Orchard Care Homes.com (3) Limited

Ravenstone

Inspection report

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Ratings

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

Overall summary

This inspection took place on 5 January 2015 and was unannounced.

The provider of Ravenstone is registered to provide accommodation and nursing care for up to 43 people who have nursing needs. At the time of this inspection 39 people lived at the home.

The manager was appointed in September 2014 and is currently registering with us. 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.

We saw conversations between staff and people who lived at the home were positive in that staff were kind, polite and helpful to people. All the people we spoke with told us they felt their privacy was respected and they felt safe.

People had their prescribed medicines available to them and these were administered by staff who had received

Summary of findings

the training to do this. The protocols for 'when required' medicines were not in place. This meant that staff did not have information available to them to make reference to about these medicines so that people received these medicines in the right way.

Staffing levels did not always promote people's needs being met in the right way and at the right time. This included making sure people were supported in doing fun and interesting things. This meant they were at risk of social isolation.

Staff were aware of the Mental Capacity Act 2005 (MCA), but lacked understanding of Deprivation of Liberty Safeguards (DoLS). We found the provider had made suitable arrangements to ensure people who lacked capacity received appropriate assessment and training was planned in both the MCA and DoLS to increase staff knowledge.

Care plans, risk assessments and daily records did not always reflect the care people received. Staff were knowledgeable about people's needs and how to meet those needs. This included supporting people with their meals so that people received nourishing diets and drinks.

Some of the staff we spoke with and records we saw confirmed staff training had been planned. We saw staff did not always apply the knowledge gained from training effectively when carrying out their roles.

People we spoke with told us they knew how to raise any concerns and who they should report any concerns to. The manager investigated and responded to complaints, according to the provider's complaints policy and procedure.

We found that although further improvements were needed the leadership at the home had been strengthened. The manager had improved people's opportunities to make suggestions about the service they received. This showed the quality of the service was being focused upon but further action was required for the benefit of people who lived at the home.

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 consistently safe. There were not always enough staff to provide the support to people when they needed it. Medicine protocols were not in place for 'when required' medicines so that people could be assured they would always receive these medicines in the right way.

Staff had a good understanding of what to do if they saw or suspected abuse.

Requires Improvement

Is the service effective?

The service was not consistently effective. Observations of staff practices did not always demonstrate staff applied their knowledge so that they were effective in their roles. Staff supervision opportunities were improving so that people received care from staff who received support to carry out their roles.

People were supported to make their own decisions. Where people lacked capacity decisions were made in their best interests and only by people who had suitable authority to do so. People had access to health care professionals to meet their specific needs.

Requires Improvement

Is the service caring?

The service was caring. People and their relatives described the staff as being kind and polite and we saw that they were. People's privacy was promoted and maintained. Staff ensured that people dressed in the way they preferred and that they were supported to express their individuality.

Good

Is the service responsive?

The service was not consistently responsive. People did not consistently have all of their individual needs met so that they were supported to have fun and interesting things to do.

People felt that their concerns were listened to and would be acted upon.

Requires Improvement

Is the service well-led?

The service was not consistently well led. The manager came into post in September 2014 and had made an application to become registered with the Care Quality Commission. The manager understood their responsibilities. They knew further improvement work and action was needed so that the service people received was well led for the benefit of people who lived at the home. Care plans, risks assessments and daily notes did not always reflect the care people needed and or received.

The involvement of people who lived at the home and staff in the running of the service had been encouraged and promoted by the manager.

Requires Improvement

Ravenstone

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 5 January 2015. The inspection team consisted of two inspectors.

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. We received the PIR within the required timescale and used the information from this to help inform our inspection process.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. They told us when concerns had been raised with the provider actions were taken to make the required improvements.

We spoke with six people who lived at the home, six relatives, the manager, eight staff members which included the chef and one of the domestic members of staff. We also spoke with a reviewing officer from the local authority. We spent time observing care in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We looked at the care records related to four people, and sampled accidents records, training records, two staff recruitment records, menus, complaints, quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

People spoken with told us they felt safe living at the home. One person told us, "It's safe, I have no problems here." All the relatives told us they felt confident that their relatives were kept safe and were not at risk of abuse. One relative told us, "I trust them (staff) to keep [my relative] safe. I have no worries about them being harmed by staff, they are great." Staff spoken with had a good understanding of the types of concerns that could be possible abuse. They confirmed they had attended training on how to protect people from abuse and knew what their responsibilities were to help protect people. One member of staff said, "I would report any abuse to the nurse or [registered manager's name]. They would take the action needed; I have no doubts about this."

