

AMAFHH Healthcare Limited

Quorn Orchards Care Home

Inspection report

11 School Lane
Quorn
LE12 8BL

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05 February 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We carried out our inspection on 3 and 5 February 2016. The inspection was unannounced.

Quorn Orchards Care Home provides accommodation and personal care for up to 30 older people with dementia or similar conditions. There were 26 people using the service at the time of our inspection.

The service had a registered manager. 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.

People were safe at the home. They felt safe because of their confidence in staff's ability to meet their needs. They also felt secure in the premises. Staff knew their responsibility to keep people safe from harm and abuse. The provider deployed sufficient skilled staff to meet people's needs. The provider completed relevant pre-employment checks which as far as possible assured the provider that only people suited to work at the service were employed.

People received their medicines as prescribed by their doctor.

Staff were provided with the training that they required to carry out their role effectively.

People were supported in accordance to the Mental Capacity Act (MCA) 2005. We observed that staff sought people's consent before they provided care and treatment.

People nutritional needs were met. They had access to a choice of nutritious meals. Staff provided appropriate additional support to meet people's nutritional needs where this was required.

People had prompt access to health care services when they needed it. Staff supported people with monitoring their health needs.

Staff were kind and compassionate to the people that used the service. They were knowledgeable about the needs of the people they supported. They respected their dignity and human rights, and promoted their right to privacy.

As far as possible staff involved people or their relatives in decisions about their care and support.

The relatives and friends of people using the service had no restrictions to visiting the home.

People's care plans reflected their individual needs and preferences. Their care was provided in a person centred manner. The provider listened to feedback from people using the service and their relatives and reflected this in the service they provided.

Staff were supported by the registered manager. People using the service had easy access to the manager. The provider had effective procedures for monitoring and assessing the quality of service that people received.

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.

Staff knew how to identify and report abuse and any concerns they had about people's safety.

Staff with suitable skills and knowledge were deployed to meet the needs of people using the service.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff were supported through training and regular supervision meetings with their manager.

People were supported in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff promptly referred people to healthcare services when required. They also supported people adequately with their nutritional and hydration needs.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and compassionate manner.

People were involved in decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care was provided in a person centred manner.

People's care plans were individualised to their needs and

reflected their preferences and wishes.

The provider listened to people and acted promptly on their feedback.

Is the service well-led?

The service was well-led.

People using the service, their relatives and staff were involved in developing the service.

The provider had procedures for monitoring and assessing the quality of the service.

The registered manager was easily accessible to staff, relatives and people using the service.

Good ●

Quorn Orchards Care 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.

We inspected the service on 3 and 5 February 2016. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, relatives of six people who used the service, six members of staff including the registered manager. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation. We also spent time observing the care and support that people received. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. This was so that we could understand the experiences of people using the service.

Is the service safe?

Our findings

People felt safe at Quorn Orchards Care Home. They told us they felt safe because staff met their needs and they felt secure. A person using the service told us, "I don't need to worry about anything now, the staff take good care of us and I only have to say if I am worried about anything." Another person told us that their belongings were safe. They said, "The only thing I have ever lost here is a jumper and I have lost more than that when I was at home, so I am doing well." A relative told us, "It has been very hard to see [person using service] here at all, but at least I know she is safe and seems happy, so that is a relief." Another relative said, "I go away with my work quite a lot and it's a comfort to me to know that [person using service] is safe and well cared for. I think things are getting better here all the time." They went on to say that the home had become better because it had been recently decorated and was cleaner. On the day of our inspection, we observed that the home was secured so that people could not gain entry without staff knowledge.

Staff we spoke with understood their responsibilities to keep people safe from avoidable harm and abuse. They had good knowledge of what constituted of abuse, and how to recognise and report signs of abuse. They knew how to apply the provider's protocols in reporting any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. We reviewed records which showed that staff had received up to date training on safeguarding people. Records also showed that the registered manager regularly discussed safeguarding at staff supervision meetings and encouraged staff to raise any concerns they had both internally or to external agencies such as the local authority safeguarding team and the Care Quality Commission.

Risks to people's care were managed appropriately by staff. People's care plans identified areas of their daily care and support where they could be at risk. Risk assessments took in account people's wishes and promoted their independence. This allowed staff to support people in a way that did not impede their freedom and choice.

