

HC-One Limited

The Orchards

Inspection report

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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?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

At our last inspection on 6 June 2015 staffing levels were not sufficient to ensure people received safe care and there was a breach of regulations. The provider sent us an action plan to tell us what action they were taking to ensure people were supported safely at all times and minimise any risk of harm. At this inspection we found that the provider had increased staffing levels so people's care needs could be met. However the deployment of staffing was not always used effectively.

The Orchards provides accommodation and support for up to 72 people with nursing and personal care needs some of whom were living with dementia. There were 52 people living in the home at the time of our visit.

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.

Summary of findings

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

People were protected from the risk of avoidable harm because systems and processes were in place to protect people. Staff understood the different types of abuse and knew what actions to take if they thought a person was at risk of harm.

There were sufficient numbers of staff that had received appropriate training so that they were able to meet people's needs. However improvements were required in how the service ensured staff were suitable deployed to meet people's needs consistently.

People did not always receive their medication as prescribe to ensure they remain healthy.

Staff sought people's consent before providing care and support. Staff had up to date knowledge, and training and understood how to protect people's human rights.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered. Referrals were made in consultation with people who used the service if there were concerns about their health.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

Staff did not always support people appropriately with their meals and provide equipment to enable them to remain independent.

Systems were in place to monitor and check the quality of care provided but these were not always used effectively to improve the service and take action when required.

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.

People were protected from abuse and avoidable harm because the provider had effective systems in place. Staff understood how to keep people safe and there were risk management plans in place.

Staffing levels had increased but the deployment of staff to ensure people's needs were met consistently was not always effective. People did not always receive their medication safely.

Requires improvement



Is the service effective?

The service was effective

People were supported to have their needs met by staff that had the skills and knowledge to meet people's individual needs. People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

Good



Is the service caring?

The service was not always caring

People were supported by staff that knew them well. People told us they had a good relationship with the staff that supported them. People were able to make informed decisions about their care. People's privacy, was respected however people's dignity and independence was not always maintained because people did not always receive or have the necessary adaptation and support to eat their meals.

Requires improvement



Is the service responsive?

The service was responsive.

People were supported so their care needs were met and involved in the reviews of their care where possible. People were supported to decide whether to take part in organised group activities or whether to do on individual activity. People and their relatives were confident that their concerns would be listened to and acted upon.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

People and staff told us that managers were accessible and open and they were able to put forward ideas about improvements to the home. Processes were in place to monitor and consult with people about the quality of the service, but information was not always used effectively. Systems in place to monitor the quality of the service were not always utilised to improve.

The Orchards

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.

The inspection took place on 7 October 2015 and was unannounced. The members of the inspection team included three inspectors. One pharmacy 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.

Before the inspection, we asked the provider to complete 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. The PIR was completed and returned to us as requested.

As part of our inspection we looked at the information we held about the service. This included the notifications that the provider had sent us to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law about accidents, deaths and safeguarding concerns.

During our inspection we spoke with nine people that used the service, five relatives, six staff, the registered manager and the operation manager. We contacted commissioners for their views about the provided. We looked at the care records of three people. The medicine management processes and at records maintained in the running and management of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

Is the service safe?

Our findings

We reviewed eight medicine administration records and found that people's medical conditions were not always being treated appropriately by the use of their medicines. Medicine administration records for one person showed that they were not given their prescribed dose of their pain killers for four days because the provider had not ordered a new supply in time. We spoke with the person concerned. They told us they had not had their pain relief and during that four day period they had been in considerable pain. This person also told us that they had not had one of their inhaled medicines for four days because it had run out.

We also discovered that this person had not received the correct dose of another of their inhaled medicines. We were able to audit this inhaler as it had a dose counter and the counter showed that 10 doses had been used but the administration records confirmed that staff had administered 25 doses, the anomaly could not be explained by the provider. Across all of the medicine administration records we looked at, the audits we carried out showed some discrepancies between the quantity of medicines found and the administration records, which indicated that people had not received the correct dose for some of their medicines.

The provider was not always make sure an accurate record of where analgesic skin patches were being applied to the body. We looked at the records of four people who were having analgesic skin patches applied to their bodies. The provider was not able to demonstrate that patches were being applied safely and could result in the risk that people's pain would not be well controlled.

We looked at how controlled drugs were managed and found that people's medical conditions were being treated appropriately by the use of these medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At our last inspection on 6 June 2015 staffing levels were not sufficient to ensure people received safe care and there was a breach of regulations. The provider sent us an action plan to tell us what action they were taking to ensure people were supported safely at all times and minimise any risk of harm.

At this inspection people told us that things had got better but there were still some delays. One person told us, "Staff

do answer the bell a bit quicker than before but sometimes there are still times when I have to wait because they are busy with other people and I understand that. 'Another person told us "Well staff are very busy, there are a lot of us who need help. But the staff are very kind, we could not get better staff." We saw from records that the staffing levels had increased and this had been sustained. Staff confirmed that there were more staff on duty since the last inspection. One staff member told us, "We do get some days when we are a bit short because of sickness but then agency is used. It is much better than the last time you came." We saw that the manager had introduced an analysis of the staffing levels required to ensure people's needs were met.

