

Orchard Care Homes.com (3) Limited

Eastfield Hall

Inspection report

Moss Road
Askern
Doncaster
DN6 0JZ
Tel: 01302 700810

Date of inspection visit: 21 and 22 October 2014
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 21 and 22 October 2014 and was unannounced. The last inspection took place in June 2013 and the service was meeting all regulations we inspected.

Eastfield Hall is situated in Askern, Doncaster. The home provides accommodation for people who require nursing or personal care. The home can accommodate a total of 59 people. One part of the home is known as Eastfield Hall and provides nursing and personal care. The other part is known as Eastfield Lodge and provides care to people living with dementia. At the time of our inspection there were 48 people using the service.

This service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our visit there was no registered manager in place. The last registered manager had left and a registered manager from another home, within the company, had taken over. This person had resigned the day prior to our inspection. The home was being managed by a project manager from Orchard Care.

Summary of findings

At our inspection of 21 and 22 October 2014 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We saw that medicines were ordered, and disposed of safely. However we noted that medicine prescribed on an 'as required' basis (PRN) was not administered in conjunction with the provider's medication policy and procedure. We also saw gaps in recording medicines administered.

We spoke with staff who had a good knowledge of how to protect people from harm and knew the procedure to follow if they needed to.

Staff we spoke with told us they received training which was effective and helped them to carry out their role. The care workers we spoke with told us they received supervision sessions (one to one sessions with their

manager). Staff commented that the service had experienced different managers over a short period of time. However they felt supported by the project manager who had overseen the home during this time.

Positive caring relationships were developed with people who used the service. Staff were respectful and treated people in a caring way.

Suitable arrangements were in place to support people to maintain a healthy intake of food and drink. People we spoke with told us the food was nice.

People did not always receive care which met their current needs. Care plans were in place; however we saw some were in need of updating to reflect the person's needs. Healthcare services were not always contacted when people required their support.

The provider had a system to monitor and assess the quality of service provision. However these were not always effective as action plans had not been devised to address issues raised.

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?

The service was not always safe.

We saw that medicines were ordered, and disposed of safely. However we noted that medicine prescribed on an 'as required' basis (PRN) was not administered in conjunction with the provider's medication policy and procedure. We noted that the Medication Administration records had gaps where there was no signature for administering the medicine or a record of why it was not given.

We found that safeguarding procedures were in place and staff knew how to recognise, respond and report abuse. They had a clear understanding of how to safeguard people they supported.

Care records contained risk assessment associated with people's care and support and staff were knowledgeable about risk and how to work with people to limit risk occurring.

Recruitment processes were safe and thorough and included pre-employment checks prior to the person starting work.

Requires Improvement



Is the service effective?

The service was effective.

During our inspection we spoke with three care workers and looked at three staff files to assess how staff were supported to fulfil their roles and responsibilities. The care workers we spoke with told us they received supervision sessions (one to one sessions with their manager). Staff commented that the service had experienced different managers over a short period of time. However they felt supported by the project manager who had overseen the home during this time.

We spoke with the cook who had a good knowledge about people's dietary requirements. The menu took account of people's likes and favourite foods.

Good



Is the service caring?

The service was caring.

Positive caring relationships were developed with people who used the service. During our inspection we observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

People who used the service did not always receive personalised care which reflected their current needs. We looked at care records belonging to five people and found three were without a life history section and lacked information about the person's likes and dislikes.

We spoke with people who used the service about social activities. We were told that although there was an activity coordinator, there was only one or two times a week when 'something happened.' We spoke with relatives of people who used the service and they said, "We can come and celebrate Christmas and other events."

Is the service well-led?

The service was not always well led.

At the time of our visit there was no registered manager in place. The last registered manager had left and a registered manager from another home, within the company, had taken over. This person had resigned the day prior to our inspection. The home was being managed by a project manager from Orchard Care.

The provider had systems in place to assess and monitor the quality of service that people received. However these were not always effective.

Requires Improvement



Eastfield Hall

Detailed findings

Background to this inspection

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

The inspection took place on the 21 and 22 October 2014. The inspection day of 21 October was unannounced, however we were required to complete the inspection on the 22 October 2014 and the provider was aware we would be returning on the second day.