People were supported by suitable staff. We reviewed staff records which showed that the provider had safe and robust recruitment practices. They completed relevant pre-employment checks which as far as possible assured the provider that only people suited to work at the service were employed. Another way they did this was by testing applicants' knowledge of dementia and dignity at the initial stages of the recruitment process. We found that the staff had a good mix of skills to meet people's needs. People using the service told us that there was mainly enough staff to meet their needs. Staff we spoke with also told us that the staffing levels were sufficient to allow them meet the needs of people using the service. We saw that the provider was flexible with staffing arrangements to ensure that people's needs were met. For example, on the first day of our inspection the provider had ensured that additional staff were on duty due to the registered manager and senior care supporting the visiting health professionals review people's care plans.

People received their medicines as prescribed by their doctors. We reviewed people's medication administration records (MAR) charts. People's MAR charts were completed correctly following the provider's guidelines. We saw that staff made accurate records of medicines that had been administered. Where

medicines were prescribed on an 'as required' [PRN] basis there was a clear protocol to guide staff for administering the medicine. We observed that when staff administered medicines to a person, they ensured that the medicine had been taken before they proceeded to the next person.

During our inspection, we saw that there were gaps in the record keeping of storage temperatures for medicines. Temperature recordings are required to be completed daily to ensure that medicines remained stored within the recommended safe temperatures when they are administered to people. We brought this to the attention of the senior carer and the registered manager. By the end of our inspection visit, the manager had put systems in place to ensure that staff completed these recordings daily.

Medicines were stored securely and safely. This meant that medicines were safe to take when administered, and that people were protected from the unsafe access and potential misuse of medicines.

Is the service effective?

Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. People using the service and their relatives said that the staff had sufficient skills and experience to meet their needs. Staff told us that the training they received equipped them with the skills that they required to support the people using the service. We reviewed the provider's training records which showed that staff had completed a range of training which enabled them to carry out their roles and responsibilities. The registered manager ensured that staff completed relevant training. This included including training beyond their current responsibilities. The manager told us though some training was not mandatory for some staff roles, they believed that the knowledge would enable staff to have a better understanding of how to meet the needs of people using the service.

Staff we spoke with also told us that they felt supported in their role because they had regular supervision with the registered manager. Supervision meetings are intended to provide staff with support in the form of one to one discussions with their line manager where they can discuss their role and performance, including any concerns.

We saw that staff had effective skills and support to meet the needs of people with dementia and similar conditions. We observed that staff were reassuring and measured in their approach when supporting people. A person using the service told us, "I have never heard a member of staff raise their voice to anyone, even when it sometimes gets very fraught with someone acting up."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We observed staff seek people's consent before they provided care or treatment. This was done in accordance to relevant legislation and guidelines. We reviewed records that showed that staff had received training in MCA. However, staff we spoke with were not confident in how they applied MCA and DoLS in their work. We brought this to the attention of the registered manager, who included this in the agenda of the next staff meeting. The registered manager told us that they would include discussions on MCA and its application in regular staff supervisions.

The provider had made applications to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisation for people that required this.

People's nutritional needs were met. They were provided with a choice of healthy balanced meals. People were offered a choice of food at each meal time. A person using the service told us, "I have been asked what I would like to eat, but only when I was sat at the table. I might have liked something else if I had been asked

earlier in the day. We don't get given a menu, it's on the board in the dining room." However, we saw that the cook made alternative meals for people who requested this. A person using the service said, "I don't know the chef's name, but in the last few months the food has got much better and he has promised to give us a fry-up once a week which is something to look forward to." A relative told us, "[Person using the service] is putting on weight. She won't do that if she is unhappy." Another relative said, "[Person using the service] has settled in better than I thought she would. The staff are lovely and she loves the food. She is not even eating the snacks I brought in for her." We observed that where people required additional support to have their meals, that staff supported them in a reassuring manner and ensured that they were not rushed when they provided this support. The cook was knowledgeable about people's dietary needs and provided meals that met their needs.

