

Lifeways Orchard Care Limited

216 Lightwood Road

Inspection report

Dresden
Stoke-on-Trent
Staffordshire
ST3 4JZ

Tel: 01782598422

Date of inspection visit:
15 March 2016

Date of publication:
08 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 15 March 2016 and was unannounced. At our four previous inspections we found that the provider did not have safe systems in place to manage people's medicines. We had begun to take enforcement action and issued the provider with a warning notice. We had further concerns about people's care and the systems the provider had in place to monitor the quality of the service. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 216 Lightwood Road on our website at www.cqc.org.uk

At this inspection we found that improvements had been made in all areas of concern and the provider was no longer in breach of any Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provided accommodation and personal care for up to ten people with a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were administered and stored safely. People received their prescribed medication at the times they needed it by suitably trained staff.

Action was taken to minimise the risks to people when an incident had occurred and people were protected from the risk of further harm.

Care was personalised and met meet people's individual needs and preferences. People's care was reviewed and when people's needs changed the registered manager responded and sought advice and support from other professionals.

There were enough staff to keep people safe and to be able to support people in their chosen hobbies and activities. Pre-employment checks were undertaken to ensure that new staff were fit to work with people.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training. Staff told us that the registered manager was supportive and approachable.

Staff were observed to be kind and caring and they respected people's privacy.

Improvements to the care for people, support available to staff and the environment had been made. The systems the provider had in place to monitor and improve the service were effective.

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. Medication was administered and stored safely. Risks to people were acted upon following an incident that had resulted in harm.

There were sufficient numbers of suitably recruited staff to keep people safe. People were kept safe as staff and management acted upon and reported suspected abuse.

Good ●

Is the service caring?

The service was caring. People were treated with dignity and respect. People's right to making choices and their right to privacy was upheld.

Good ●

Is the service responsive?

The service was responsive. People received care that reflected their individual need and preferences. The provider had a complaints procedure and acted upon any complaints received.

Good ●

Is the service well-led?

The service was well led. The provider and registered manager had responded and made improvements to the quality of service being provided. Staff felt supported and had effective training to be able to fulfil their roles. The systems the provider had in place were effective in monitoring and improving the service.

Good ●

216 Lightwood Road

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of 216 Lightwood Road on 15 March 2016, which was undertaken by one inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 October 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, caring, responsive and well led. This is because the service was not meeting some of the legal requirements in these areas.

We reviewed information we held about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with two people who used the service and observed their care. We spoke with two members of care staff and the registered manager.

We looked at one person's care records, medication administration records and staff rosters. We looked at the systems the provider had in place to monitor the quality of the service to see if they were effective.

Is the service safe?

Our findings

At the last four previous inspections we found that systems to manage people's medicines were not safe. Following our last inspection in October 2015 we had begun enforcement action and issued the provider with a warning notice. At this inspection we found improvements had been made and medicines were now stored and administered safely. Each person's medicines were stored in a locked cupboard in their bedrooms. There was a medication fridge for medicines requiring refrigeration. The temperature in both the cupboard and fridge were recorded daily to ensure medicine was safe to use. Each person had an individual medication care plan and risk assessment. One person who had previously been found not to have taken their medicine on a regular basis had a plan in place to support them to take their medication safely. Staff we spoke with knew the person's plan and what to do to administer their medication. We saw records that confirmed that there had been a reduction in the amount of medication errors due to the systems the provider had put in place. Staff we spoke with confirmed that they had received training in the administration of medication and since our last inspection had one to one discussions and observations of their medication practices with the registered manager.

At our previous inspection staff told us that one person had fallen unsupervised in their room trying to transfer out of bed. This was something the person had usually done independently. Staff told us that they had identified why the person had fallen, but no control measures had been put in place to minimise the risk of the incident happening again. We saw since our last inspection the person had been referred to an occupational therapist for advice and support on their mobility. We saw that the lighting, fixtures and fittings in the person's bedroom had been made safe to ensure the person was not at risk of falling due to poor lighting and trip hazards.

Previously we saw that some areas of the building and grounds were untidy and unclean. A bath that one person used was dirty and in the same bathroom we saw urine bottles soaking in buckets on the floor. In the kitchen an open bag of potatoes was sitting in a box on the floor next to a dirty bin. We found that the outside areas were now tidy and the internal environment was clean. Staff we spoke with told us they had refreshed their food and hygiene training and the registered manager showed us a schedule of cleaning of the internal and external building.

Previously staff told us and we saw that there were enough safely recruited staff to keep people safe in the service, however there were not enough staff to support people into the community. The registered manager told us that since our last inspection, everyone's care needs had been assessed and the service had been allocated extra staffing hours. We saw on the rota's that new staff had been employed and were working through a period of induction. Agency staff were being used to fill the gaps in staffing until new staff were fully inducted. Staff had checks prior to being employed with the service including references from past employers and criminal background checks.

People who used the service were unable to tell us whether they felt safe. We found that people were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and who they should report it to if they suspected abuse had taken place. The manager had made safeguarding

referrals to the local authority for further investigation in the past when an incident had occurred. This meant that the provider was following the correct procedure in ensuring people were kept safe from harm.

Is the service caring?

Our findings

Previously we found that people were not always treated with dignity and respect. A person had been asked to wait when they had requested the toilet and one person's choice had been respected over other peoples. We found that since our last inspection the registered manager had arranged for all staff to receive training in valuing people. Staff we spoke with demonstrated a caring and responsive value base. One member of staff said: "I read the CQC report it didn't look good did it, we've made lots of changes".