Information was on display within the home that provided staff and visitors with details about reporting abuse or unsafe practices if this was required.

We asked staff how they managed risks to people's health and safety. They were knowledgeable about the risks to people's safety and welfare. For example, they were able to tell us what support people needed to help them change position with the use of a hoist or move around the home safely with the use of walking aids. One person told us how staff were observant as they always supported them if they needed it when they moved from a chair. They said, "(Staff) always help me and my stick is always to hand otherwise I would fall."

We observed ways in which staff worked to manage known risks, such as the risks of not eating or drinking enough. We saw and heard that staff had sought advice from health professionals in assessing how such risks could be reduced. It was clear staff knew what risks people needed to be protected from and how to do this. However, care and daily notes did not always reflect the guidance from professionals and what staff told us happened in practice. This meant people may be at risk of receiving inappropriate or unsafe care because staff may not all know the correct way to provide care safely.

Arrangements were in place so that medicines were available for people when they needed them. One person told us, "I have regular tablets and without support from the nurse I would not remember to take them." Another person said, "The staff always make sure I have my tablets on time and ask if I need anything for pain." Medicine records we looked at showed people had received their medicines as prescribed by their doctor. In the information we received from the provider they informed us a medicine chart checking tool had been introduced for nurses to check medicines at the end of each medicine round. This showed safety precautions were in place so that medicine errors could be identified and action taken to reduce risks to people. We observed a medicine round. The staff member checked each individual medicine and checked people had taken it prior to signing the records. Staff we spoke with confirmed they had appropriate training to do this so that risks to people's health and wellbeing were reduced.

Some people had medicine prescribed to them on a 'when required' basis. We saw people did not have written protocols in place for such medicines for staff to refer to so that people could always be assured they had their medicines in the right way. Following our inspection the manager told us protocols had been put in place for all people who were prescribed when required medicines.

We received a mixture of comments from people who lived at the home and relatives when we asked about their views on the staffing levels. For example, some people said there were enough staff to meet their needs without any delays. Other people told us there was not always enough staff to meet their needs at the time they needed support. One person said, "The home is very understaffed and I can wait a long time for the bell to be answered at times." One relative told us, "Staff are very busy. Activities are very few." They said that at times they supported their family member when they came to visit. This was because staff were busy and there was a lack of staff available at times.

All the staff we spoke with had concerns about staffing levels and described how this could impact upon people's care and safety. One staff member said, "People receive the minimum care required to meet their needs. There are no activities so people don't go to the lounge as there is nothing to do." Another staff member said, "The shift is always covered but we could do with more staff at times." A further staff member commented that there were times when they were very busy. This meant they did not get the opportunity to spend as much time with people as they would like.

The manager was able to show us systems were in place to identify the minimum numbers of staff required and rotas

Requires Improvement

Is the service safe?

showed that the provider's minimum staffing numbers were met. However, we observed examples where people's needs were not responded to in a timely manner and staff were rushed. For example, there were avoidable interruptions and distractions to the staff member who administered medicines because other staff were not available, which could cause administration errors. In addition to this, call bells were not always responded to in a timely manner. It was not therefore clear that staffing levels and deployment of staff had fully taken account the dependency needs of people. The manager told us they understood our concerns about what we heard and observed. There had been a turnover of staff and the manager had recruited new staff including nurses. The manager confirmed staff on duty at the time of our inspection may need more guidance and actions would be taken to ensure there were sufficient staff with the right skills to meet people's needs.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

Requires Improvement

Is the service effective?

Our findings

People spoken with told us they did not have any concerns with the ability of staff to meet their needs but did have concerns about how busy staff were. One person told us, "They seem to know what they are doing." Another person said, "They give me the care I need but they are very busy." One relative told us, "I'm very happy with everything, it meets [my relative's] needs. Another relative said, "[My relative] is being cared for by staff who seem to have the ability to do this. The staff are good at what they do but there could be more of them."

