

The Ormsby Group Limited

Ormsby Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ormsby Lodge is a care home. It is registered to provide accommodation and personal care for up to 10 people. It predominantly supports people living with a learning disability, autism or mental health needs. At the time of the inspection there were 8 people living at the service. The service is a large house in the heart of Southsea, close to local amenities. It has been adapted to suit the needs of the people living there.

People's experience of using this service and what we found

People and their relatives told us they felt staff provided safe care and support. We found improvements had been made, which meant people received safe care from a staff team that knew them well.

Medicines were managed safely by trained staff. Medication administration records (MARs) were completed and regularly audited to identify any areas for development and improvement. Staff had access to medicines policies and procedures as well as best practice guidelines. Although the registered manager regularly observed staff administering medicines, formal records to check staff were competent were not being made. We have made a recommendation about this.

The provider and registered manager had systems and processes to monitor quality within the home. They were working to further improve the effectiveness of the monitoring systems to ensure they were robust in identifying where action was required.

Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and there was an open culture, where staff supported people to have regular conversations where they could express any concerns.

Recruitment processes were safe to ensure only suitable staff were employed. Where agency staff were used, these were regular and knew people well. There were enough staff to meet people's needs and support them with activities of their choice.

Infection, prevention and control processes and up to date policies were in place and people's friends and relatives could visit them when they wished to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people

and providers must have regard to it.

The size of the service had not been designed in line with the principles and values that underpin Right support, right care, right culture, as the number of people living at the home exceeded the recommended number of six. However, people were supported to live as full a life as possible and achieve the best possible outcomes. The outcomes for people using the service promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to be involved in decisions about their own lives and gain new skills.

Right Support: People were supported to make choices about how they lived their life and had the right support to achieve this. People had lived in the service for many years and were a close group of people who knew each other well and were happy living together.

Right Care: Staff clearly knew people well. Although recruitment was ongoing, where agency staff were used, they were supported to get to understand people's needs and how to meet them. This meant people received person-centred support from staff who knew them well and respected their privacy and dignity.

Right Culture: The values of the registered manager and provider were embedded in the staff team. This meant the values, attitudes and behaviours of care staff supported people to be confident and empowered in living in the community.

The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. There was a complaints procedure and people were supported to express their views.

The staff team were positive about their roles and felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 December 2019). We found breaches in regulations in relation to safe care and treatment, duty of candour and governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last full comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ormsby Lodge on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about following best practice to assess staff competency to safely administer medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ormsby Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Ormsby Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ormsby Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2023 and ended on 14 August 2023. We visited the service on 29 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We received feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people during the inspection and carried out observations of other people who were unable to have conversations with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 4 members of staff including care staff, and the registered manager. We reviewed a range of records. This included 4 people's care records and medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident records, audits and policies and procedures were reviewed. We received feedback from 3 people's relatives and 1 external professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Staff were trained, and the registered manager and senior staff regularly observed their practice when administering medicines. At the last inspection we identified formal competency assessments were not being completed in line with guidance issued by the Department of Health and Social Care. We found the registered manager had not implemented a process to formally record these. We discussed this with the registered manager who agreed to implement records of competency assessments.

We recommend the provider follow best practice guidance issued by the Department of Health and Social Care, so staff competency to safely administer medicines is regularly and formally assessed and recorded.

- People who received 'as required' (PRN) medicines had protocols in place to support staff to understand when these should be given and how people liked to take them.
- Regular medicines audits were completed to help ensure medicines were administered and any errors identified and acted on. Staff were required to refresh their training if any errors were identified. This helped ensure staff continued to have the skills to safely administer people's medicines.
- Where possible, people were supported to be as independent with their medicines and associated health needs. For example, one person had a diagnosis of Diabetes and was supported by staff to understand their blood sugar levels, using a sensor attached to their body. This meant they could be supported to take the correct amount of prescribed medicine.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to effectively manage individual risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- People told us they felt safe. One person said, "They [staff] look after me and know what I like and don't like." All relatives we spoke with, told us they felt their loved ones were safe and well supported.
- Risks to people had been assessed, were detailed and were regularly reviewed. For example, people who had risks around the consistency of food, had clear information about how to mitigate the risk from choking. However, best practice terminology from the international dysphasia diet standardisation initiative (IDDSI), had not always been used. This is important to ensure there is clear and consistent information. We discussed this with the registered manager who took immediate action to add this to information about risks.
- Staff knew people well and were able to describe how to safely support them. Staff supported people in line with the risk assessments in their care plans. For example, where people may pose a risk to themselves or others, information about how they needed to be supported by staff to minimise risks, whilst promoting independence, was clearly recorded within their care plan. One staff member told us, "We know the people here well as they have been here a long time, and that means we can recognise quickly when something is wrong and do something about it."
- Fire alarm, door and emergency lighting testing had been completed as required and fire drills had been carried out. Staff had completed fire training but were due for a refresher, which had been arranged.
- The home environment and equipment were safely managed and maintained to a safe standard and there was a clear process in place to ensure maintenance work was completed in a timely way. Gas, electrical and legionella risk assessments were in place and these systems were safely maintained.

