Orchard House (Midlands) Limited

Orchard House Nursing Home

Inspection report

126 Whitehouse Common Road
Sutton Coldfield
B75 6DS
Tel: 0121 378 0272
Website: www.orchardhousenursinghome.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 and 21 October 2015 and was unannounced. At the last inspection on 24 and 25 November 2014, the provider was not meeting the regulations which related to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding guidance to restrict people's liberty in their best interests. We asked the provider to send us an action plan. We found improvements had been made. Staff had received up to date training and the provider was now taking the correct action to protect people's rights in line with current legislation.

Orchard House Nursing Home provides residential and nursing care for up to 31 older adults who may have dementia and/or other health conditions. At the time of our inspection 28 people lived at the home.

Summary of findings

There was a registered manager in post. 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.

Although the dining experience provided to people was not always positive, people were supported to have choices and received food and drink at regular times throughout the day. Staff supported people to eat their meals when needed.

People who lived at the home felt safe and secure. Relatives believed their family members were kept safe. Staff felt people were kept safe. The provider had processes and systems in place to keep people safe and protected them from the risk of harm.

People received their medicines as prescribed and appropriate records were kept when medicines were administered by trained staff.

Risks to people had been assessed appropriately and well maintained equipment was available for staff to use.

There was sufficient staff on duty to meet the support needs of people. The provider ensured staff were recruited and trained to meet the care and nursing needs of people.

People were supported to access other health care professionals to ensure that their health care needs were met.

People, relatives and health care professionals, felt staff were caring, friendly and treated people with kindness and respect.

People's health care needs were assessed and regularly reviewed. People were involved in group or individual social activities to prevent them from being isolated.

People and relatives were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

The provider had management systems in place to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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?

Good

The service was safe.

People felt safe and they were protected from the risk of harm because staff was aware of the processes they needed to follow.

People received their prescribed medicines as required.

There were adequate numbers of staff on duty that could meet people's needs.

Is the service effective?

Requires improvement

The service was not consistently effective.

People did not always receive a positive dining experience.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People received effective support because staff worked closely with other healthcare professionals when necessary.

Staff had effective skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring to them.

Staff were respectful towards people and maintained people's dignity.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People were encouraged to engage in group or individual social activities to promote mental stimulation.

People received care when they needed it and care records were updated when people's needs changed.

People were well supported to maintain relationships with their friends and relatives.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and relatives said the registered manager was approachable and responsive to their requests.

The management team had effective systems in place to assess and monitor the quality of the service. The quality assurance system in operation helped to develop and drive improvement.

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 unannounced inspection took place on 20 and 21 October 2015. The inspection was conducted by two inspectors 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 dementia care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

During our inspection, we spoke with 14 people who lived at the home, five relatives, six care, domestic, kitchen and nursing staff, the catering manager, one health care professional and the registered manager. Not everyone who lived at the home could tell us about their experiences and expressed their feelings in different ways. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people to see how their care was planned and looked at four people's medicine administration records. We looked at staff recruitment and training records for three staff. We also looked at records which supported the provider to monitor the quality and management of the service, including safeguarding and maintenance records. We looked at a selection of the provider's policies and procedures to see if they contained effective and up to date guidance for staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and if they were 'worried' they would speak to the staff or registered manager. One person said, "They (staff) look after me really well and keep me safe." A relative told us, "I have no concerns at all about this home, I am very happy with the support [person's name] receives, I know she will be kept safe here." There were a number of people who lived at the home who were not able to tell us about their experience. One staff member said, "If I saw a change in somebody's behaviour and they became withdrawn, I would tell the nurse on duty or the manager." Staff had received safeguarding training. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff knew how to escalate concerns about people's safety to the provider and other external agencies for example, the local authority and Care Quality Commission.

The staff knew what action to take to keep people safe from the risk of harm. One staff member told us, "We are always looking around the environment making sure it is clear of obstruction, we have a lot of people who use walking frames." We saw that risks to people had been appropriately assessed, for example in moving and handling. Another staff member told us, "We always work in teams of two to reduce the risk of accident." From our observations, staff were confident in using equipment to transfer people from lounge chairs to wheelchairs, which was completed safely. We saw from people's demeanour they were relaxed with staff that supported and reassured them throughout the transfers.

