Orsett House Retirement Home Limited

Orsett House Retirement Home

Inspection report

Station Road, Barlaston
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Ratings

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

Overall summary

This inspection took place on 9 September 2015 and was unannounced.

The service was registered to provide accommodation and personal care for up to 49 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 44 people were using the service. The home was divided into two separate annexes. The larger of the annexes was occupied by people who were living with Dementia.

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.

At the last inspection on 3 June 2014, we asked the provider to take action to make improvements to the way that risks to people's safety were assessed, monitored

Summary of findings

and reviewed. We also asked them to make improvements to the way that people were supported to eat and drink sufficient amounts for their needs. These actions had been completed and improvements had been made.

However, people's experiences at meals times were mixed. There was no choice of meal offered at lunch time. Although staff explained that people could have something else if they wanted to, some people were not aware of this as there was no menu for them to see or options offered.

People's risks were assessed and reviewed to keep them safe and we saw that care was delivered as planned. People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns in line with local safeguarding adult's procedures.

Medicines were managed safely to ensure that people received their medicines as prescribed. There were sufficient numbers of staff to meet peoples need.

Staff were equipped with the skills and knowledge to support people effectively.

People's consent was sought before care was delivered and people's rights were respected.

People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. People's privacy and dignity was respected.

People told us that their preferences were met by staff. People enjoyed activities in the home and told us they were involved in planning and reviewing their care.

People knew how to make complaints and felt that the registered manager was approachable. Complaints were managed in line with the provider's complaints procedure.

Staff felt well supported by the registered manager and provider. Regular quality checks were completed by the registered manager and improvements were made to the service following feedback.

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.

People's risks were assessed and managed to protect them from harm. People felt safe and secure and relatives felt confident that people who used the service were safe. Medicines were managed and administered safely and staffing levels were sufficient to ensure that people's needs were met.

Good

Is the service effective?
The service was not consistently effective.

People were supported to eat and drink enough to maintain a healthy diet, however they were not always offered choice and flexibility to meet their preferences. Staff were suitably trained and people were supported to access healthcare services when they needed them. The principles of the MCA and DoLS were followed to ensure that people's rights were respected and their consent was sought before support was given.

Requires Improvement

Is the service caring?
The service was caring.

People told us and we saw that they were treated with kindness and compassion by staff who knew them well. People were given the support they needed to make choices and were encouraged to maintain important relationships. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People told us they received care to meet their preferences and that they enjoyed activities in the home. People knew how to complain and complaints were responded to.

Good

Is the service well-led?
The service was well-led.

There was a positive culture and staff felt well supported by the registered manager and provider. Effective systems were in place to assess and monitor the quality of the service and information was used to help make improvements.

Good

Orsett House Retirement 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.

This inspection took place on 9 September 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included looking at previous inspection reports and information received by the public and other professionals. 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 used the information in the PIR completed by the provider to help plan our inspection.

We spoke with eight people who used the service, seven relatives and a social care professional. 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 spoke with six members of staff, two professionals who visited the service and the registered manager.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, two staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Good

Is the service safe?

Our findings

At the last inspection the provider was not meeting the regulations because the risks to people's safety were not always assessed, monitored and reviewed which meant that people's safety and wellbeing were compromised. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made to the assessment and review of risk.

People told us that risks to their safety were managed. One person said, "I'm in a wheelchair and two staff help me to move. I do feel safe, they are very good." We saw two staff support another person to move safely using a hoist. The staff asked the person if they were ready and if they were comfortable. The person responded with, "Ten out of ten, thank you." We saw that risk assessments were completed and reviewed regularly. Care was delivered in line with these risk assessments to ensure that people were protected from any risks identified. Regular checks were completed to ensure that equipment was safe for use. We saw that equipment including hoists were in good working order and used safely by staff.

People who used the service told us they felt safe. One person said, "Oh yes I'm very safe here, there's no reason not to feel safe." A relative said, "I am very confident that [person who used the service] is safe here." There were measures in place to protect people from abuse. Staff told us they knew how to recognise and report abuse. We saw that concerns were reported to the registered manager and to the local authority when required. This was in line with local safeguarding adult's procedures.

