

Parkcare Homes Limited

The Orwell

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 Orwell provides accommodation and nursing and personal care for up to 40 people who require 24 hour support and care. Some people are living with dementia. There were 37 people living in the service when we inspected on 6 March 2015. This was an unannounced inspection.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a manager in the service who had made a registered manager application with CQC, which was being processed.

Our previous inspection on 24 September 2014 found that improvements were needed in the care and support

Summary of findings

that people were provided with to meet their needs and staffing levels. The provider wrote to us to tell us how they were planning to address the shortfalls. During this inspection we found that improvements had been made.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

There were processes and procedures in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

Staff were provided with guidance on how people were safeguarded from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

The Orwell

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 inspection took place on 6 March 2015 and was unannounced. The inspection was undertaken by one inspector.

We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with a member of the provider's management team, the manager and five members of staff, including nursing, care, domestic and activities staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Our previous inspection of 24 September 2014 found that there were insufficient staff numbers to meet people's needs. During this inspection we found that improvements had been made.

People told us that there were enough staff to meet their needs. One person said, "If I need help, they help me." This was confirmed in our observations, we saw that staff were attentive to people's verbal and non-verbal requests for assistance promptly. There were staff available in the communal areas at all times to ensure that people were provided with assistance when they needed it. Staff moved around the service and between people so that they all received meaningful interactions and had the opportunity to ask for support.

Staff told us that they felt that the staffing levels enabled them to make sure that people were supported in a safe manner. Since our last inspection there were more staff working on each shift due to the increase in the numbers of people living in the service. The staff rota and our observations confirmed the staffing levels which we had been told about. Systems had been developed to calculate the staff required to meet people's levels of dependency. This was kept under review to make sure that people were provided with the care that they needed.

Effective recruitment systems were in place to make sure that prospective staff members were of good character and suitable to work with the people who used the service. Records and discussions with staff showed that checks were made on new staff before they were allowed to work in the service.

People told us that they felt safe living in the service. One person said, "I do feel safe." Another person commented, "Safe? Oh yes always." One person's relative also told us that they felt that their relative was safe.

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. They told us that they would have no hesitation in reporting any concerns of abuse. Records showed that staff had received training in safeguarding adults from abuse which was regularly updated.

The manager told us that they had worked with the local authority safeguarding team when there had been safeguarding concerns to make sure that people were safe. The manager and a staff member had recently attended safeguarding training and showed us systems that they had developed to improve the understanding of people who used the service and their relatives about safeguarding, abuse and how they could report concerns. This showed that the manager had used their learning to improve the service and minimise the risks to people's safety.

Staff were attentive and checked that people were safe. For example, one person was walking in the communal area with their walking frame and staff moved the chairs out of their way to ensure that they had a clear path and this minimised the risks of them falling.

Risks to people injuring themselves or others were limited because equipment, including the passenger lift and hoists had been serviced so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were risk assessments which provided guidance to staff to make sure that the risks to people, staff and others, associated with the environment, were minimised.

People's care records included risk assessments which identified how the risks in their daily living, including using mobility equipment, accidents, falls and the risks of pressure ulcers developing, were minimised. Where incidents had happened there were systems in place to reduce the risks of them happening again. The manager told us that there were no people living in the service who had pressure ulcers and that the staff observed and reported any concerns of them developing. The deputy manager had recently worked with a tissue viability nurse to learn more about pressure ulcers and how the risks of these developing were reduced.

Where people required support with behaviours that may be challenging to others or distress reactions associated with dementia, there were care plans and risk assessments in place which guided staff to support people in a consistent way that protected and promoted their safety, dignity and rights.

Is the service safe?

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “They are coming with my pain killers in a minute.” This was confirmed by our observations, the nursing staff were completing their medicines administration round during the morning when we had spoken with the person. Another person told us that they were happy that the staff administered their medicines and said, “I don’t have to worry about them, they bring them to me when I need them.”

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicine administration records were appropriately completed which staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed.

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. One person said, “They are all willing, they know what they are doing.” One person’s relative commented, “The care is very good.”