Staff promptly referred people to health care services when required. People told us that staff supported them to see their doctor when they needed to. During our inspection, the local GPs visited the home to complete a review of people's health records. We also saw that various people were visited by community nurses to monitor their health needs. A person using the service said, "They [health care professionals] are often here seeing someone or other and they ask if anyone else needs to speak to them. They are only down the road, so it's handy. I have been to the surgery once and to be honest, it was nice to get out." We reviewed records that showed people were promptly referred to health care professionals when required. We also saw that staff followed any instructions and recommendations as advised by health professionals. A relative told us that the provider was proactive with the health needs of their relative who used the service. They said the person's access to health services was better than they'd had in the community. They went on to give us instances when the service promptly referred their relative to the doctor.

Is the service caring?

Our findings

Staff supported people in a kind and compassionate manner. People using the service and their relatives were complimentary about the care that staff provided. A relative told us, "Staff are kind, from the manager to the carers to the guys who fix the electrics. [Person using the service] is content and happy, and is normally a tough cookie to please."

Staff we spoke with had a good knowledge of the people they cared for. Staff appeared passionate about their role, and showed genuine interest in the wellbeing of the people who used the service. One member of staff told us that she enjoyed her job because it allowed her to talk to, and know the residents in a way that enabled her provide their required support. They said, "It's like looking after my mum."

During our visit, we observed that staff communicated with people effectively using different ways of enhancing that communication including touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately. Staff reassured people who were anxious and distressed and they responded promptly, calmly and sensitively.

Staff were always available to residents and we saw that they interacted on a one to one basis with residents throughout the day discussing the weather and general current topics of the day. A person using the service told us, "I have never heard staff raise their voice to anyone."

People's care plans showed that where possible that staff involved them or their relatives in decisions about their care and support. Staff did this at the initial assessment of people's needs, and also at the regular reviews of people's care and support. Staff respected people's wishes and preference when they supported them with their needs. People also had access to advocacy services. The registered manager told us that three people in the service actively used advocates as arranged by their social workers. There was also information of independent advocacy services for people and their relatives should they require this.

People were treated with dignity and respect. We observed that staff supported people to maintain their independence where possible. They encouraged people to maintain any skills they had and provided any additional support when this was required. We also saw that when staff supported people with their personal care needs, they did this in a discreet manner.

Staff had a good understanding of how to maintain the dignity of people using the service. For example, we observed that when people were visited by healthcare professionals, that staff provided a privacy screen when people were required.. The provider had several staff members who were appointed as 'dignity champions'. Dignity champions supported other staff to promote the interest and dignity of people who used the service. Another way that the provider ensured that the dignity of people was paramount in the service was by the use of a 'dignity tree' where they encouraged staff and visitors to the service to consider what dignity meant and how they would apply it within the service and beyond.

During our visit, we saw that the provider stored people's records securely, and ensured that only authorised

people had access to these records.

People's family and friends visited them without undue restrictions. A relative told us, "There's no restriction to visiting, I can come and take [person using service] out to town. We observed that relatives visited freely on the day of our inspection. Some relatives took people using the service out into the community. A relative told us, "It's great that I can visit at any time now. Before we were very limited and it made life difficult. It's hard enough as it is." Another relative said, "They are only too happy for me to take mum out whenever I want to. I just tell someone and sign out and they are fine with it. It's a little bit of normal for her." We reviewed the provider's policy on visiting which included that with some prior notice, the service could provide overnight accommodation for visitors who live further away.

Is the service responsive?

Our findings

People received support that was centred on their individual needs. People's care plans included information such as their personal history, their interests, and their likes and dislikes. Each person using the service had a key worker. A key worker is the main member of staff responsible for the care of a person using the service. They completed monthly reviews of people's care and support to ensure that any change in need and preference was reflected in the service they received. One of the ways the registered manager ensured that people received person centred care was through promoting the key worker agenda in staff supervisions. People's care plans had records that showed that their key worker had involved them in the planning of their support. Care plans also showed that people's views and preferences were reflected in the care they received. Relatives told us that staff involved them in the monthly reviews of people's care. One relative said, "Oh yes, they always speak to me about what has been happening. I am kept informed."