At our previous inspection we saw that one person who used a wheelchair independently was having difficulty in moving themselves from the dining room as the area they had to move in was too small and they kept knocking into others and furniture. We found that seating positions had been altered so that people who were independently mobile were sitting near to the exits so they did not have to try and mobilise past people. Staff we spoke with knew where people sat and explained why they sat there. One staff member said: "People can move away from the table easier now with no help needed".

Previously we could not see how people were involved in the running of the home and in how their care was being delivered. Care plans had not been recently reviewed with the person or their representatives and some information was out of date. At this inspection the registered manager told us that everyone had a review of their care, we saw care plans were up to date and people were actively involved in the way the service was run through regular resident meetings. One person was being supported by an advocate as they were choosing to spend long periods of time in bed. One staff member told us: "[Person's name], likes to stop up late then doesn't want to get up the next day, we respect this choice, but have to make sure they've had enough to eat and drink to remain healthy".

The registered manager told us that two people who used the service had attended a service user forum run by the provider. The forums were arranged for people to have a say in how the service was run. It was planned that people would continue to attend these forums on a regular basis if they chose to.

We saw that staff knew people well and communicated with them at a level and pace they understood. People were supported to be as independent as they were able to be with the use of specialised equipment such as electric wheelchairs and equipment to help them to eat unsupported.

Relatives were welcome to visit at any time and that the staff kept them informed of their relatives welfare. One relative had previously told us: "I attend any reviews that are held".

People's care records and other confidential information were stored securely. Everyone had their own bedrooms and we saw that staff knocked on people's doors before entering. Staff shut doors to bedrooms and bathrooms when supporting people with their personal care needs. We saw nothing through the day that compromised a person's dignity.

Is the service responsive?

Our findings

Previously we saw that some people were not able to access the community as often as they liked due to a lack of staff. Staff had told us that people were only able to go out once a week due to the staffing levels. Since our last inspection staffing hours had been increased and the registered manager was in the process of inducting and recruiting new staff. Agency staff were being used in the interim to support people with social activities. We saw an activity planner and everyone was supported to access hobbies and activities of their choice. One person often asked to go out even when they had just returned due to memory problems. A member of staff told us: "We take [person's name] out every day if we can, even for coffee or a trip to the local shop just so we know they've been".

In-house activities were available to people if they chose to participate. One person had a reminisce box and we saw staff supporting them to use it. The registered manager was seeking advice and support from an occupational therapist to offer guidance and support to staff in 'person centred approaches' and appropriate activities that met people's individual needs and preferences.

At our last inspection people's care was not regularly reviewed to ensure that it was still relevant and met their needs. We found that everyone's care needs had now been reviewed and any changes that had been identified had been acted upon. We saw one person's mental health was deteriorating due to a diagnosis of dementia. The registered manager had arranged dementia training for all staff and was working with other professionals such as the community learning disability team to ensure that the service was still meeting this person's needs. Another person's needs had changed in relation to their eating. The person had been assessed by the speech and language therapist and now required staff support to sit with them whilst they ate. We saw that this was reflected in the person's care plan and staff we spoke with confirmed they knew the plan. Care plans were reflective of people's individual needs and staff knew what to do if people refused care or if their needs changed.

Previously staff were confused about people's care plans and were not consistent in their approach. One person asked for a cigarette and on two occasions staff told them they couldn't have one. We had asked the staff why the person couldn't have a cigarette and both staff told us something different. We found that this person's plan of care had been reviewed with the person and staff knew what to do when the person asked for a cigarette.

Handovers were conducted at every change of staff, to ensure the staff arriving on duty were fully aware of the daily needs of each person. There was a communication book for staff to record any significant events or changes to people's care. Staff told us they knew people well and were kept up to date with any changes through the handover process.

The provider had a complaints procedure. A relative told us and we saw records that they had complained and it had been dealt with. The relative told us that it was responded to and they were happy with the outcome.

Is the service well-led?

Our findings

Following our previous inspection the registered manager and provider had implemented an action plan detailing the action that was required to improve and become compliant with the Health and Social Care Act 2008. We found that improvements had been made in all areas and the provider was no longer in breach of the Regulations.

Staff had been fully informed of the outcome of the previous inspection and provided with further training to give them the knowledge and skills required to be able to make the required improvements. This included, valuing people, medication and food and hygiene training.

The provider had purchased locked medication cupboards and a medicine fridge to ensure that people's medicines were safely stored. New individual care plans and risk assessments had been put in place which identified the safest way for people to be supported to take their medicines. Staff had received training and support in the safe storage and administration of medicines and staff we spoke with knew people's individual plans. Daily checks were undertaken to ensure that people had the medication they were prescribed and the registered manager continued to audit medication on a weekly basis. We saw records that confirmed that there had been a reduction in medication errors or missed medication.

Risks to people's health and safety had been addressed and continuous action was taken to minimise further risks. One person's room had been made safe following our previous inspection and the environment had been cleaned and tidied.

People's care needs had been reviewed and action had been taken to ensure that people's needs were being met. The registered manager and staff were working with other professionals and following their guidance and advice to ensure that care was effective and safe. People's care plans and risk assessments were in the process of being up dated following the reviews.

The registered manager had begun to recruit new staff based on the outcome of the individual care assessments that had been carried out. People's reviews had identified that more staff were needed to be able to meet people's needs in full.

There had previously been some confusion over the use of agency staff. There was now a protocol on the use of agency staff and staff knew what to do when staff was required. There was an on call system in case of emergency or for advice. Staff told us there was always someone available for advice and support if they needed it.

The registered manager completed regular audits which were inputted onto a central system for the provider to be able to monitor. We saw that when action was required there was a timescale and a date the action was undertaken and achieved.

Staff we spoke with all told us that they felt supported by the manager and that if they had any issues they

were approachable. Staff knew the whistle blowing procedures and told us that they would use it if they had concerns people were at risk.