Staff told us that they were provided with the training that they needed to meet people’s requirements and preferences effectively. There were systems in place to ensure that staff received training and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they cared for.

We saw that staff training in moving and handling was effective because staff supported people to mobilise using equipment to maintain their independence effectively and appropriately.

Staff told us that they were provided with the training that they needed to meet people’s requirements and preferences effectively. There were systems in place to ensure that staff received training and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they cared for.

Staff told us that they felt supported in their role and had regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, to receive feedback on their work practice and to review and identify any training needs to improve. Records confirmed what we had been told. The manager told us that supervision and appraisal meetings were planned, however, if there were any shortfalls in staff’s work practice noted, they were provided with additional supervision meetings to discuss how they could improve the care provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. They confirmed that the staff listened to them and acted on what they said. We saw that staff sought people’s consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs. We saw that a staff member offered a person

assistance to sit up in their chair, the person said, “I’m alright, I don’t want to move,” and the staff member respected their wishes, but returned later to check that they were still comfortable.

Staff understood Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and how it affected the care provided to people. Records confirmed that staff had received this training. DoLS referrals had been made to the local authority in accordance with guidance to ensure that any restrictions on people, for their safety, were lawful. During our inspection we saw that other professionals who were responsible for authorising DoLS referrals visited the service to review a referral which had been made by the staff.

Care plans identified people’s capacity to make decisions. Care plans for people who lacked capacity, showed how decisions were made in their best interests. These included the involvement of relevant people, such as people’s relatives and other professionals. Where DoLS referrals had been made, these were kept under review to make sure that they were relevant and up to date. Records included documents which had been signed by people to consent, for example having their photograph taken and the care identified in their care plans.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, “I get good food.” We looked at the menu with one person and talked with them about what was on offer. They told us, “Everything is always nice, I can choose what is on that (pointing to the menu).” Another person commented, “I get plenty to eat and drink, I like the meals.”

We saw that where people required assistance to eat and drink, this was done at their own pace and in a calm and encouraging way. People were provided with choices and staff were attentive to their needs and any assistance they may require. For example, one person had not eaten their toast at breakfast, staff discussed that if they cut the toast into strips this may be easier for the person to handle. This was done and the person was able to eat better. This told us that the staff took action to improve people’s ability to eat their meals independently.

Is the service effective?

People's records showed that their dietary needs were being assessed and met. Where issues had been identified, such as weight loss, health professionals, including a dietician, had been contacted for guidance and support.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. We saw that one person was due to attend an appointment and staff reassured them and assisted them to get ready to attend their appointment.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where guidance and treatment had been provided by other professionals, such as their doctor, this was incorporated into people's care records. This told us that people's needs were met in a consistent manner.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “They are nice.” Another person commented, “They are all lovely and very kind.” One person’s relative commented, “I get on with them like a house on fire, they are all very kind.”

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded positively to staff interaction, including smiling and chatting to them. One person said, “You are lovely you are,” to a staff member when they were chatting and holding hands. People were clearly comfortable with the staff. When people used touch, such as hugging, to communicate their feelings, the staff responded in a caring manner. We saw that staff complimented people on how they were dressed, or how their hair was styled. Staff had assisted a person to put on make-up and when the staff complimented them on how nice this looked, the person laughed and smiled.

When people showed signs of distress or anxiety, the staff acted promptly. They reassured people and talked with them until their distress and anxiety was reduced. They were able to help people because they knew them well and knew how to interact with them to help their mood. Staff interactions with people were calm and encouraging. Staff were provided with guidance on the individual support that people required to minimise their anxiety and distress in care records.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences, their life history and experiences and how they wanted to be supported and cared for.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person told us that they preferred to remain as independent as they could be and said, “I know I can call them if I need to, but I like to do as much myself as I can.” Another person commented, “I do what I like.”

Staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way. We saw that a staff member pointed out to a person that their clothing had exposed their legs, they asked if they could adjust their clothing. When people were being assisted to mobilise in the communal areas, staff used screens to ensure their privacy. This told us that staff took appropriate action to respect people’s privacy and dignity.