The inspection team consisted of a lead inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was psychiatric nursing.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In preparation for the inspection we reviewed the information included in the PIR along with information we held about the service. We contacted Doncaster Health watch. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also obtained information from Doncaster Council who commission services from the provider.

During our inspection we spoke with 10 people who used the service, eight of their relatives and friends. We also spoke with seven staff (project manager, deputy manager, senior carer, nurse, three carers and the cook); reviewed care files for five people and observed staff working with people. We also spoke with a visiting professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the service. One person said, “I feel really safe here, staff are always there when you want them.” We spoke with relatives and one said, “We are totally happy and feel our relative is safe here.”

We spoke with six staff and the project manager about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding adults and could identify types of abuse, signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding adults and this was repeated on an annual basis. Staff confirmed the safeguarding adults and whistleblowing policies were given to them on induction. The project manager was in the process of setting up a safeguarding incident log. They advised this will include the incident and action taken, plus any lessons learned.

The service had an information sheet which contained contact numbers for the Care Quality Commission, Local Authority, and management within the company. Staff were aware of these contacts and would use them if they felt they were required to do so.

We looked at five care records and found that they included risk assessments which identified risks associated with their care and how they would be supported to manage those risks. These included risks such as falls, malnutrition and pressure area care and informed staff of how to reduce the risk.

Through discussions with staff, people who used the service and their relatives, we found there were usually enough staff with the right skills, knowledge and experience to meet people’s needs. Most people we spoke with told us there was sufficient staff. However one person said, “Staffing numbers vary and sometimes they could do with more” and a relative said, “There should always be a member of staff in the large lounge area, but sometimes there is no one and it’s up to us to seek assistance if required.”

During the inspection we saw staff were available to meet the needs of the people who used the service. No one was left without care and attention and staff were responsive when people required assistance. Some staff we spoke with

told us there was usually enough staff, but occasionally, when people ring in sick it was difficult to cover. The project manager told us that agency staff were used when their own staff were unable to cover the shifts.

We asked the project manager how they assessed the numbers of staff they required to meet people’s needs. We were told that all care plans stated the level of dependency as high, medium and low and rotas were worked out accordingly. The project manager also told us that they carried out observations and listened to comments raised by staff to determine if the levels were safe.

There were effective and safe recruitment and selection processes in place. Pre-employment information and checks were obtained prior to people commencing employment. These included two references, both from their previous employer’s or last employer and two personal references, and a satisfactory Disclosure and Barring service check. The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We looked at staff files and found that appropriate checks had been carried out in line with the provider’s recruitment policy.

Where nurses had been employed, we saw their professional registration numbers were checked on a monthly basis and a record retained to confirm they remained registered to practice as required by their professional body.

We looked at accident and incident records and found that a log was kept of incidents which had occurred. We saw the accident/incident records had a space to comment on what action was taken. There had been 16 accidents in September 2014, but only 12 had comments regarding what action was taken. There had been seven accidents in October 2014 and all seven forms stated what action was taken. The project manager told us they were introducing a log to record actions taken and what lessons had been learned to prevent the incident reoccurring.

We checked to see if medicines were ordered, administered, stored and disposed of safely. We observed a senior carer whilst they administered medicines. The staff member was aware of people’s needs and how they

Is the service safe?

preferred to take their medicines. The staff member explained what she was doing and signed the Medication Administration Record (MAR) following each administration.

We saw each MAR had a front sheet which contained a photograph of the person, and details such as GP name, any known allergies and how the person preferred to take their medicines. For example one record stated that the person liked to take their medicines with a drink of water. We saw that this was adhered to.

We saw medicines were stored correctly. The service had a controlled drug cabinet which complied with legal requirements. We saw that staff checked the balance of controlled drugs each time one was administered and this was recorded. Medicines requiring cool storage were kept in a fridge which was situated in the medicines room, the room was kept locked. However we noted that fridge temperature records to confirm these had been stored within the manufacturers recommended temperature were missing. The record chart in place had the fridge temperature recorded for 20/10/14 and 21/10/14 only. We asked staff for the previous records but they were unable to locate them.

We looked at medicine records belonging to people and found 10 gaps where medicines had not been signed for or a code entered to explain why they had not been given. This issue had been raised in audits in July 2014 and September 2014, but had not been addressed.