People told us they thought there were enough staff to meet their needs. One person said, "There's plenty of staff, even at night they check on you, not just when you press the buzzer. If you do press the buzzer, they come; you don't have to wait long." Staff we spoke with felt there were enough of them. One staff member said, "There's enough of us to meet people's needs and there's a good staff team." We observed that staff were attentive and people did not have to wait for a long time when they needed support. We saw safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) check to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

Medicines were stored, managed and administered safely so that people received them as prescribed. One person said, "My medication is always there for me on time." Another person said, "The senior carers bring the medication, they do a good job." We observed that staff administering medicines gave people explanations when they needed them and observed people taking their medicines before signing to confirm this.

Requires Improvement

Is the service effective?

Our findings

At the last inspection the provider was not meeting the regulations because people were not protected from the risks of malnutrition and dehydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made. We saw that meal times had been arranged in two sittings so that staff could support people who needed it, to eat without rushing. We observed that staff sat at the table with people who needed support and took the time to talk with people. People who needed a soft diet had their meal presented in a way that looked appetising to encourage them to eat enough to maintain a balanced diet.

However, people's experience at meal times was mixed. There was no choice of meal at lunch time. The cook and the registered manager told us this was because everyone liked the meal option and they could have something else if they did not want it. However, some people told us they did not know they could have something else as there was no menu to show the options available. One person said, "They would do me some soup if I didn't want it but I don't want soup either." We saw that some people were waiting for their meals in the dining room for 30 minutes because the kitchen staff were waiting for everyone to arrive before they started to serve the meals. This demonstrated that lunch time was not flexible to meet people's preferences though breakfast time was flexible.

People told us they enjoyed the mealtime experience. One person said, "Sometimes I chat to my friend." Visitors told us that they were able to have a meal with their relative if they wanted one. One relative said, "My family member has a meal with [person who used the service] and they say it's very good." People said the quality of the food was good. Staff we spoke with knew people's likes and dislikes, however we saw that this information was used to make assumptions, rather than offer people choice. For example, at lunch time we saw that staff did not offer one person custard with their desert because they did not usually want it.

The Mental Capacity Act 2005 sets out requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff demonstrated that they understood the requirements of the act and we saw that people were asked for their consent before being supported. For example, we saw a staff member ask a person, "Please could I put this cushion under your bottom?" We saw the staff member explain why this was needed and support the person to understand the information so that they were able to give informed consent.

We saw that mental capacity assessments were completed when needed. For example, one person was unable to make decisions about their medication. A best interest's decision was made for that person, involving them as much as possible and involving their representative to ensure that their legal and human rights were respected. We saw that their care was delivered in line with the best interest's decision.

The Deprivation of Liberty Safeguards (DoLS) are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. We saw that referrals for DoLS authorisations had been made for people who needed them, which is a legal requirement. Staff understood their role in relation to DoLS to ensure that people's rights were protected.

People were supported to access a variety of healthcare professionals as needed. One person said, "They take me to the hospital to sort out my hearing aid and I have my eyes tested here." A relative said, "The doctor or nurse sees [person who used the service] every week, they make sure of that." We saw a doctor visit the service to see a person who was unwell. Another visiting professional said, "They always call us out appropriately." Referrals were made appropriately to healthcare professionals and guidance was followed to ensure that people received the ongoing healthcare support they needed.

We saw that staff had the knowledge and skills to support people. Staff told us and we saw records that showed that staff had received training. One staff member said, "I did training in dementia care, it gave me more of an insight into people with dementia, to try and understand their way of thinking so we can better support them." We saw that one person who had dementia was upset because they were missing a relative. A staff member sat down with them and

Requires Improvement

Is the service effective?

talked to them, provided reassurance and reminded the person that their relative would be visiting soon, which they did. Staff told us they received regular supervision and we saw that plans were in place to continually develop staff knowledge to ensure that people received effective care.

Good

Is the service caring?

Our findings

People told us and we saw that staff were kind and compassionate. One person said, “The staff are so kind to me, lovely.” A relative said, “The staff are amazing, they are wonderful and they really do care.” We saw caring interactions between staff and people who used the service. For example, when one person became upset, we saw a staff member spent time sitting with them, holding their hand and offering reassurance. The person smiled at the staff member. Staff knew what action to take to support each individual person. One staff member said, “Some people like a hug, some people don’t, we know what each person likes and needs.” We saw that staff were able to support people who were upset in a caring and meaningful way.