Staff spoken with told us they had received training in a range of areas to be able to do their job effectively. Discussions with the manager and training records showed there was a programme of training for staff and new staff received an induction to the home. The manager was aware of any gaps in staff training and refresher courses and was addressing these. This included fire evacuation and infection control training.

We saw staff put their training and knowledge into practice while they met people's needs. For example, staff supported people to move safely and knew how to use any equipment or aids which were needed to effectively meet people's health and physical needs. Staff we spoke with were able to tell us about the individual needs of the people we asked about, as well as any health conditions that affected their care. In the information we received from the provider, they have confirmed initiatives planned to further promote people's health and wellbeing needs. For example, an action on hearing loss project and the introduction of a diabetes champion in 2015.

However, we also saw some staff practices which did not demonstrate staff always put their knowledge and training into practice to protect people. For example, a staff member did not wear all the personal protective equipment they needed to when completing various cleaning tasks around the home. When the inspector prompted the staff member about their personal protective equipment they did put this on. They said to the inspector that they had reminded them.

Some staff we spoke with told us they had received an induction where they shadowed more experienced staff to gain an insight into people's needs and their roles. Staff we spoke with told us that they received both formal and informal day to day support and guidance. One member of staff told us that the current manager had planned staff one to one meetings since they came into post as these had been infrequent in the past. In the information we received from the provider they told us that staff meetings and individual one to one meetings took place on a regular basis. This showed the provider had appropriate arrangements in place so that staff received an induction, training and support to carry out their job roles effectively.

Staff supported people with their health needs so that these could be effectively met at the right time and by the right professional. One person told us, "If I felt unwell the staff would get a doctor for me. There is one here today." Another person said that the doctor did weekly visits to the home and if they wanted to speak with the doctor about their health they could. During our inspection two doctors and an optician advisor visited the home. This showed people received the care and treatment they needed to maintain good health and receive on-going healthcare support.

The manager understood the principles of the Mental Capacity Act 2005 (MCA). They were aware of the steps to take where a person may lack capacity to consent, so that a decision was made in the person's best interests. Staff we spoke with said they always discussed the care with people and ensured they were in agreement with it. Our observations supported this, for example, staff gained people's consent before they were supported to take their medicines.

The Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The manager had a good understanding of their responsibilities within the DoLS. However, some staff lacked knowledge about the DoLS. This was discussed with the manager and they told us staff would receive the support to improve their knowledge about DoLS. This showed action was being taken so that all staff have the knowledge to aid their understanding of the requirements and their responsibility to provide care in the least restrictive way to meet people's needs.

All the people we spoke with were positive about the food served. One person told us, "The food is good." Another person said, "The meals are lovely, they are very filling." The chef knew about people's food requirements. For example, they were aware of how many people had diabetes and

Requires Improvement

Is the service effective?

how many people required their food to be pureed due to swallowing difficulties. Where people required their meals to be pureed this information was recorded in their care plans. Staff we spoke with told us that there were currently no people who required food to meet their cultural needs and or who preferred vegetarian food. The way people preferred their food was also included in the handover information. This reduced the risk that people would be given food that was inappropriate to their needs.

Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. Records showed that people had an assessment to identify what food and drink they needed to keep them well. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. We found examples when these records had not been completed in full. This could have impacted on the monitoring of people's healthcare needs and delayed appropriate action taken to respond to any changes. The manager told us records would be improved so that they reflected the care people received to reduce the risk of malnutrition and dehydration.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person told us, “They (staff) are excellent and very caring towards me.” Another person said, “I like them (staff) all and treat me with kindness.” People who lived at the home and their relatives told us that visitors were made welcome. One relative told us, “I can visit at any time and they (staff) are friendly. [My relative] is well cared for as far as I can see.” We observed positive conversations between staff and people who lived at the home and saw people were relaxed with staff and confident to approach them for support.

People were treated with kindness and respect. We saw that staff responded to people’s changing needs across the day in a caring manner and knew how to support people. It was evident from the staff we spoke with that they knew the people who lived at the home well and had learned their likes and dislikes. This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately and in the way they wanted to be. However, some staff told us that they were not always able to facilitate interests people wanted to pursue because most of their time was taken up in the provision of personal care.

