

Orchard Care homes.com (3) Limited

Ladyfield House

Inspection report

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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 

Overall summary

The inspection took place on 13 January 2015 and was unannounced. Our last scheduled inspection at this service took place in September 2013 and we found the service non-compliant with regulation 12, cleanliness and infection control. However, we completed a follow up visit to the service in March 2014 and found these issues had been addressed and the service was compliant.

Ladyfield House provides accommodation for up to 50 people. The home has two units; Salvin which provides residential care for older people and Hewitt which provides residential care for people living with dementia.

The communal areas of the home are accessible to people who use wheelchairs. The home is located in the Kiveton area of Rotherham. At the time of our inspection there were 44 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 spoke with four care workers and the registered manager about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any

incidents. We observed staff that responded well to people and understood their individual needs.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

We found that people were supported by sufficient numbers of qualified, skilled and experienced staff. Staff had a programme of training, supervision and appraisal.

Suitable arrangements were in place to support people to maintain a healthy diet which included a variety of food and drink. Staff were aware of nutritional issues and ensured these were met effectively.

People had access to healthcare professionals where required and support plans reflected recommendations made by these professionals.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear

that, when people had the mental capacity to make their own decisions, this would be respected. We spoke with the registered manager who had a good knowledge of this subject.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed staff working with people and saw they had a good understanding of their needs and how best to support people. Staff were very caring and carried out tasks at the persons own pace.

People who used the service had their needs assessed and received individualised support. People had care plans which reflected each person's current needs and how best to support the person.

We observed activities taking place which were led by the activity co-ordinator. Activities were based on what people enjoyed doing.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

People we spoke with felt comfortable to talk to staff if they had a concern. They also felt their concerns would be dealt with efficiently.

The service promoted a culture which was open and inclusive. The registered manager spent time with staff and people who used the service. The manager operated an open door policy so that people would feel at ease to approach her.

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 safe.

Safeguarding policies and procedures were available and there was a clear guide for staff to follow if required.

The support plans we looked at included risk assessments which identified any risk associated with people's care.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

Good



Is the service effective?

The service was effective.

We spoke with staff and looked at training records and found they received appropriate training. Staff felt that training gave them confidence to complete their role effectively and found training valuable.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

Good



Is the service caring?

The service was caring.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed staff working with people. We saw they had a good understanding of people's needs and how best to support them.

Staff worked at the person's own pace and allowed time. They were very patient and supportive.

Staff were understanding and knew how to respect people's privacy and dignity. We observed staff respecting people.

Good



Is the service responsive?

The service was responsive.

People who used the service had their needs assessed and received individualised support. People had care plans which reflected each person's current needs and how best to support the person.

We observed activities taking place which were led by the activity co-ordinator. Activities were based on what people enjoyed doing.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service promoted a culture which was open and inclusive. The registered manager spent time with staff and people who used the service. The manager operated an open door policy so that people would feel at ease to approach her.

People were aware who the manager was and were confident in her abilities and liked her management style.

The service completed audits to ensure the service provided was of a good quality.

Good



Ladyfield House

Detailed findings

Background to this inspection

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

The inspection took place on the 13 January 2015 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority who told us they found the service to be of a good standard. We also contacted

Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four care workers, a cook, activity co-ordinator and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We observed care and support in communal areas and also looked at the environment. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five people who used the service and two visiting relatives. We also spoke with one visiting healthcare professional.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe. One person said, “I feel very safe, I have my things around me.” Another person said, I am well looked after here.” We spoke with some people’s relatives and they felt they could speak to staff if they were worried about anything. They were confident that staff would respond appropriately.

The registered provider had systems in place to ensure people were safe. A safeguarding vulnerable adult’s policy and procedures were available and there was a clear guide for staff to follow if required. We spoke with staff who were knowledgeable about recognising abuse and how to respond and report abuse. Staff we spoke with told us they had seen the safeguarding policy and procedure.

The care plans we looked at included risk assessments which identified any risk associated with people’s care. The risk assessments were put in place to monitor and maintain each person’s safety. Risk assessments included falls, malnutrition and pressure relief. We also saw risk assessments for managing behaviour that may challenge others. These gave clear guideline for staff to follow.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people’s needs. At the time of our inspection there was one senior and three care workers on each unit. We looked at rotas and found this was a regular occurrence between the hours of 8am and 8pm. At 8pm this number dropped to one senior and four care workers. There was also a twilight shift working 7pm to 11.30pm to assist people and to help with supper.