We saw that people were given the explanations and time they needed to make choices. For example, we saw one person ask to sit outside. We saw staff explain to them that it was cold outside and they may need to get their coat. Staff supported the person to move around in their wheelchair and choose where they would be most comfortable to sit. We saw that the person was smiling, having chosen where to sit after spending some time discussing the options with staff.

People told us they were supported to keep in contact and maintain relationships with their family and friends. One person said, “My family can visit anytime, they can even bring in animals.” Relatives told us they were welcomed into the home and encouraged to be involved in planning their relatives care. One relative said, “You can visit whenever, they’re very accommodating. I’ve seen [person who used the service]’s care plan and if anything changes, they ring and let me know.” We saw that people who did not have family support had access to an advocate to speak up on their behalf if needed. Independent advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

People told us and we saw that their privacy and dignity was respected. One person said, “Yes they respect my privacy and if they didn’t, I would say.” Staff told us that people were offered privacy, one staff member said, “In the bathroom, people have privacy and we make sure that it’s safe.” We saw that people were able to choose to spend time in their rooms, some people chose to have their doors closed. Staff were aware when people had requested privacy and we saw this was respected. We saw that people’s dignity was respected when they were supported to move using the hoist. Staff checked and made sure that ladies who were wearing skirts were suitably covered to protect their dignity.

Good

Is the service responsive?

Our findings

People told us they had support to meet their preferences. One person said, “They know me and they even bring me a cup of tea if I’m awake at 5am.” Another person said, “There’s no restriction on moving around or going out.” People told us that external entertainers came into the home and that they enjoyed this. Staff told us there was an activities coordinator though they were not working on the day of the inspection. People told us there were activities to get involved with. One person said, “We have activities regularly, I like the mental games. I can have a bath at any time I want and I like having my hair done.”

People told us they were involved in the planning and review of their care. One person said, “I like my son to be involved, so they make sure he is.” Relatives told us that they were involved and kept up to date about people’s care. One relative said, “If anything happens or changes, they ring and let me know.”

People knew how to complain if they needed to. One person said, “I am quite satisfied but if there was anything not right, I’d speak to the manager.” Another said, “I’d tell the manager if I’d got any complaints, they’re wonderful, so sweet.” We saw that the complaints procedure was displayed at the entrance of the home. The registered manager told us that a copy of the procedure was sent to people as part of the welcome pack they received when they moved into the home. A relative said, “The manager is lovely, I’d definitely approach her if I had any concerns or complaints.” One complaint had been received and we saw that this was in the process of being managed in line with the provider’s complaints procedure.

The provider encouraged feedback and we saw that this was acted upon. The registered manager told us that a residents and relatives survey was sent out annually. Relatives told us they received this. We saw that a suggestions box was ready to be displayed in the home. This had been requested by a survey respondent and implemented by the provider to help encourage people and their relatives to provide feedback.

Good

Is the service well-led?

Our findings

There was a registered manager in place. People and their relatives knew the registered manager and felt they were approachable. One person said, “The registered manager is nice and does the job well.” A relative said, “The management are always helpful and open to discussion.” Staff we spoke with felt supported by the registered manager and management team. One staff member said, “The manager is supportive, I can go to them whenever I need to.” We saw that the management team were visible throughout the home and open communication was encouraged.

People, relatives and staff told us that there was a homely atmosphere. One person said, “There’s no place quite like home but I think there’s no place better than here.” Staff were happy in their work and understood their role in supporting people. One relative said, “The staff’s enthusiasm is the best thing, you can tell they love being here.” A staff member said, “It’s all about the residents here, it’s a nice atmosphere and it’s homely.” Staff were aware of whistleblowing procedures and felt they would be able to raise concerns if they needed to. There was a positive culture where staff felt enabled and supported by the registered manager and provider.

The registered manager analysed accidents and incidents to identify any patterns or trends. This enabled the manager to take action if needed to minimise the risks of a re-occurrence. The registered manager also completed regular spot checks to ensure that staff were delivering safe and good quality care. We saw that the spot checks had not highlighted any concerns but the registered manager told us that any concerns identified would be discussed with staff.

The registered manager was aware of the conditions of registration with us. We had been notified about incidents that are a requirement of registration.