

Mrs Tersaim Khaira

Orchard Cottage

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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 24 August 2016. The service was last inspected on December 2013 and met all regulations we reviewed.

Orchard Cottage provides accommodation and support with personal care for 10 older people. At the time of the inspection there were nine people at the service. One person was on holiday.

The service had a registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although some people and their relatives felt that there were enough staff at the service, we found that the level of staff available was not always sufficient to ensure people's assessed needs were met. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Risk assessments had been completed for people and staff were aware of the actions they needed to take to reduce risks to people. People and their relatives told us the staff were kind and they could trust them. We noted staff knew what adult safeguarding meant and the procedures to follow to record and report any incidents of abuse.

People had their medicines administered by staff who had relevant experience and training. Staff and records showed that new staff were checked properly before their employment to ensure they had the knowledge and experience needed to support people who used the service. We noted staff had the opportunity to attend training relevant to their roles including the Mental Capacity Act 2005.

The service had a homely feeling with people being able to access communal areas. People and their relatives told us staff were caring. We observed staff giving people plenty of time to listen to and chat with them. People told us staff treated them with respect and ensured their privacy. Records showed people had access to health care and were provided with food that reflected their preferences.

Although some activities were provided at the service, we noted that these were not available when and as people wanted. We also noted that the shower on the ground floor was not ready and safe to use. We have made a recommendation for the provider to make improvements. Overall we found the service was well managed with an effective staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were not enough staff deployed which showed that people's needs could not be met as outlined in their care plans.

Staff knew the actions they needed to take if people were at risk of harm. People's risk assessments were personalised and regularly reviewed.

Staff underwent a series of checks before starting work at the service. This ensured staff were suitable to care for people.

Requires Improvement 

Is the service effective?

The service was effective. Staff had knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the need to seek DoLS authorisations for people when necessary.

Staff received appropriate training and support for their roles.

People were supported to maintain health through appropriate nutrition and hydration, and were supported to access health services when necessary.

Good 

Is the service caring?

The service was caring. Staff were kind and respected people's preferences for their support.

Staff developed positive relationships with people and ensured that people's individual needs were assessed and appropriate care was provided.

Good 

Is the service responsive?

The service was responsive. People's needs had been assessed before they moved into the service and care plans were developed and updated.

People and their relatives knew how to make a complaint and said they were confident staff would effectively deal with any

Good 

concerns.

Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff told us that they were happy with the management because the care manager and registered manager were approachable and helpful.

The quality of the service was regularly checked by managers who made improvements when necessary. We saw an open and friendly working atmosphere in the service.

Orchard Cottage

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 24 August 2016 and was unannounced. The inspection was conducted by one adult social care inspector and one 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. Our expert by experience had an assistant for taking notes.

Before the inspection we had received information anonymously of concern relating to staffing levels and the activities available to people. As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with six people using the service, one relative, a visitor, three staff, a care manager, and the registered manager. We reviewed three people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people's interaction with staff.

Is the service safe?

Our findings

People, relatives and staff's views about the staffing level were mixed. One person told us there were enough staff "because they come straightaway when I press the buzzer". Another person told us the service "could do better with more staff". A relative said they did not have a problem with the staffing level. One member of staff told us they coped well most of the time "but with two staff on shift, it is not always possible to give people cooked breakfast".

We checked the staffing rota and noted that there were two staff on shift during the day and a waking staff at night. Staff told us and we observed that the two staff on a shift carried out tasks such as assisting people with personal care, administering medicine, preparing and serving breakfast, attending to people's needs, cooking and serving lunch, laundry tasks, and administration duties including updating people's care files. The care manager, who was referred to as 'the manager' by people, their relatives and staff, completed administrative tasks in addition to undertaking caring duties when on shift as a second member of staff. Although we noted that staff responded to a call bell which we pressed and tested in one person's room, we observed that people sat most of the time in the lounge with very little interaction with staff. We noted that one person's risk assessment stated that they liked to walk in the garden with one-to-one staff support. Given the tasks they were required to complete, the staff could not always provide the person with one-to-one support to meet the person's needs.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us people were safe in the home. One person told us, "I feel safe. All staff are trustworthy." Another person said, "The staff are kind. I have no worries." Staff told us they had attended training on adult safeguarding and knew what action to take if they became aware of an incidence of abuse. They described the different forms of abuse and told us that they would report an incidence of abuse to their manager or other relevant authorities including the CQC. They told us they had read the service's whistle blowing policy and knew how to use it. The staff files' and certificates confirmed that staff had completed training in adult safeguarding.

There was a staff recruitment process in place. This included a requirement for staff to complete an application form, to attend job interviews, to provide written references and be checked for criminal records. We saw evidence of all these (completed application forms, two written references, a proof of identity and a Disclosure and Barring Services (DBS) check in the five staff files we reviewed. This showed that people were supported by staff who had been checked to ensure they were suitable to provide safe care.