Staff were able to explain the action they would take to keep people safe in the event of an emergency. We noted this was in line with the procedures the provider had in place to safeguard people in the event of an emergency. We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by people's environments were managed and reduced.

People spoken with felt there were generally sufficient staff to support them. Although this was not the view of everyone. One person told us, "It's okay during the day but in the evenings and especially at weekends you can be left waiting for help." A relative said, "I can only comment on the days I have come in and I think there has been enough staff. A staff member said, "I think there is enough staff." Another staff member told us "When everyone is in, there is enough staff, the problems are when someone phones in sick at the last minute, especially at the weekends." The registered manager told us they covered absences with existing staff or regular agency staff, in an emergency. During the two days of our inspection, alarm calls were answered within a reasonable length of time and we saw that there were sufficient numbers of staff on duty to support people.

The provider had a recruitment policy in place and staff had been appropriately recruited. Staff told us they had completed a range of pre-employment checks before working unsupervised. We saw from three staff files all pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they received their medicine as it had been prescribed and there had been no concerns. There were people who required medicines on an 'as and when' basis. We saw there were procedures in place to help staff identify when to give these medicines and make sure they were recorded correctly. We saw that staff updated people's records when medicine was received and noted that records had been updated correctly. Medicines were stored appropriately in order to keep them secure and maintain their effectiveness. An audit confirmed that the correct quantities of medications were in stock. This indicated that people were receiving their medication as prescribed. All medicines were safely disposed of when no longer in use. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

There were some people that required their medicine be administered to them in a covert way, disguised, for example, in their food or drink. We saw that the provider had followed the requirements of the Mental Capacity Act 2005; so that people received their medicine to promote their health but this was done in a way that also ensured their best interest.

Requires improvement

Is the service effective?

Our findings

In November 2014, the provider had not submitted Deprivation of Liberty Safeguards (DoLS) applications to the Supervisory Body. People's legal rights were not being protected in line with the Mental Capacity Act 2005 (MCA) legislation. On reviewing people's files we saw that this had improved. The relevant mental capacity assessments had been completed and applications submitted to the Supervisory Body. The registered manager had taken appropriate action to ensure people's rights were protected. The MCA and DoLS legislation sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe

We discussed the MCA with the manager. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or communicate their own decisions were protected. Staff we spoke with demonstrated their knowledge of the MCA and DoLS through their answers. One staff member said, "If we wouldn't let the person out on their own because they might get hurt, then we are depriving that person of their liberty." We saw care records showed that the MCA principles had been followed when decisions were made in people's best interest. The registered manager recognised that important decisions needed the involvement of other health and social care professionals and they told us about the steps that they had taken to arrange 'Best Interest' meetings.

There was a relaxed atmosphere in the dining room and people were not rushed. There were printed menus on the table for people to see what was for lunch. People chose their meals a week in advance; however, a number of people had dementia and could not remember what they had ordered. Staff did not inform people what was for lunch or on their plate and two people asked a staff member what their meal was. People were not offered salt and pepper with their meal and there were no condiments available for people to use on the dining tables. One person told us, "I would like salt and pepper but they don't bring them upstairs." One person was given their pudding while they were asleep and another person asked for rice pudding and was told by the staff member, they could not have it because of their dietary requirements. We discussed this with the catering manager. They explained condiments were available and should have been on the tables and trays. They also explained diabetic rice pudding could have been made available and that the staff member should have gone straight to the kitchen staff. We also discussed our observations with the registered manager. They confirmed condiments were available and the kitchen staff could provide a diabetic rice pudding and did not know why this had not happened and they would speak with staff.

Staff did ask people if they wanted any assistance and we saw some staff were supporting people to eat. Though we saw one person was struggling to eat their meal on their own. Staff did provide assistance but this was sometime later and the person's lunch would have been cold. We discussed our observations with the registered manager, they told us the person did not always accept help when it was offered but they would speak with staff. There was no delay for people eating their meals in their rooms or lounge area.

On the second day of our inspection, we saw there had been an improvement. Staff explained to people what was for lunch, condiments were available for people to use and staff were aware of everyone's support needs within the dining area.