Preventing and controlling infection

At the last inspection the provider had failed to assess and manage the risk of infection, which was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors to the home and were supported to go out and meet with their relatives or friends, when they wished to. Safe processes were in place to facilitate this.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place to protect people from the risk of abuse.
- Staff understood types of possible abuse and how to identify these. We saw records that demonstrated staff and the management team recognised when incidents needed to be reported to the local authority safeguarding team.

- Relatives told us they felt people were safe and staff knew how to provide safe care. One relative said, "I do not have any worries, I know [person's name] is very safe there [service]."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments had been completed for people and were appropriate for the decisions being made. People who required them, had an Independent Mental Capacity Advocate (IMCA) to support them with important decision making.

Staffing and recruitment

- People were supported by enough staff to meet their individual needs. We observed staff had time to support people with individual activities, to go out and to provide emotional support when needed.
- The permanent staff employed knew people well and were able to recognise changes in people's behaviour to reduce the likelihood of an incident. Although agency staff were being used regularly to support the staff team, the registered manager was ensuring the same agency staff were being used. This meant they were able to get to know people well and adhered to the values promoted within the service. We found the agency staff used, understood people's needs well.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff, and action taken, where needed. There was a process in place to ensure all accidents and incidents were reviewed to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Staff were informed of any accidents, incidents and near misses that had occurred. These were discussed during handovers between shifts and supported their learning.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate an effective quality assurance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had improved their auditing systems to monitor the quality of the service, following the last inspection. Systems and processes in place, required embedding and review. This included auditing and analysis of records to identify any patterns or themes. We discussed this with the registered manager who took immediate action to review the processes in place and increase their effectiveness.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on medicines management, safeguarding, whistleblowing, complaints, and infection control.
- There was a management structure in place, consisting of the nominated individual and a registered manager. They were clear about their roles and responsibilities.
- Staff were supported to understand their responsibilities to meet regulatory requirements, through open and transparent communication, staff meetings, handovers and training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to follow the duty of candour requirements which was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 20.

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies and had done so, where needed.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Although no action had been required under this policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team and registered manager understood the importance of continuing a person-centred culture in the service. We observed good person-centred care which put people at the centre of everything that happened. An external professional told us, "I have found staff working with the service users [people] have appeared to be able to communicate with them, and work alongside them."
- People were relaxed and comfortable with staff. Staff showed kindness and enthusiasm when supporting people with activities of their choice and daily living skills. This demonstrated the providers values which included, supporting people with informed choice, achieving personal goals and aspirations, community presence, and providing dignified support, were being upheld.
- Staff told us they enjoyed working in the service and felt supported by the registered manager. Comments included, "It's a good place to work, I feel like we can really make a difference and that is very rewarding" and "There is a reason I have worked here a long time. I love the guys [people], and honestly love coming into work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was visible in the home and regularly spent time with people and observed staff interactions. They told us they wanted to ensure there was a person-centred culture and people and staff could approach them and could express their views and wishes.
- The registered manager had regular conversations with people to proactively seek their views and check they were happy with the service they received. This was recorded within people's daily records.
- Regular resident [people] meetings were held fortnightly, and each person was supported to have a review of their care needs when needed.
- People living in the service have been there a long time and appeared to be settled and happy. One person told us, "I love it here, I am very happy." Another said, "It's my home and I like it here." An external professional said, "When I have visited Ormsby the service users [people] have been chatty and have appeared to be happy and settled."
- Relatives told us they were happy with the support their loved ones received and could speak to staff or the registered manager if they needed to. Comments included, "[Person's name] is so happy there and we feel it is the best home they have lived in, we have no concerns at all", "I have no concerns, the [registered] manager is really good, and we are always welcomed" and "The home has been the making of [person's name], I cannot fault them, we feel informed and know [person's name] is really happy and looked after there, it [service] is one of the good ones."

Continuous learning and improving care; Working in partnership with others.

- The registered manager and staff worked with external professionals to make sure people had the right support and guidance in place, where needed. For example, plans to manage individual risks, had been developed using advice from an NHS learning disability health service. One external professional told us, "The management have always engaged well with me."
- The registered manager demonstrated they were committed to getting things right for the people they support. Our inspection feedback was immediately acted upon, where areas for development were identified.
- The registered manager kept records to show how they monitored the service and made improvements when needed.