We observed how staff administered medicines. We saw staff followed appropriate procedures, for example staff checked medicines, explained to people and signed the medicine administration sheets (MARS) after people took the medicines. Medicines were also appropriately stored in a locked room, and systems were in place for appropriate disposal of unused medicines. Medicines were administered by staff who had been

appropriately trained.

Risks associated with people's support had been appropriately assessed and staff were aware of the actions to take to reduce the risks. Each person's record contained a number of risk assessments that were reviewed regularly or when their needs changed. The risk assessments identified possible risks and provided guidance for staff on how to reduce them. People and relatives told us they were involved in assessing risks and were happy with the arrangements put in place to reduce risks to their health.

People and relatives told us the service was clean. A relative said, "The home is amazingly clean. There is no nasty smell or dirt." Staff told us and records showed they had attended infection control training and we noted the service had a domestic assistant who came daily to clean communal areas and the bedrooms. We saw each person had a single bedroom and there was a stair lift to access the first floor. We noted the shower on the ground floor was used for storage of equipment and that there was a step which could be a hazard to people. Staff told us people did not like using the shower facility. We recommend that the provider follows best practices to ensure the facilities are safe and accessible to people using the service. We also recommend that risk assessments are completed for people detailing the options available to meet their needs.

Is the service effective?

Our findings

People and their relatives told us they received care and support that met their needs. One person said, "The carers are very good. They do everything I want for me." A relative told us, "All credit to the staff, they have proved by [my relative] being happy, that [my relative] is looked after. They have offered [my relative] choices. My relative is happy [at the care home]."

Staff told us they received the training they needed to provide people with appropriate care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us their induction helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. Staff also told us and records showed that they had attended a range of training programmes related to their roles. The training staff attended included infection control, moving and handling, medicine administration, dementia awareness, health and safety, and basic food hygiene.

Staff were positive about the training they received and confirmed they felt skilled and competent to provide people with the care and support that met people's needs. A member of staff told us they had embarked on training to obtain a qualification in health and social care which was relevant to their roles. We saw different certificates of training in the staff files we checked.

Staff told us they felt well supported by the provider. They told us and records showed that they received regular supervision and had an opportunity to meet with the provider. Staff told us they "really" enjoyed working in the service. A member of staff said, "This is a small home; you get to know people on one-to-one basis. We all get on well."

We checked whether the service was working within the guidelines of the Mental Capacity Act 2005 (MCA). The 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). Staff and the registered manager knew about the requirements of MCA and DoLS. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The registered manager told us and records showed that MCA was being completed and DoLS authorisation sought for people. This showed that there were systems in place for mental capacity assessments and DoLS applications.

Most of the people were satisfied with the food. One person said, "The food here is pretty good and is all home cooked and of a good size." Another person told us, "I like traditional home cooking and I can say the food is always good and consistent." A third person said that the food was "all right". However, when we

asked them if they had a choice, they said that every morning they had "tea and cereal for breakfast". We discussed this with the registered manager who advised us that people were asked what they wanted and were offered a variety of cereals with hot drinks and toast. The registered manager told us that they would ensure people were offered meals of their preferences including special diets, for example, for diabetes. A relative told us they were happy with the meals and support a person received at the care home. We noted that drinks and snacks were available during the inspection. We observed lunch and saw that the food provided reflected the menu of the day. We saw that people enjoyed their meal.

Staff supported people to maintain health through ensuring they had access to appropriate medical professionals when necessary. One person told us, "I feel well and I always find the staff help me, by making appointments when I need them. I am in good health." Care files showed that appointments were made and people were supported to see GPs, opticians and chiropodists. Staff told us and records showed that people's weights were monitored monthly and referrals made for them to appropriate professionals such as GP or dietitians when significant changes were noted in people's weights. During the inspection we saw one person returned to the home from medical treatment at a hospital. This showed that staff supported people to have access to healthcare.

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "The care here is extremely kind and the staff are willing to help." Another person told us, "Staff are very caring. I am looked after well." A relative told us, "All the staff are caring. They are very warm and caring. They offered information, but they also listened and understood that [the person using the service] was happy feeling [the person was able to do] the things [they] wanted to do, by staying in. That showed that [staff] listened to [the person] and listened to me."

We observed that the service felt homely and comfortable with people choosing to sit where they wanted and watching programmes of their preference on television. One person told us they were sitting by themselves in a room because they wanted to watch a programme they were interested in on the television. We observed staff showed keen interest when interacting with them, for example, asking people if they were OK and if they wanted any support.

From talking with staff, it was evident that they were passionate about their work and the people they supported. One member of staff said, "We are passionate about our work, it is like our family." Another member of staff told us, "I love the residents. I get satisfaction from caring for them and talking with them."

Staff supported people to maintain their independence as much as they could. For example, people were encouraged to undertake their own personal care tasks when they could, and to undertake some daily living tasks such as tidying their rooms when this was appropriate. One person said, "I can do my personal care."

