent, the provider worked within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS is a way of make sure people are only deprived of their liberty in a correct and safe way. Staff had received training and were aware how to address issues if they arose.

People were encouraged to maintain good health. They had access to healthcare professionals according to their needs. People's nutritional needs were assessed and monitored and people received a variety of meals according to their needs and choices. People received their medicines as prescribed by their GP.

Staff felt the management team provided them with support and took their views seriously. The service recorded accidents and incidents to monitor these and to try and prevent reoccurrences, and was open and transparent with agencies they worked with. People were encouraged to express their views about the service and the care they received for the provider to monitor the quality of service people received and to improve this where possible.

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. There were enough suitable staff on duty to meet people's needs. Staff were knowledgeable about the signs of abuse and the procedures for safeguarding people at risk of abuse.

People received the medicines as prescribed by their doctor.

Risks to people's safety were identified and measures put in place to minimise these risks. Accidents and incidents were analysed so the possibility of re-occurrences was minimised.

Is the service effective?

Good

The service was effective. Staff underwent an induction programme when they started their job and had regular training after that to make sure they had skills to meet people's needs.

The provider met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to make sure if people's liberty was being restricted, this was done in a correct manner. Staff ensured they sought people's consent before providing care to them.

People were helped to maintain good health by having access to good nutrition and healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring. People told us staff were kind and respectful. Staff were aware of the need to maintain people's confidentiality.

Staff knew about the people they cared for and worked as a team to meet their diverse needs.

The service was able to provide end of life care to people.

Is the service responsive?

Requires Improvement

The service was not always responsive. There were limited social and recreational activities for people to enjoy and that met their preferences.

People had a named nurse and keyworker who took the lead to ensure appropriate care was provided.

The service encouraged people to raise any issues or concerns. People felt their views would be taken seriously and action taken as a consequence.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was not an effective system to monitor documentation to ensure it was up to date and reflected people's current needs.

Staff operated as a team to meet the needs of people using the service. The service was open and transparent.

The service did not have a registered manager and was in the process of recruiting one. The management team were aware of their role and responsibility in caring for people at Orchard House.

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 inspection took place on 7 January 2016 and was unannounced and out of hours. It was carried out by an inspector. Prior to the inspection we reviewed information of significant events that the provider had notified us over the last 12 months. We asked the service to complete a Provider Information Return (PIR) which was returned in a timely manner. 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. We also had contact with the local authority; this included the social services safeguarding adults and quality monitoring team who had recent contact with the service.

During our inspection we spoke with four people who lived at the home and two relatives visiting on the day and a healthcare professional. We also spoke with five members of staff including night staff and support staff, the group's operations manager and a registered manager from a sister home who assisted us during the inspection. We looked at records which included four people's care records, four staff files and other records relating to the management of the service.

After the inspection we spoke on the telephone with another relative whose family member lived at the home. We also spoke with a social care professional who had direct knowledge of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Orchard House. One person said, "They really look after us. I feel safe. I wouldn't be anywhere else." Another person told us, their relative had chosen the home after visiting a friend at Orchard House for several years and knew they would be safe living there.

People were protected from harm. Staff we spoke with were clear about the signs and symptoms of abuse and knew how they could raise concerns to the local authority if it became necessary. The service also had policies and procedures to guide staff to take appropriate action. We saw staff had regular training in safeguarding adults as risk and this training was refreshed annually so that people were kept up to date with current best practice and guidance. The provider worked with the local authority and CQC following recent safeguarding allegations in an open and transparent way so these were appropriately investigated.

We checked the recruitment records to make sure the provider had systems in place to ensure only suitable people were employed at Orchard House. These checks were undertaken prior to staff commencing work and included references and proof of identity. We saw the provider had also completed criminal record checks which were undertaken prior to appointment and then renewed them at least every three years. There were additional checks when the home was recruiting a nurse to make sure they were registered with the Nursing and Midwifery Council to ensure their suitability to work at the home.

We looked at the levels of staffing to make sure there were enough staff on duty to meet people's needs. We observed people's needs were responded to promptly throughout the day. At night we saw there were three care workers supported by two registered nurses. During the day there were eight care workers and two registered nurses. There were also a number of support staff available during the day, this included kitchen staff, domestic staff and a maintenance person. We noted support staff were friendly and engaged with people throughout the day, and assisted with straight forward requests from people such as providing hot drinks.

People's medicines were managed so they received them safely. We saw there was an appropriate system for the storage, recording and administration of medicines. Medicines were stored in a locked room and moved around the home in a medicines trolley when it was necessary. Each person had an individual record of the medicines they required with a photograph and a list of their known allergies. In this way the risks of errors were minimised. Controlled drugs were stored separately and there was a log which kept a running total of these medicines. We checked the balance record for some of these medicines and found them to be accurate. The home conducted regular weekly checks of medicines and a monthly check when medicines were delivered to the home. There was also an external annual check completed by a community pharmacist, the last was December 2015. We saw the report produced by the community pharmacist which outlined areas the service was comply with and areas the service needed to improve on. This work was being undertaken by the provider. This continuous monitoring of medicines helped to ensure any problems or issues could be rectified immediately.