Everyone we spoke with was complimentary about the food. One person said, "You have a choice from the menu and if you change your mind, you can have something else". Another person told us, "The food is excellent." Lunch looked appetising and was presented to people in an appealing way. The catering manager explained meals were freshly prepared and cooked every day and we saw there was a range of different choices from the menu. People's dietary needs were catered for and supplements were used for those who were at risk of losing weight. People's weight, food and fluid intake was monitored and we saw where a person's weight had started to drop, the GP and Speech and Language Therapist (SALT) had been involved in discussing the person's care and support needs. People were offered snacks and drinks throughout the day.

Staff we spoke with told us they received supervision. One staff member said, "I had my supervision a couple of days ago, the manager is always helping me." Another staff member told us, "I don't have to wait until supervision; I can go to the manager at any time if I need to." Staff also

Requires improvement

Is the service effective?

told us they had received training to support them in their role. One staff member said "I'm still working through the Care Certificate, it's hard work but I'm enjoying it." Another staff member said "If there is any training we want the owner is pretty good at agreeing for us to have it." The registered manager explained to us how they were discussing with the provider about introducing a specific training course for end of life dementia care designed to improve the quality of life for people with advanced dementia. They told us, "We are really excited about this training; it would benefit many of our residents." We saw that staff training requirements for the year were planned and tracked.

People and relatives were complimentary about the staff. People told us they thought staff knew them well and were knowledgeable and felt staff were trained to support them. One person said, "Staff are very helpful." A relative told us, "I think staff have the right skills to support [person's name]." Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. A staff member told us, "I have been here a long time and know the residents very well." We saw there was a number of staff who had worked at the home for a number of years. This had helped people to build consistent and stable relationships. We saw that care records were in place to support staff by providing them with guidance on what they would need to do in order to meet people's individual care needs.

One relative told us, "We thought [person's name] was close to passing away but they have picked up since coming here." Another relative said, "The staff take good care of [person's name] and always call the doctor when needed and we are kept informed." A health care professional told us they did not have any concerns about Orchard House and found the staff to be helpful and knowledgeable of people's needs. We saw from people's care files they had access to health care professionals, as required, so that their health care needs were met.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind, caring and respectful. One person told us, "Everyone here is lovely, they look after me very well, I couldn't ask for better care." A relative said, "Whenever we have come to visit, the staff have been great [person's name] would tell us if there were any problems." Another relative told us, "It's always clean and the staff take very good care of [person name]." We saw that staff were attentive and actively engaged with people. They communicated with people in a sensitive manner; for example, staff provided verbal reassurances to people when they became worried or distressed.

One person told us their faith was very important to them. We saw that people were supported to practice their chosen faith and arrangements were in place for people to be visited by the local priest or vicar. One relative told us, "I am very impressed with the place [person's name] is very well looked after by the staff."

Staff we spoke with told us about people's likes and dislikes and how some people preferred to be supported. One person told us, "I like to go to bed early and watch my favourite programmes in my room, the staff help me." Another person said, "I prefer a lie in because I usually stay up late."

People told us staff would ask them before supporting them. We saw that staff asked people what they wanted, for example, to drink and checked if people wanted to go to the bathroom throughout the day. A relative told us, "We have had discussions with staff about [person's name] care needs." We saw that people had equipment such as walking frames accessible so that they could get up and move around when they wanted, if it was safe to do so.

Although no-one in the home required the support of an advocate, there was information available to people. An advocate is somebody who is independent and speaks on behalf of people to make sure that the person's wishes are listened to.

There was a calm atmosphere in the home. Some staff shared jokes with people and it was obvious people enjoyed this interaction. We saw that people's privacy and dignity was promoted. One person told us, "Staff are polite and kind to me." Staff explained how they maintained people's dignity and tried to encourage people to be as independent as much as possible. One staff member said, "If they [residents] can, I try to encourage them to do some tasks for themselves like cleaning their face or combing their hair." We saw people had been supported to dress in their own individual styles. On the first day of our inspection, there was a training session taking place for staff about promoting and maintaining people's dignity. One staff member said "That was really interesting training, it made me think about things that I probably would not have thought of before, it was very good."

Good

Is the service responsive?

Our findings

People told us they were involved in planning how they wanted their care to be provided so it was personalised to their needs. One person told us, "The staff know what I like." Another person told us, "I have everything I need here." We saw that staff responded to people that required support in a timely way and sought their consent before assisting them. Staff spoken with knew about the people they supported and were able to provide a personalised approach to care based on people's needs.