People told us staff supported them in ways that ensured their privacy and dignity. One person said, "Staff always knock on my door before they come in. They always treat me with respect." Another person told us, "The staff help me with bathing in a way which [maintains my] privacy and is respectful." Staff told us that they ensured people's privacy and dignity by closing the doors when, for example, supporting people with personal care.

People's individual needs were assessed when their care was planned and delivered. People told us they were supported to practise the religion of their choice through attendance at religious services and having clergy come to visit them in the service. One person said, "I wanted to go to the local church as I had previously gone before staying here. Staff supported me to attend as it is close by and the people from the church offer me lifts to go. It helps me that people are helpful and provide such choice." Staff also told us people from a local church visited the service.

Is the service responsive?

Our findings

Before the inspection we had received information anonymously stating a concern that people did not have activities and spent all day sitting. However, people and relatives we spoke with told us they were happy with the activities on offer at the service. One person said, "I have my own choice of programmes. I don't get bored here." A relative told us that they were happy with the activities available to people and said, "The staff tried so hard to enable [the person using the service] to engage and undertake wider trips each week." During the inspection in the morning, care staff were busy completing other tasks which meant that most of the people were sitting and watching television programmes or interacting with each other. During the inspection we noted some people were having their hair done by a hairdresser who came once every week.

Staff told us they provided various activities and entertainment in the afternoon. We saw staff spent time with people in the lounge and provided some activities. However, this was limited to the afternoon which might not be enough or suitable for every person using the service. For example, on a feedback form they completed and returned to the provider this year, one relative wrote, "It might be good to have a little bit of entertainment. I think they might enjoy it."

We recommend that the provider puts a system in place that ensures that people are provided with stimulating activities that meet their needs.

People and their relatives told us the service provided personalised care that responded to people's needs. One person said, "I have a care plan. We talked about what I need and my tablets." A relative told us that they were involved in a person's care plans. They said they discussed the person's needs and from time to time staff gave them information about their wellbeing.

People's care plans were reviewed regularly and contained information about their needs and preferences. Staff told us and records showed that the care plans were reviewed by staff every month and annually with the involvement of people, their representatives and professionals. We noted preadmission assessments of needs had been completed before people moved into the care home to ensure the service was able to meet their needs.

People were asked for their feedback about the service. People and relatives told us that staff had asked them informally how they felt about the service. We also noted that people and their relatives had completed a survey questionnaire. We reviewed samples of these questionnaires and noted that people and relatives were happy with the service. We also noted that staff had attended meetings, including handover meetings, and discussed their views of the service.

Information about making a complaint was available and people told us they felt free to raise any issues. People and relatives confirmed that staff listened to them and they were confident that their concerns would be taken seriously and dealt with.

Is the service well-led?

Our findings

The care manager run the service on a day to day basis and was referred to as the manager by people and their relatives. However, staff, people and their relatives knew there was a registered manager. The registered manager was not on the staff rota but came to the service daily to oversee that the service was running well.

Staff, people and their relatives talked positively about the management of the service. One person said, "The manager is very good." Another person stated, "The manager has a kind heart. [They do] more and beyond for people." A relative told us, "The manager is extremely good. [They] manage staff very well. [They are] approachable. I have [their] telephone, talk to [them] to make my [relative] ready when I come to collect [my relative]."

All the staff we spoke with told us that they were happy with the management of the service. One member of staff said the manager was approachable and supportive to them. Another staff member told us, "The manager and the owner [registered manager] are very approachable. Staff can discuss any issues with them during supervision or informally all the time." We observed that the care manager and the registered manager interacted with people and relatives in a friendly way. We saw people and their relatives were relaxed when communicating with the care manager and the registered manager.

The care manager and registered manager undertook various auditing of the service. The care manager audited medicines and the registered manager checked records were up to date, and the equipment and facilities were maintained. We saw certificates and records such as gas certificates and electrical safety checks that showed that regular maintenance and health and safety checks had been carried out.

We were informed that either the care manager or the registered manager was on standby to be contacted by telephone for any emergency or advice for staff. We also noted that one member of staff on a shift was designated as a lead person to ensure the service was managed well and people's needs were met.

Staff told us there was a good management culture in the service. They told us this was why they had worked at the service for many years. Staff told us there was good communication between staff and management and everyone was friendly to each other, people and relatives. We observed that there was strong teamwork in the service with evidence of staff helping each other to complete different tasks.

The registered manager ensured that all requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting notifications of serious events that affected the service and completing the provider information return (PIR) The registered manager also involved staff, people and their relatives in the development and improvement of the service through the annual surveys. During the inspection we noticed a relative had brought a completed survey questionnaire to the registered manager. A quick review of samples of these questionnaires showed that people and their relatives were satisfied with the service. The registered manager told us that the findings from the questionnaires would be collated with the summary being available to people, their relatives and staff.

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 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 RA Regulations 2014 Staffing The registered provider did not deploy enough staff to ensure that people's needs were always met.