Relative spoken with told us that the staff were very supportive to them and their relative. One relative told us, "Although they have increased the staff, staff are still run of their feet. I hear bells going off and them not being answered." Another relative told us, I still don't think there are enough staff for a big home like this. People told us that they sometimes still waited a while when they called for assistance. One inspector requested a call bell to be answered after 15 minutes.

Another person told us, staff come quick if I press my buzzer". One staff member told us that, I don't know what the solution is to the call bells, we don't want people waiting. I think people don't know that if bells are going it not always just one it may be three or four people ringing at the same time as it is in a sequence. " An analysis of the call bell system is completed so the provider can identify the waiting times of people. One person told us, when I ring it means I have to wait, for more than I would like, staff are very good when they come, but the waiting can be up to 20 minutes. I know they are busy but that does not help me when I need something."

A recent audit showed that the times people were waiting for their call bell to be answered was unsatisfactory. The operation manager told us, "The company will be providing bleeper systems for allocated staff so staff are more forced and have more responsibility for answering call bells in a timely manner.

There were processes in place to protect people from abuse. Staff spoken with were knowledgeable in recognising signs of abuse and the related reporting procedures. One staff member told us, "Any concerns about safety or welfare of a person we report to the registered manager who then reports to the local authority." We saw

Is the service safe?

that there was information available for staff, relatives and people who used the service to access so that they knew who they could contact if they had any concerns about the care provided. People spoken with told us that they felt happy and safe living in the home apart from two people. We reported their concerns to the manager and a safeguarding was raised with the local authority for both people.

People spoken with told us that they were involved in their care plans and risk assessment so staff knew the risk they wanted to take. We saw that assessments were completed and management plans put in place to ensure staff had the guidance to minimise risks when supporting people with their care. Staff told us that keeping people safe also included using the correct equipment and knowing the risk involved when supporting people with their care.

Is the service effective?

Our findings

People received meals that they enjoyed and told us if they did not like their meal “another was provided on request”. One person said, “They’ll prepare you anything you want”. People we spoke with told us they were happy with the food and drink provided. People’s nutritional needs had been looked at to ensure they received food and drink that met their needs. The kitchen staff told us that they do not routinely offer a varied cultural diet but will buy it if the person requests it.

People spoken with told us that they felt the staff were trained to carry out their roles. One person told us, “I often hear staff speak about their training and when they are having training.” Another person told us, “I am not sure I think they have had to have had some training because they know what to do.” Staff told us they were happy with the opportunities for on-going training and the nursing staff worked alongside them to make sure staff had the skills to support people. We saw that there was a training programme for staff to make sure other training was provided so they were kept up to date with their skills and knowledge. Staff spoken with were clear about what they needed to do for people living in the home.

All staff spoken with told us that they reported to the nurses if there were any concerns about people’s health while assisting them with personal care and the nurse would contact the doctor. Staff told us they received regular supervision from the senior team and felt they could go to them with any issues for discussion. One staff member told us, “There have been lots of changes, but that can only mean we improve things for the people that live here.” Relatives and people spoken were complimentary about the staff team and how they supported them. One person

told us, “The staff are very kind and always willing to help.” One relative told us, “The staff here are very skilled at looking after my relative. They know them inside out and how to make them happy.”

People told us that staff would ensure that they were consulted about their care. We observed staff asking people what they wanted help with and staff told us that they encouraged people to do as much for themselves as possible. One person told us, “The staff do as I ask I have never had a problem with doing what I want.” Another person told us, “Staff are respectful and have never questioned the choices I make.” The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The majority of people had capacity to be able to make day to day decisions for themselves. We saw that the staff were working in line with the MCA because they offered people choices wherever possible. We saw that the manager made the appropriate referrals if people were to be restricted of their liberty and the appropriate people were involved to ensure decisions were made in people’s best interest.

People were supported to access health and medical support if they needed it. Relatives told us their family members “got to see the doctor when needed”. The registered manager confirmed that the local GP visited the home once a week or when requested. Visits from doctors and other health professionals were requested promptly. This included seeing an optician, podiatrist and physiotherapist. Records showed that people were seen by appropriate professionals to meet their needs. This demonstrated the staff were involving outside professionals to make sure people’s needs were met.

Is the service caring?

Our findings

People told us they were very happy living at the home and said that staff were always “caring” and “kind”. One relative told us, “The staff are absolutely lovely. They all work together as a team, they’re marvellous with [the named person]” People spoken with were complementary about the attitude of staff. One person told us, “Everybody is really good and professional. I have never had any problems.” Another person told us, “The staff respects my choices and me as a person.” A third person told us, “I cannot get out of bed but staff always come in and have a chat with me, I can have anything I want, I only speak the truth and could not ask for better people to look after me.”