Staff were observed involving people as much as possible in their care by explaining what they were doing when they supported people with their medicines, drinks and at meal times. This demonstrated that people were helped to understand and had time to consent to care before this happened.

We saw there were some arrangements in place for people to be involved in making decisions. Meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. For example, we saw that people had the opportunity to give their views about the standards of meals at the home and where improvements could be made. Staff had also sourced an advocate for one person as they felt the person needed an independent person to support them in their life and speak up on their behalf.

All staff who we spoke with had a good understanding of people's needs and supported people to be as independent as possible. Staff gave us examples of how they promoted people’s independence and treated people as individuals. One staff member said that they would enable people to choose their own clothing by showing people different items of clothing. We saw people wore clothes which they liked and reflected their individuality. One person told us, “I have always liked to wear cardigans, I don’t much like sweaters.” We also saw that where people needed walking frames these were placed so that people could easily reach these when getting up from sitting down.

We saw that toilet doors were closed when in use and staff knocked on people’s doors before they entered. One relative told us, “Staff never enter a room without knocking the door.” This practice showed the dignity and privacy of people was protected. We also observed staff used people’s preferred names when talking with them. A person who lived at the home told us, “Its left entirely up to my choosing as to whether I want female or male staff to help me and this is the way it should be.” A staff member confirmed this was the case as they told us some female’s preferred not to have a male member of staff and this was respected.

Requires Improvement

Is the service responsive?

Our findings

All people we spoke with told us they were confident their care was individualised. One person said, "Staff know about me." Another person told us the staff supported them but at times there was a delay in staff response due to staff being busy. One person who lived in the home told us that they were unhappy. This was because recently they felt staff had not always responded to their needs. This person spoke with the manager at the time of our inspection so that improvements could be made where needed to suit the person.

We spent time observing the care and support people received. We saw people were supported appropriately at different times and by different staff. Staff gave people their full attention and responded to each person in a caring way. We saw staff provided support and care that responded to people's needs as assessed and planned for at lunchtime. For example, we observed how people were supported over the lunch time period. We saw people who needed assistance with meals; staff were on hand to assist them although they were seen to be busy. We saw that people had been given a choice of food and drinks and noted that throughout the day people were offered and supported with drinks and snacks.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." One staff member said, "I read the care plan before I provide any care, especially if it is someone new." We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift. This showed us there were processes in place to share information to support staff so that people received care personalised to them.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes. A relative told us, "Staff know what [my relative] needs and as far as I am concerned they provide it, [my relative] always looks clean and well-dressed when I visit."

People who lived at the home told us that leisure and social based activities were not consistently promoted or provided. One person told us, "There is nothing to do here. It is boring. The person who helped us with activities left in December and since there has been nothing." Another person said, "I am lonely here as there is no one to talk to and nothing to do." We observed people watching television, reading and spending time with their visitors. Some people spent much of their time sleeping or watching television with very little interaction from staff other than to respond to their personal care needs. We saw displayed a special event had taken place on 29 December 2014 as an entertainer had been planned.

We spoke with staff about the arrangements for people to participate in leisure interests and hobbies. One staff member told us, "We try to do some activities here, hand massages, go to the pub and games." Another staff member said, "I think people lose out on activities." A further staff member told us they included activities when they could but most of their time was devoted to other care tasks. From what people and staff told us and our observations at the time of our inspection we found that hobbies and interests were not routinely planned to give people a quality of life and to maintain their individual interests.

The provider had employed a member of staff to carry out activities with people but this person had left in December 2014 and dedicated support for people to follow their interests had lapsed. The manager told us and we saw this was an area of care the manager had identified for improvement. They were planning to recruit two people to support people with social activities and in the interim more entertainers would be planned. People had been invited to join an activities committee to help influence the support people want in order to follow their interests. We also met a relative who told us they would be supporting people to do creative art work. A staff member also told us the manager had supported them to attend training which specifically looked at providing activities for men within the home.

The provider had complaints procedures and information for people on how to complain was displayed so that people and visitors had the knowledge about how they could make a complaint.