We noted that some people were taking medicines on an 'as required' basis (PRN). However the service was not operating in conjunction with the provider's medicines policy and procedure around PRN medicines. The policy and guidelines held in their MAR's clearly stated that any medicines given as required should record the reason why the medicine was given and what effect it had. This was required to be documented on the reverse of the MAR and an entry made in the person's daily notes. We saw this was not being recorded. One person was prescribed PRN medicine up to four times a day and we saw this was given every morning. However, there was no record of why the medicine was given, what effect it had and no review had taken place.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Management of medicines).

Is the service effective?

Our findings

We spoke with staff and found they had received appropriate training. Staff told us the training they received was informative and supported them to carry out their job role. Staff also told us when they started work at the service they were given an induction. This included training and shadowing experienced staff. We saw certificates and a training matrix which confirmed training had taken place.

During our inspection we spoke with three care workers and looked at three staff files to assess how staff were supported to fulfil their roles and responsibilities. The care workers we spoke with told us they received regular supervision sessions (one to one sessions with their manager). Staff commented that the service had experienced different managers over a short period of time. However they felt supported by the project manager who had overseen the home during this time. Staff felt they could speak with the project manager and were confident they would look into their concern.

The service had a consent policy in place indicating care files should include a consent form which had been signed by the person or their representative. This was to give consent for professionals to access care records, and photographs to be taken for health and identification purposes. We saw the service was following this policy.

We observed staff assisting people and saw that they explained what they were doing and gave the person time to respond. For example, we saw one staff member taking photos of people for use in their medication file. The staff

member asked each person individually if it was alright to take the photo and gave a reason why. They ensured the person understood this and only proceeded when consent had been given.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The project manager was aware of the latest guidance and we saw that no standard authorisations had been made for people using the service. The project manager told us they were continuing to review people who used the service to ensure the guidance was being followed.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw meals were nutritious and looked appetising. Some people said they had enjoyed their lunch. We saw staff were trying to create a pleasant environment by playing appropriate music.

We spoke with the cook who had a good knowledge about people's dietary requirements. The menu took account of people's likes and favourite foods. We spoke with staff about what they would do if they identified any concerns associated with a person's diet. They told us they would raise issues with the senior care worker or nurse who would contact the GP or other professionals such as the dietician and the speech and language therapist.

Is the service caring?

Our findings

We spoke with people who used the service and they felt involved in making decisions about their care. One person said, “Staff support me to maintain my independence.” Another person said, “I choose where I would like to sit, what I eat and what I wear.” We spoke with people’s relatives and one person said, “The staff are very kind.”

Positive caring relationships were developed with people who used the service. During our inspection we observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way. Staff told us about the importance of assisting people in making their own choices. For example, we saw one person sat alone at a table and one carer noted this. They went over to the person and began engaging in conversation. The person happily joined in and a meaningful conversation took place. It was noticeable from the persons change in mood and facial expression that this had a positive impact on the person.

Some people who used the service were unable to speak with us due to their complex needs. Therefore we spent time observing the interactions between staff and people. We saw that staff explained care interventions and people responded well to staff.

We saw that staff were offering choice to people, waiting for a response and respecting the person’s decision. Staff interacted with people well and had developed good relationships. For example, we observed lunch in one dining area and saw staff offering choice and respecting the person’s decision. We saw that staff took every opportunity to talk with people, listened to what they had to say and showed a genuine interest. We saw staff treated people with dignity and respect.

We spoke with relatives who were happy with the care provided and felt involved in their relatives care. One relative said, “They phone me if they need to and keep me up to date with what’s going on.”

The staff we spoke with told us that they involve people and their relatives in their care as much as possible. They told us the care plans were drawn up after talking to the person and their relatives.

We spoke with staff who gave clear examples of how they would preserve dignity. One member of staff said, “I make sure I close the door and curtains when I am delivering personal care.” Another said, “I always knock on the bedroom door before I enter and introduce myself to the person.”

Is the service responsive?

Our findings

People who used the service did not always receive personalised care which reflected their current needs. We looked at care records belonging to five people and found three was no life history section and lacked information about the person's likes and dislikes.

During lunch we noticed a person who was sat on their own and not attempting to eat the meal given. After about five minutes the person attempted to eat their meal using their fingers, but the person was not able to get the food to their mouth before it slipped out of their fingers. We looked at the person's care plan and saw that the person should be offered finger foods as they used their fingers to eat. The meal given was not appropriate to meet the person's needs as stated in the care plan.