We observed staff working with people and they took time to work at the persons own pace. No care task was hurried

and staff were very patient. We spoke with the registered manager about staff availability for covering shifts at short notice. The registered manager told us they tried to get cover but if no one was available they would provide cover.

We asked staff if they felt there were enough people working with them to meet people’s needs. They told us there was and, if they were ever short, the registered manager would help cover the shift. Some staff told us that they found difficulty from 8pm when the numbers dropped. The registered manager had introduced the twilight shift to help ease this pressure.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check. The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. The records we looked at confirmed this. Staff we spoke with also explained their experience of the recruitment process. This mirrored the above procedure and staff felt this had been completed fairly.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that care plans included a section for administering medicines. This gave guidance to staff on what medicines the person had been prescribed, the side effects and how the person preferred to take their medicines. We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider’s medication policy and procedure. Short term care plans were put in place when people were prescribed a short course of medicines such as antibiotics.

Is the service effective?

Our findings

We spoke with people who used the service and they told us that staff knew what their needs were. One person said, "I am looked after well here, the staff are nice and know what they are doing."

We spoke with staff and looked at training records and found they received appropriate training. Staff felt that training gave them confidence to complete their role effectively and found training valuable. Staff told us they had the opportunity to further their career if they wanted to. One member of staff explained how they had started as a care worker and had just completed training to become a team leader.

The registered manager showed us a training matrix which documented the training staff had completed and when this was due to be updated. This showed training was ongoing and organised frequently.

Staff we spoke with felt supported by the registered manager and told us they received regular supervision sessions (one to one meetings with their line manager). Regular planned staff

supervisions are important as they provide a formal framework to reflect on practice and performance and can be used to identify any training needs or areas of development.

We saw that staff had received training in dementia care and awareness and we saw staff related well to people living with dementia. For example we saw people were supported at their own pace and in their own time. Staff were knowledgeable about people's needs and knew how to respond to them.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area and the records we saw confirmed this. The service had a clear policy which explained the 5 key principles of the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We saw relevant paperwork was in place where people were subject to a deprivation of liberty safeguard and a care plan was implemented to address this.

We observed staff working with people and saw they were supporting people to make their own decisions. For example, people were asked, and consent was sought when completing care tasks.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We spoke with people who used the service about the choice and quality of food and drink. One person said, "The food is lovely and there's plenty of it." Another person said, "We have the option of a large or small portion and I like that." Another person said, "If we don't like our meal when it arrives, they change it there and then and it's no problem."

During the morning, staff provided people with a number of different lunch options. We observed lunch being served on Hewitt unit and saw that people's choices were respected. We saw dementia friendly crockery and cutlery was used where appropriate. This assisted people to eat their meal independently, or with limited support from staff.

We saw snack and drinks were provided at all times. Snacks such as wrapped biscuits and crisps were available throughout the home.

We spoke with the cook who was knowledgeable about people's dietary needs and observed what people enjoyed. The cook spoke about the importance of providing snacks which were easy to pick up and eat such as bananas, grapes, satsuma's, crisps and biscuits. This showed an understanding of the needs of people living at the service.

Care plans we looked at contained a nutritional assessment. This was to identify risk of malnutrition and demonstrated that people were regularly weighed and referrals made when appropriate. Care plans contained people's preferences regarding food, drinks and snacks.

Is the service effective?

People were supported to maintain good health and have access to healthcare services where required. We saw that care records contained information about referrals to other professionals and records were reflective of appointments and contacts with professionals. Records showed that referrals to other professionals such as a dietician were completed without delay.

We spoke with people and they felt comfortable and able to discuss healthcare issues with staff. Relatives felt involved and told us they were informed of any concerns.

We saw the environment was suitable for people living with dementia. There was space inside and out for people to sit or walk. Walls contained tactile pictures and were themed in subjects such as the royal family, sport, sewing and fishing.

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff were very caring. One person said, “Staff are simply lovely, they really do care.” Another person said, “It’s very nice here, like home and that’s what makes it so nice.”

We spoke with people about how they maintained friendships and relationships. One person said, “I have lots of friends here and my family visit regularly and they are always made welcome. The manager is very easy going and mixes very well with us.”

One person liked to visit the other unit at lunchtime so they could have their meal with their relative. Staff ensured this took place and that it was an enjoyable experience. Staff assisted the person to the other unit in plenty of time so that when their meal arrived they were relaxed and could enjoy their time together.