We asked people and their relatives how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they were unhappy. One person told us, "I know where the manager is if I need to speak with them about something I am unhappy with. I would not hesitate to do this." A relative said, "I would soon tell the manager if I was not happy."

Requires Improvement

Is the service responsive?

People who lived at the home told us they had attended a group meeting and were asked if they had any concerns or complaints they wanted to raise. We saw there was a system in place to record complaints received. The complaints records showed that when the manager had received a complaint they had completed an investigation. We looked at one complaint received. The manager had acted on the complaints raised and people had been informed of the outcome and any actions taken.

Requires Improvement

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff understood. People we spoke with knew who the manager was and felt that they could approach her if they wanted or needed to. One person said, "The manager is approachable". A relative said, "The manager is usually around when we come and visit. When she is not the nurses are in charge. So we know who we can go to if we need to."

Since our last inspection a new manager had come in post in September 2014 and was in the process of applying to become the registered manager. The service was part of a larger organisation. The manager told us the wider organisation was supportive of the service, and offered regular feedback and assistance to them to support them in their new role. On the day of our inspection the project manager was at the service.

The manager had developed opportunities to enable people who lived at the home and relatives to share any issues or concerns. A meeting had been held with people and their relatives and the manager. At this meeting people had been asked to be involved in improving social activities and taking part in the recruitment of staff. The manager told us that they were frequently visible to people should people wish to raise anything with them. This enabled the manager to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's preferences and individual needs.

We found that the manager had improved support systems for staff. Staff told us the manager was approachable and supportive. One staff member said, "We do have support. There is always someone we can go to if we need help and advice. Another member of staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone.

Staff spoken with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report any concerns so that people were not at risk from staff who. We saw that these processes had been used to ensure poor practice was rectified.

The manager had improved staffs opportunities to contribute to the running of the service through regular staff meetings and formal supervisions, which had been booked from January 2015. Staff meeting records confirmed that staff had opportunities to discuss how the service could improve. For example, making sure people's daily records were completed to show staff were monitoring people's care needs.

Staff told us they felt the manager had enabled them to have their say. For instance, staff had drawn up their own agendas for their meetings. This meant they could look at issues and make suggestions which were important to them and relevant to their roles. Staff we spoke with saw this as an improvement as they said team morale had been low due to the turnover of staff and the staffing levels. One staff member told us, "Staff morale is low but hopeful things are about to improve with nurses recently recruited."

The manager told us they were proud that staff felt they were approachable and supportive. They said staff were excellent and together with staff discussions had taken place about brightening the home environment for people who lived there. This included naming corridor areas and art for the walls so that the home environment was brighter and nicer for the people who lived there.

We were able to see from the evidence the manager showed us that they had identified areas which needed to be improved upon since they came into post in September 2014. There had been a number of actions taken to help improve standards within the service. We were shown a copy of the most recent action plans. We saw action was required to facilitate a deep clean of the home environment and this had been planned. We also saw one of the actions related to medicine protocols for people's 'when required' medicines and the completion of action to be done by 11 November 2014. However, at this inspection this action had not been implemented. This showed that while some actions had been completed further work was required to ensure improvements had been actioned in all areas.

We also found people's care plans did not always contain clear guidelines and risk assessments to meet people's current needs and provide staff with information to protect people from harm. For example, one person's care plan held conflicting information as to whether the person needed the support of an aid to manage their continence needs. Our discussions with staff showed they had a good understanding of the person's needs and risks had been reduced. The majority of care plans which we looked at

Requires Improvement

Is the service well-led?

had not been evaluated monthly, as stated in the providers own guidance, as the last evaluations were done in October 2014. This meant care plans may not be reflective of people's current needs to ensure they received the right care and in the right way. The manager told us this was an area which required further work as compliance was not as good as it could be. We also saw some staff practices which showed the training staff had received was not always put into practice to show people received effective care and treatment consistently. The manager said they would be using staff meetings and supervisions to act on their findings to drive through improvements.

The manager told us that one of the key challenges at the home was staff recruitment. We could see from the information provided to us before our visit that a number of agency staff had been used to cover nursing shifts. The manager explained that they had recently managed to recruit two new nurses to start work at the home. This meant less agency staff would be required in the future.