We looked at a sample of risk assessments which identified risks to an individual and how they could be

minimised. There were a number of risk assessments dependent upon people's needs, these included assessments for moving and handling. the use of bed rails, falls and pressure sores. The provider ensured all incidents and accidents were recorded and monitored regularly. In this way any patterns could be identified and action taken to minimise the possibility of a re-occurrence. In one example we saw, there was an outline of a person's behaviours that in some occasions could challenge others, the possible triggers and strategies for dealing with them.

Good

Is the service effective?

Our findings

The provider ensured staff received training on a regular basis so that they could undertake their roles and responsibilities effectively. There was a range of required training provided covering areas of work such as safeguarding adults at risk, fire safety and moving and handling. These courses were refreshed annually. We were shown training records which included all training completed by staff and when refreshers were required. We saw the vast majority of staff were up to date with the required training, so people were receiving care that was in line with best practice. We saw some of these courses were completed online whilst others such as moving and handling were classroom based. We noted a number of staff had also completed dementia training, but their certificates were not available for us to view until after the inspection. In offering a range of courses the provider helped to ensure care staff were up to date with current and best practice.

Staff told us they had regular opportunities to meet with their line managers on a one to one basis (supervision) to discuss work and their performance. The deputy manager also had recent meetings with the staff team to assist with communication and to consider issues which related to the running of the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the home had made some applications to the local authority to deprive some people of their liberty and these had been granted. Other applications were pending in line with a request from the local authority to only make urgent applications as they were unable to process them. Staff had received training regarding MCA and were able to tell us what they would and would not be able to do if someone said they wished to leave the home.

People's consent was sought prior to care and support being provided. We heard and saw examples throughout the day of staff seeking permission before providing care. In practice staff were seeking consent, however written consent was not always evident. In some care plans we looked at there was no evidence people or their representatives had consented to the care provided. This could result in people receiving inappropriate care which was not in line with their needs and wishes. We discussed this with the management team who agreed to rectify this issue.

People were encouraged and supported to eat and drink sufficient amounts to maintain their health. Their nutritional needs were routinely assessed and reviewed, and people's weight monitored monthly or as required. For some people a Malnutrition Universal Screening Tool (MUST) had been completed. This is an assessment to determine if people were at risk of malnutrition. A relative said, "They've managed to get [relatives name] eating again, she was just skin and bones."

People had access to healthcare professionals. We saw there were records from healthcare professionals and visits to the home. Healthcare professionals told us there had been a brief period when communication with the service and themselves had not been as effective. Professionals stated communication had now improved and that all everyone was working together to better improve the outcomes for people.

Good

Is the service caring?

Our findings

People and their relatives spoke warmly about the care they received at Orchard House. They told us staff were kind and caring. Comments we received included, "Couldn't be happier. She [relative] loves everybody and everyone loves her." Another person said, "They [staff] work together as a team."

We observed staff treated people with kindness and warmth. People looked at ease in the presence of staff. We regularly saw staff exchanging a greeting and conversations with people as they walked past their bedrooms. There were also a number of people in bed and we saw staff regularly checked on them to see how they were. Relatives and friends were able to visit the home whenever they wished. Visitors told us they were made to feel welcome. One relative told us, "They've [staff] always got a smile on their face."

Staff were able to tell us about the people they cared for. By taking time to learn about people's preferences they ensured they provided meaningful care to people. For example, a member of staff knew a person liked hot milk with sugar at a particular time and was able to provide it for them. We observed many other examples throughout the day where staff member patiently asked people questions, gave them choices and supported them when they finally made a decision. We also observed people were wearing clean, ironed clothes that were appropriate for their comfort and for the time of the year. A relative told us they purchased clothes and as long as the items were labelled, their relative's laundry was well managed.

We saw that staff ensured people had privacy and dignity. They knocked on people's bedrooms doors and waited for a response before entering. Staff were able to tell us what action they would take when providing personal care to people to make sure they had privacy. People could express a choice for gender specific care and this was adhered to. Staff we spoke with were aware of the importance of confidentiality. People's information and records kept in the nurses' area when not in use to ensure these were only accessible to staff.

The provider ensured people's diverse needs were met. We saw staff had completed equality and diversity training. If people had dietary requirements in relation to their culture and preferences, the service would in principle be able to provide them. On the day of the inspection, the main meal was chicken curry and rice as many people within the service enjoyed this option. Although we saw other options were available to people if they chose.