People were supported to engage in social activities and maintain relationships with people that mattered to them. The service employed an activity coordinator. There were various displays of arts and crafts around the home which had been made by people using the service. We saw pictures of people engaged in indoors and outdoors activities which they appeared to enjoy. We also reviewed records of meetings which showed that people participated in and enjoyed various activities. A person using the service showed us about 12 coloured in mandalas which were displayed in the main hall. They were very proficient and showed a steady hand and a real interest in creative outlets. On the first day of our inspection, some people told us that they would like to engage in more social activities. The registered manager told us there were fewer activities than normal on the day due to the activity coordinator supporting the care team to ensure that some care staff could support the GPs with the annual review of people's health records and medicines. A person using the service said, "I would really like to get out sometimes, to talk to normal people. I like the singing, but now the activities co-ordinator is caring as well, we are just left to it a lot of the time. People lose interest. We used to do so much more." On the final day of our inspection, we observed that people were engaged in various activities which they appeared to enjoy. This included a game of bingo, which was followed by a period of dance and music. People also told us that they appreciated that the activities co-ordinator arranged for petting dogs and pets to come into the home as they loved to sit with them and some took one of the dogs for a walk. A person using the service told us, "We can't wait for the weather to get better so that we can get out in the garden again or go down into the village with the dog."

During our inspection, we observed that some people went out with their relatives into the community. One person using the service told us that they'd gone out for a coffee and some fresh air and that they enjoyed it. A relative told us how settled their family member was at the service. They said, "I think being here has stimulated her brain. She also loves the fortnightly hairdresser. I didn't recognise her when I came in after it had been done the other day. She hasn't smiled like that for a long time."

The provider encouraged people to share their experience of the service. People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to and that their feedback was acted on. A person using the service told us, "Oh don't worry, if I needed to complain I would my dear. I'm not shy." When we asked if they had ever made a

complaint, they said, "Yes, but that was a long time ago and things are better now." Another person said, "I don't need to worry about anything now, the staff take good care of us and I only have to say if I am worried about anything."

Staff completed a monthly review and evaluation of people's feedback about their care and support. They also completed a review of their relatives' feedback.. Both sets of feedback were recorded in people's care plans and any relevant changes or requests people made were added. We saw that some care plans did not have any records that their monthly reviews had not been completed for six months. The registered manager told us that this had been due to some issues with staffing which had been resolved. They said that staff were now working to update every person's records. Residents also had access to meetings where they are able to convey their views and wishes about their support. We reviewed records of residents' meetings that showed that staff took on board their views and made changes as requested. For example, people had requested access to various magazines. We saw that this had been implemented. People's feedback on their meals were also taken on board by the cook.

We reviewed the provider's complaints documentation and saw that the registered manager responded to people's complaints appropriately and within prompt timescales.

Is the service well-led?

Our findings

There was an open culture in the service. We observed that the manager had an 'open door' policy. Staff and people using the service had easy access to the manager. We saw that they approached the manager with various queries. A member of staff told us, "Manager is available. She is here Monday to Friday. When she is not here, she's on the other end of the phone." Relatives told us that they could also easily approach the manager should they want to or have any issues to discuss.

The provider involved staff and people using the service in the development of the service. People using the service were involved through their monthly reviews, and through resident meetings. A member of staff told us, "We have staff meetings, where we get asked our opinions of the service." They were confident that their opinions were taken on board by the registered manager." Records we reviewed showed that the manager encouraged staff to raise concerns including whistle blowing to identify areas where improvements in service quality were required.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. The registered manager was supported in her role by the owner of the home.

Staff told us that they felt supported by the registered manager and by the owner of the home. They said the registered manager supported them to meet the standards they expected of them. They did this through supervisions and training. A member of staff told us, "Manager is really supportive." Another said, "[Registered manager] is really nice. She is a lovely lady. I enjoy working here. I will work here until they tell me to go."

The provider had quality assurance procedures for assessing and monitoring the quality of the service. The provider's quality assurance procedures included assessments and competency checks to ensure that care staff provided a good quality service. The provider also ensured that the premises and equipment were maintained. The owner of the home also conducted regular unannounced visits of the home to ensure that a good quality of care is delivered to the people using the service.

The registered manager completed regular audits which included monitoring of incidents and accidents. They investigated any concerns. Where issues had been identified, they checked that staff followed people's individual support plans and they sought professional support where required.

People told us that they had confidence in that the home was well manager. A relative told us, "The home is clean, well-kept and well-run." They went on to say, "[Person using service] is contented and happy. I really can't think of a downside to the service." A member of staff told us, "I am quite happy with management."