We observed staff assisting people and they did so with kindness and compassion. People were given choices and staff were aware of people’s likes and dislikes. One person’s care plan stated they were very nervous about using the hoist and required constant reassurance throughout the task. We saw staff respected this and worked in line with the current care plan. They broke the task down in to small steps and worked through each stage with the person, constantly offering reassurance and checking the person was alright.

Staff were unrushed, considerate and explained what they were doing. They were able to recognise where people required assistance and support offered involved the person. People were involved in their care and their decisions were respected. One person asked a member of staff if they could eat their meal in their room and this was respected. The staff member assisted the person to their room, made sure there were comfortable and took their meal to them.

One person was walking with a walking frame, but finding difficulty. This was noted by a care worker who quietly reassured the person and offered assistance.

Staff we spoke with were knowledgeable about how they would respect people’s privacy and dignity. One care worker said, “I knock on the bedroom door and ask if I can go in. I always wait for a reply.” Another care worker said, “I make sure curtains and doors are closed when required to offer a bit of privacy.”

One care worker had taken on the role of dignity champion. They told us their role was to ensure staff were aware of what dignity meant and to promote the dignity challenge (a guide to help people understand dignity). The dignity champion told us they were looking at holding ‘dignity days’ to promote this initiative.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt they could be involved in their care plan if they wanted to be.

We spoke with people who enjoyed the activities within the home. One person said, "We like quizzes as they keep you thinking." Another person said, "Staff organise local shop to deliver newspapers and magazines."

We saw evidence in care plans where people and their relatives had been involved in their care. People had signed to say they agreed with their care plan. We asked people what they would do if they saw something in their care plan which they didn't agree with and they told us that they would discuss this with the staff. People we spoke with felt able to contribute to their care plans.

We saw care plans which reflected how people would like to receive their care. Levels of independence and quality of life were taken into consideration. For example, one person who was at risk of developing pressure areas had a care plan in place to address this. It stated that the person should be offered a highly nutritious diet and plenty of fluids to promote healthy skin. We saw this took place and staff we spoke with understood how to care for the person and what action they needed to take to ensure the persons comfort.

People were supported to take part in social activities and interests. An activity co-ordinator was in place to assist in providing this. We spoke with the activity co-ordinator who told us there had been a recent trip out to the aerodrome which the men had enjoyed and an afternoon tea which the ladies had enjoyed at the local tea rooms.

The service had a complaints procedure and people knew how to raise concerns. The complaints procedure was on display throughout the service. People we spoke with said they felt they would be listened to if they needed to complain. People who used the service and their relatives told us the registered manager was approachable. They felt that if they raised a concern it would be resolved. One relative said, "The manager is really easy to talk to and I am positive she would listen and sort things out if needed." A person who used the service said, "If I was worried about anything I would tell the boss, she'd sort it. Look there she is."

There was evidence that learning from complaints took place. We saw a complaints log which was used to record the nature of any complaints and what action was taken. We saw that two complaints had been received since March 2014. The registered manager had held supervision sessions with staff concerned and identified lessons learned. All correspondence with complainants (to evidence that they were kept informed of progress / outcomes etc) had been saved within the log.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

The service demonstrated effective management and leadership styles which were open and transparent. The registered manager regularly engaged with people who used the service, their relatives and staff. The manager operated an open door policy and people told us her office door was open at all times. People told us that it was easy to talk with the manager as she respected their views and was happy to change things that were not working out.

The registered manager showed us the quality audits, which were completed on a monthly basis. We saw that the audits covered all aspects of care and welfare as well as any environmental issues. Audits which identified areas for improvement had an action plan so these could be addressed. The registered manager signed the action plans as completed when the task had been addressed.

Audits around care plans, bed rails and weight loss took place and identified what had caused a problem. For example one person had lost weight one month as a consequence of a chest infection. A front line treatment plan to address weight loss had been put in place. This showed the audits were effective.

The company compliance manager completed a regular audit at the home, the most recent ones being in November 2014 and January 2015. Observations from these audits showed that the home ran well when the registered manager was on leave and there were good interactions between staff and people who used the service.

People's views and opinions were taken in to consideration and people felt involved in suggestions and ideas about the home. We saw relatives and residents' meetings took place and discussions around food, activities including the out and about club which made use of the company minibus. People we spoke with and their relatives felt able to contribute ideas to the meetings and felt they were valuable.

We spoke with staff who felt they were involved in the service. They told us the registered manager listened to them when they had made suggestions. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.