We also noted that the person threw the food on the floor at times when they became frustrated due to not being able to eat the food in the way it had been provided. We saw that staff did not assist this person to eat their meal.

We looked at one person's care plan and noticed that the person had declined to be weighed in August and September. The last weight recorded was July 2014 and the person weighed 56.55kg. The next time the person was weighed was 4 October 2014 and weighed 48.50kg, it was recorded the person had lost 8.5kg. The person was weighed again on the 16 October 2014 and weighed 46.40 indicating a further loss of 2.1kg. The person's care plan stated that weight should be taken weekly due to issues with the person's diet. We saw the dieticians had been previously involved. We asked staff if a dietician was currently involved in the person's care and were told they were not. We asked what had been done as a result of the person losing a total of 10kg in a three month period. Care

workers were unsure and the nurse told us it had been identified on the monthly weight audit on the 4 October 2014 but no action had been taken. This meant the service was not responding to the persons changing care needs.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who used the service about social activities. We were told that although there was an activity coordinator, there was only one or two times a week when 'something happened.' We spoke with relatives of people who used the service and they said, "We can come and celebrate Christmas and other events."

We saw the activity co-ordinator engaging in meaningful conversation. For example, one person was sat alone and the activity coordinator went over to speak with them about topics they could relate to, such as past work and family life. The person chatted happily for quite a while. On the first day of our inspection, people who used the service enjoyed a game of bingo.

We saw that social stimulation was provided but people told us there was a lack of planned activities.

We saw the service had a complaints procedure in place and a list of contact numbers were available if people wanted to raise a concern. These numbers included staff within the company, Care Quality Commission and the local authority. The service had a file where they stored all information regarding complaints, including correspondence sent and received. The project manager told us they were in the process of implementing a complaints log. This would identify the concern and any lessons learned.

We spoke with people who used the service and their relatives and everyone we spoke with felt comfortable to raise concerns.

Is the service well-led?

Our findings

At the time of our visit there was no registered manager in place. The last registered manager had left and a registered manager from another home, within the company, had taken over. This person had resigned the day prior to our inspection. The home was being managed by a project manager from Orchard Care.

We spoke with people who used the service and their representatives and were told that there had been quite a few changes in management. One person said, “I think there have been about four managers in the last two years.” People told us this had been unsettling but there was always someone to talk to about any concerns. One person said, “The staff have worked at the home for a significant period of time and they know the residents well.”

The provider had systems in place to assess and monitor the quality of service that people received. The last manager and others nominated by her had completed audits in areas such as care records, infection control, medication, and the environment. The company compliance manager had completed an audit on a monthly basis. This audit looked at areas such as the environment, infection control, care plans, medication, staffing and complaints. However, these were not always effective. For example medication audits had been completed on a monthly basis and showed there had been gaps in MAR records. This was highlighted in July, August and September 2014, but was still a concern. When we looked at MAR's we saw there were gaps in recording. This showed this issue was not being resolved.

We looked at the weight audit dated 18 October 2014 and found that one person had lost 8kg. The action column stated that a referral to the GP or dietician should take place. However, this had not been actioned when we visited on the 21 October 2014. We raised this with staff who contacted the GP on the 22 October 2014. Although this was identified through the monitoring systems no action had been taken.

We saw in July 2014, people had been asked their opinions about the menu and food. The service had seven completed surveys returned, one person said there were not enough snacks and three people felt the menu didn't change often enough. There was no action plan in place to address this and no evidence that the opinions of people made a difference.

We saw residents and relatives meeting had taken place in July 2014. We looked at minutes which included accommodation, food, care laundry and activities. We saw comments about laundry not being put away neatly and there were some missing items of laundry. Also comments about wanting more craft activities. There were comments about staff such as, ‘night staff are noisy,’ and staff telling people to ‘wait a minute.’ We spoke with the project manager about how these issues would have been addressed and was told a ‘next steps’ action plan should have been completed and sent to head office. There was no evidence to show that this had occurred and that people's comments had been acted on.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Assessing and monitoring the quality of service provision)

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 protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	The provider did not take proper steps to ensure each person who used the service received care that was appropriate and safe.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers
Diagnostic and screening procedures	The provider's systems were not effective in monitoring the quality of service provision.
Treatment of disease, disorder or injury	