People's changing needs were kept under review. Relatives told us that they were involved in reviewing people's needs. Records showed and conversations with staff confirmed that when people's care needs changed staff recognised and responded to them. One relative told us, "[Person's name] had a fall when upstairs so they were moved to a room downstairs and a falls mat was installed – it was all done very quickly." Another relative said, "I can't speak highly enough of the home." The registered manager explained they were in the process of reviewing all their care files to introduce an 'About Me' document and the home was in the process of consulting with people and their relatives. One person explained how they were looking into this document in more detail before agreeing to it. This demonstrated that people and their relatives' views were being sought, before introducing an alternative way of recording information that maintained a person centred approach to supporting people.

People were supported to maintain contact with friends and family. One person told us, "My son comes in most days." Relatives we spoke with said they were able to visit at times convenient to them and their relative and staff always made them welcomed. People told us they were able to join in group activities that the staff had organised or follow individual hobbies if possible. For example, one person enjoyed their knitting, others preferred to read. Orchard House had an activities co-ordinator, although not available during our inspection, people told us they took part in quizzes and had recently gone out for a 'pub meal'. During our inspection we saw staff asking people if they would like a hand massage or if they would like to take part in a chair exercise. Some people chose not to be involved and this was accepted as their choice. One person confirmed, "I don't do any activities as I stay in my own room, that's my personal choice." Another person told us, "I would like there to be more activities because I don't always like what is offered." The registered manager told us that they were currently recruiting volunteers so they can offer more wheelchair walks and trips outside.

People knew how to raise complaints and concerns. We saw information was available in public areas for visitors and the people who lived there. People confirmed they told staff if something was not right and they would address them. One person told us, "The staff will listen if you are worried." A relative told us, "Sometimes the communication between the nursing and care staff could be a little better but the manager is very responsive and always quick to come back to me." We saw that concerns and complaints were logged and investigated and people responded to in a timely manner. We saw that meetings with people who used the service, relatives and staff were held to gain their views about the service provided and make suggestions for improvement. This enabled people to express concerns about the service and gave the provider the opportunity to learn from people's experiences.

Good

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us they were happy with the care provided, and we saw that the atmosphere in the home was open, friendly and welcoming. One person told us, “All the staff are very good.” All the staff spoken with said there was an open door policy and the registered manager was supportive, listened to concerns or suggestions about improvements and addressed them. During our inspection we saw that the registered manager was approached by staff that required guidance, advice or support. People felt they could raise matters with the registered manager and they would be responded to quickly. One person told us, “I know who the manager is, she is a lovely person.”

There was a registered manager in post who had provided continuity and leadership in the home resulting in improvements in the quality of the service provided. We saw that the registered manager was available to provide supervision and guidance to staff so that practices were monitored and improved. A healthcare professional told us they were very happy with the care and support their patients received and they had no complaints. One staff member told us, “I think the manager is fantastic, she listens to you, she’s hands on and open, you can go to her anytime, she always makes herself available to you.” The registered manager notified us of accidents, incidents and safeguarding concerns as required by law therefore fulfilling their legal responsibilities.

People told us that there had been an improvement to involve them and there were regular meetings for them and their relatives where they could raise issues. One person told us, “There are still one or two things I have to mention but they do respond.” Staff told us and records we looked at confirmed that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings and they felt listened to. We saw that satisfaction surveys were now given to all people who lived the home and their relatives, for their views about the service provided. We saw that one person who lived in the home had sat on an interview panel for care staff and had an input into the staff member’s appointment.

The management structure was clear and staff knew who to go to with any issues. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the Care Quality Commission. Staff told us they were aware of the provider’s policy and would have no concerns about raising issues with the registered manager and if necessary, external agencies.

The quality assurance systems were established. The registered manager monitored different aspects of the service provided through audit and analysis. Areas assessed included safeguarding concerns, accidents, incidents and complaints. The analysis identified the types of incidents and accidents occurring and helped to identify any further training needs or trends. Action plans, where required, were put in place and monitored to ensure that the service improved. This ensured the provider had procedures in place to monitor the service to ensure the safety and wellbeing of people who lived at the home.