The home provided end of life care to people. They had good links with the hospice teams who provided regular visits and support to the home. The registered nurses were able to monitor and administer medicines required by some people receiving end of life care, as they told us they have had training around this issue. The home has in the past been accredited with the Gold Standard Framework (GSF) for end of life care. This is an accreditation to show a home is meeting a number of standards in providing end of life care. The provider's representative stated that although this accreditation had lapsed, the fundamentals were still in place and once a new manager had been appointed they would again work towards achieving accreditation.

Requires Improvement

Is the service responsive?

Our findings

The service offered some activities to people who lived at the home. Although the majority of people said there were not enough activities on offer throughout the week and told us, 'they were sometimes bored.' We discussed this issue with the group operations manager who agreed to review the activities available to people.

We recommend the provider review the provision of activities in the home according to national guidance including the social care institute of excellence (SCIE) guidance called, "Activity provision benchmarking good practice in care homes."

The home employed an activities coordinator who offered a range of recreational and social activities. The coordinator worked three days a week between 10 am to 5 pm, during the week, but also on occasions on Saturdays. People were positive about the coordinator; they told us "[name of activities coordinator] is lovely." On the day of our inspection, the coordinator played guitar and had a sing-a-long in the lounge area, which was appreciated by people in attendance. We were also about other activities on offer which included exercise classes, quizzes, bingo, one to one sessions and participation in church services and outings to the local garden centre.

People told us they were well cared for. People within the service had a named key worker and registered nurse. The role of these individuals was to have responsibility for overseeing and coordinating the care and support provided. Staff were knowledgeable about people's abilities and preferences, in this way people were receiving care that was individualised to their needs.

Throughout the day we observed and heard people were given choice about aspects of their daily life. For example, some people chose to have their breakfast later, whilst other people chose to remain in bed. We observed staff listen and accommodated these requests and to communicate them to other staff. In this way people were making choices about the care they received.

The provider ensured information was gathered prior to admission. This was undertaken by a member of the management team who would complete an assessment of the individual. Information was then gathered, in most cases, from the person themselves, their family and friends and in many instances from the hospital. In this way, care and support could be provided in line with the person's wishes and needs. In one example we looked at, a person had recently been admitted from hospital and a care plan had been written outlining the care and support required. There were also strategies for dealing with the behaviours that may challenge the service. We saw there was a clear and well written life history which could assist staff in caring for the person. This was particularly important if the person was also living with dementia as it could provide a focal point for staff to engage with the person.

People knew how to make a complaint. They told us they felt they would be listened to and their issue taken seriously and acted upon. We saw the home had a complaints policy which outlined the process of making a complaint and the timescales for the provider to deal with the complaint. The service kept records which

showed complaints were dealt within the timeframe set out and detailed any actions which were taken as a result of the complaint. People told us they felt comfortable in approaching anyone from the management team if they wanted to raise any issues or concerns.

Requires Improvement

Is the service well-led?

Our findings

People were not protected against the risks of poor care that can arise if records were not maintained appropriately. The provider did not operate effective governance systems or processes to routinely monitor and complete records for each person using the service. Specifically we found they were inconsistent with record keeping and their own quality assurance systems had failed to identify that this was an area that required improvements. There was no evidence of people's care plans and risk assessments being reviewed regularly to make sure these reflected people's current needs. For example, a manual handling assessment had been completed within the last month, whilst another person appeared not to have been completed since June 2014. A number of care plans and risk assessments had not been dated, so there was no way of establishing if the assessment was up to date and in line with people's current needs. In addition whilst we noted there were some good examples of people's life history being recorded, others contained very little useful information to staff who maybe caring for the person so they had a better understanding of the person.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager in post. It had a registered manager until November 2015. We were shown attempts by the provider to recruit to the vacant post. In the interim however, the service was being supported by the registered manager from a sister home. We were told that the tasks previously assigned to the manager had been redistributed to the deputy manager, the registered manager from the other service and the group operations manager. The management team was overall aware of their responsibilities and legal obligations in regards to providing a care service. The previous registered manager and the current management team had in line with the legal requirements, notified the CQC of significant events that had occurred within the home and action that had been taken.

We found the service to be open and transparent. However, professionals who had been visiting the service told us this had not always been the case in recent months. One healthcare professional told us they had called a meeting with the service to try and improve communication. This meeting had resolved the issues identified. A further healthcare professional told us there had been recent improvements in the service and stated 'whilst the basic care was good the service still had some work to do'; the management team acknowledged this.

There were opportunities for people to express their views about the service. The most recent customer survey was sent out in October 2015 and the feedback had been compiled into a report, which we were able to view.

Staff were aware of their roles and responsibilities within the home. Despite the absence of a registered manager, staff told us they felt they could approach individuals in the management team if they had any issues or concerns to raise. Staff felt supported to undertake their role, although they were willing to assist with other tasks if required to work together as a team. For example, the nurses worked together with care

workers to provide people with personal care. As a member of staff said, "We're working together. We're here for the residents."

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 17 HSCA RA Regulations 2014 Good governance The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c)