Staff encouraged people to maintain their independence, such as when they mobilised and ate their meals. People’s records identified the areas of their care that people could attend to independently and how this should be respected. This supported people to make their own choices and keep as active a role as possible in their day to day lives.

Is the service responsive?

Our findings

Our previous inspection of 24 September 2014 found improvements were needed in the care and support that people were provided with to meet their needs and protect their rights. The provider wrote to us to tell us how they had addressed the shortfalls. During this inspection we found that improvements had been made.

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, “I grumble when I don’t like something” and then confirmed that the staff acted on what they said. One person’s relative told us about how their relative’s condition had deteriorated and said, “[staff] keep me updated when there are any changes or worries.”

Staff were knowledgeable about people’s specific needs, such as those living with dementia, and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes which helped them to provide their care the way they wanted. Records provided staff with the information that they needed to meet people’s specific needs, including those living with dementia and diabetes. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences. This included comments people had made about their care in care reviews and observations made by staff on people’s wellbeing. Staff also had information about people’s history, such as their hobbies and interests. These were used to plan activities for people which interested and stimulated them.

People told us that there were social events that they could participate in, both individual and group activities. One person said, “We have things going on.” We saw people participating in a range of activities. There were items in the service, such as clothing and hats and rummage boxes with jewellery and buttons in them that people could handle and use to stimulate their interest. We spoke with one person who was sorting out a box of jewellery and they told

us, “I’m helping them to put this right.” We sat and talked with a person about a box of buttons that they were using, they told us, “It has taken me years to collect all of these.” We talked about how the buttons felt and looked. The manager showed us other things people could do, including knitting, peeling vegetables and sorting socks. This provided people with items of interest and purposeful tasks. This engaged people, particularly those with dementia and kept them interested and engaged throughout the day.

People were provided with stimulating activities, both on a one to one and group basis. Staff monitored if people had enjoyed them which helped identify what had worked well and where improvements were needed. Records showed that there were a range of activities that people could participate in which included taking people out, visiting entertainers and gentle exercise.

People told us that they could have visitors when they wanted them, this was confirmed our observations. One person’s relative said, “I can visit at any time.” This told us that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. One person commented, “I would soon tell them (if they had a complaint).”

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any complaints and were reminded about the complaints procedure in meetings which were attended by the people who used the service and relatives. We saw the manager speaking with people who used the service and checking that they were happy. Complaints were well documented, acted upon and were used to improve the service.

People were further asked for their views about the service in meetings, care reviews and satisfaction surveys. Discussions with the manager and records showed that people’s comments were valued and acted on.

Is the service well-led?

Our findings

People and relatives gave positive comments about the management and leadership of the service. One person said, “I like her, she talks to me about how I am.” One person’s relative told us that the service had improved since the manager had been working in the service and added, “Especially since the refurbishment, all people’s rooms are personalised now.” The manager had worked in the service since September 2014 and they had applied to the Care Quality Commission (CQC) to be the registered manager. Prior to our visit to the service we had received positive comments from local authority staff about the manager and the improvements that they had made in the service.

People were involved in developing the service and were provided with the opportunity to share their views. The minutes from meetings which were attended by people who used the service and their relatives showed that their views were discussed. The manager told us that they valued people’s comments and kept them updated on improvements they had made as a result. There were also care reviews in place where people and representatives made comments about their individual care.

Staff told us that the manager was approachable, supportive and listened to what they said. They told us that they had seen an improvement in the service and where they had raised suggestions or concerns these had been listened to and addressed. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they attended regular staff

meetings where they could contribute to the running and development of the service. Records confirmed that these meetings took place. Staff understood how and why changes were being made in the service to improve the quality of care provided to people.

During our visit we saw that the manager spoke with staff and people who used the service. They knew them all by name and people responded in a positive manner, chatting and smiling. The manager told us that they felt that they were supported in their role which helped them implement improvements in the service and continue with plans to improve. The manager understood their role and responsibilities and had a clear vision of how they were providing a good quality care to people.

We saw that the manager and staff had used learning to improve the service, such as developing a system for people to be more aware of safeguarding through training and open discussion.

The provider’s quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, pressure ulcers, falls and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm and the service continued to improve.