People were able to spend time alone in their bedroom and there were choices of communal areas where people could choose to sit. One person told us, “I like my independence, and I still have that.” Staff told us that they enabled people to remain as independent as possible by encouraging people to do as much for themselves as they could. All the people we spoke with told us they liked living at the home and that they were “happy here” and staff were “very good”. Relative spoken with told us staff were approachable, friendly and gave support to their family member. One said, “The staff can be “busy”, but when care was provided their relatives told them it was good. Relatives added that the staff spoke to them on the telephone if there were any changes in the family member’s well being. We heard staff talking with people about their current interests and aspects of their daily lives.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff

were friendly, patient and discreet when providing support to people so people’s dignity was maintained. People told us that their privacy and dignity was respected. We observed that this was routine during our visit. For example, we saw that all the staff took the time to speak with people discreetly as they supported them. People told us that they were involved in their care and made choice about how staff supported them. However people were not always supported appropriately and have the right equipment so they could maintain their independence with dignity. For example, we saw that adaptations were not provided for some people and as a consequence food spilled on to their laps. One person told us, “I always get in a bit of a mess because the food slides off the plate.”

We saw that one person was having their meal while in bed, the table was not adjusted for easy access and the person was sitting at an angle unable to reach the table so the food was going into the bed. The person told us that they were struggling and we informed staff. This showed that not all people had the appropriate support with their meals. We saw that no plate guards had been provided or adapted cutlery for those people that needed it. One staff member told us, “We do have equipment I don’t know why this has not been given.” We also saw that people did not always receive pain relief when they needed it.

Relatives we spoke with told us that they were able to visit their relatives whenever they wanted. They told us that there were no restrictions on the times they could visit the home and they were always made to feel welcome. One relative told us every time I come I see how staff are caring for people and this makes me feel at ease for my relative as I know they are being cared for.”

Is the service responsive?

Our findings

People told us they had been involved in planning their care. One relative told us, “The home tries to involve families but some families don’t turn up to the meetings which is very disappointing.” Staff told us that they asked people about the care people wanted, ensured they had choices and explained to people what they were doing. People’s changing needs were kept under review. Staff told us information was passed on during staff handovers so that care plans were updated by the nursing staff. People told us they [staff] regularly asked them how they were. One person told us, “They [staff] always have conversations with me when assisting me with my personal care to see how I am feeling.” A relative told us, “My relative is well cared for, I cannot say anything bad about the staff. They are very friendly and polite.” Another person told us, “You cannot fault the staff, they are all very good and do their job as best as they can.” People told us that they were involved in their care and would tell staff what they wanted help with.

People spent their time involved in things they liked to do. People told us they liked to read their daily newspaper, watch television, enjoy the garden and chatting to other people. Staff told us about people’s individual hobbies and interests. The home employed an ‘activities coordinator’ to

consider and involve people in group activities. People were invited to attend these activities. For example, arts and crafts. People who spent time in their bedrooms told us this was their choice and had regular social visits from staff during the day. We saw that throughout the visit staff regularly went to see people in their rooms. One person told us, “They [staff] ask me to join in certain things, but I like my own company so I don’t bother. I meet people in the dining area when I go for meals so I am quite happy to do that.”

People were supported to maintain contact with friends and family. People and relatives told us they could visit at times suitable to them. The registered manager told us and relative confirmed that there were no restrictions on people visiting their friends and relatives and those relatives were kept informed if their family member was unwell.

People told us that they knew how to raise any concerns they may have. One person we spoke with was aware of the complaints and compliments forms that were available in the home. They told that an issue that was raised had been followed up and responded to. The registered manager told us they had received two complaints and they had been addressed and resolved. Staff told us that they would support people to raise any concerns they had.

Is the service well-led?

Our findings

All the people and relatives spoken with told us, they were not always clear about who the manager of the home was because there had been a number of managers over a short period of time. However, those people who did know who the manager was were positive about her. One staff member told us, “If I have a concern the manager and nurses are approachable and I would be confident that they would act on what I had said.” People told us that they could speak with staff openly and staff would support them with their care the way they wanted. One person told us, “The staff here are brilliant, they are kind considerate and most importantly respectful.” Another person told us, “My health has improved since being here, I have nothing but praise, and I am very well looked after.”

The registered manager was aware of areas that required improvement and an action plan had been completed. Part of the action plan was to introduce a system where visitors to the home were able to leave feedback about the service provided. The provider had introduced a system in the form of a computer tablets so people could leave feedback about the service provided which would then go direct to their head office. Some areas of the home were being

refurbished, to include a library and coffee lounge so people could socialise. People told us that they were asked their option about the refurbishment and what facilities they would like. One person told us, “My daughter has used the computer she thinks it’s a good idea.” The registered manager told us for those people who were not able to use this facility a review would be held with them in the form of one to one meetings.

The provider told us and we saw that a complete analysis and audits had been undertaken that identified where improvement were required. For example, the management of medicines to ensure people received their medicines as prescribed. Systems in place were not always appropriate and did not show a personalised approach to care. For example equipment was not always provided so people could remain independent with dignity at meal times. The registered manager has been working closely with commissioners to improve the service provided to people. Information we received from commissioners showed that the provider had made progress against the required action plan in relation to retaining /recruiting care staff, nurses and managers. The registered manager and the provider were aware that there are still improvements required and an action plan is in progress.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: People who use services and others were not protected against the risks of not receiving their medicines safely and as prescribed. Regulation 12(1)(2)(g)